

KORLYM (mifepristone)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have the following:

Endogenous Cushing's syndrome

AND ALL of the following:

- 1. Type 2 diabetes mellitus or glucose intolerance
- 2. Patient has failed surgery, or patient is not a candidate for surgery
- 3. Females of childbearing potential **only**: prescriber agrees that pregnancy will be excluded before the initiation of treatment
- 4. **NO** severe hepatic impairment (Child-Pugh Class C)

Prior - Approval Limits

Duration 12 months

Prior - Approval Renewal Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Endogenous Cushing's syndrome

AND ALL of the following:

- 1. Type 2 diabetes mellitus or glucose intolerance
- 2. **NO** severe hepatic impairment (Child-Pugh Class C)

Prior - Approval Renewal Limits

Same as above