

## Mifepristone (Korlym)

### Initial Authorization Criteria:

1. Prescribed by an endocrinologist; AND,
2. Patient has a diagnosis of endogenous Cushing's disease; AND,
3. Patient meets ONE of the following:
  - a. Patient has had an inadequate response to surgical resection; OR,
  - b. Patient is not a candidate for surgical resection; AND,
4. Patient has ONE of the following:
  - a. Diagnosis of type 2 diabetes mellitus; OR,
  - b. Glucose intolerance as defined by a 2-hour glucose tolerance test plasma glucose value of 140-199 mg/dL; AND,
5. For brand requests, patient has a documented allergic reaction to the generic; AND,
6. Prescribed within the FDA approved dosing regimen (e.g., dose not to exceed 20 mg/kg/day).

### Renewal Criteria:

1. Patient has been seen by the prescriber in the previous 12 months; AND,
2. Patient has had a clinically meaningful response to the medication per medical chart documentation (e.g., improved or stable glucose tolerance); AND,
3. For brand requests, patient has a documented allergic reaction to the generic; AND,
4. Prescribed within the FDA approved dosing regimen (e.g., dose not to exceed 20 mg/kg/day).

### Coverage Duration:

Initial authorizations will be provided for 6 months.

Re-authorizations will be provided for 12 months.