

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 (initial approval 6 months):

1. Must be at least 18 years of age
2. Must be prescribed by an endocrinologist
3. Must have a diagnosis of endogenous Cushing's syndrome
4. Diagnosis of type II diabetes mellitus (DM) or glucose intolerance secondary to hypercortisolism
5. Must have failed surgical treatment or are not a candidate for surgery
6. Must have tried maximally titrated dosages of insulin and other agents used to treat DM for at least 3 months, and have been unable to achieve adequate diabetes control

Renewal requests, Continuation criteria (must be requested every 12 months):

1. Requires documentation of improvement in hyperglycemia control.

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