

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)
 Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)
 Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Korlym[®] (mifepristone)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

New Request Continuation Request
 Drug product: Korlym 300 mg tablet
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dose: _____ Dose Frequency: _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

- Diagnosis of Cushing's syndrome with type 2 diabetes mellitus (T2DM) or glucose intolerance, and one of the following:
 - Pituitary adenoma and patient failed surgery or is not a candidate for surgery
 - Adrenal adenoma and patient failed surgery or is not a candidate for surgery
 - Adrenal carcinoma
 - Benign ectopic tumor
 - Malignant ectopic tumor

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

Priority Health Precertification Documentation

- A. Does the patient have Cushing's syndrome with T2DM or glucose intolerance?**
 Yes
 No – rationale for use: _____
- B. Which of the following applies?**
 Pituitary adenoma, and one of the following: patient failed surgery patient is not a candidate for surgery
 Adrenal adenoma, and one of the following: patient failed surgery patient is not a candidate for surgery
 Adrenal carcinoma
 Benign ectopic tumor
 Malignant ectopic tumor