



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 7, 2012 July 07, 2022

## **KORLYM® (mifepristone)**

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Must have a documented diagnosis of hyperglycemia secondary to hypercortisolism related to endogenous (not drug induced) Cushing's Syndrome **who have type 2 diabetes mellitus or glucose intolerance.**
- **Prescriber attests that patient is not a candidate for surgery or that surgery has not been curative.**
- **Obtain a negative pregnancy test in females of reproductive potential prior to initiating treatment with KORLYM or if treatment is interrupted for more than 14 days.**

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>.
- Available as 300 mg tablets.