

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 ≥ 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.