



Request for Prior Authorization Mifepristone (Korlym[®])

(PLEASE PRINT - ACCURACY IS IMPORTANT)

FAX Completed Form To 1.833.404.2392

Pharmacy Help Desk 1.800.460.8988

Prescriber Help Desk 1.833.587.2012

IA Medicaid Member ID #	Patient name		DOB	
Patient address				
Provider NPI	Prescriber name		Phone	
Prescriber address			Fax	
Pharmacy name	Address		Phone	
Prescriber must fill all information above. It must be legible, correct, and complete or form will be returned.				
Pharmacy NPI	Pharmacy fax	NDC		
Prior authorization is required for mifepristone (Korlym®). Payment will be considered for patients when the following is met: 1) The patient is 18 years of age or older; and 2) Has a diagnosis of endogenous Cushing's Syndrome with hyperglycemia secondary to hypercortisolism in patients with Type 2 Diabetes or glucose intolerance; 3) Patient must have failed surgery or is not a candidate for surgery; 4) Prescriber is an endocrinologist; 5) Female patients of reproductive age must have a negative pregnancy test confirmed within the last 7 days and must use a non-hormonal method of contraception during treatment and for one month after stopping treatment. Non-Preferred				
☐ Korlym [®]				
☐ Korlym [®] Strength	Dosage Instructions	Qua	antity	Days Supply
·	Dosage Instructions	Qua	antity	Days Supply
Strength	Dosage Instructions			
StrengthDiagnosis:	☐ Yes ☐ No If no, indicat	e why not a c	candidate for	r surgery:
Strength Diagnosis: Has patient failed surgery? Is Prescriber an Endocrinolog	☐ Yes ☐ No If no, indicat	e why not a consultation w	candidate for	r surgery: ologist:
Strength Diagnosis: Has patient failed surgery? Is Prescriber an Endocrinolog Consultation date:	☐ Yes ☐ No If no, indicat	e why not a consultation w	candidate for with Endocring	r surgery: ologist:
Strength Diagnosis: Has patient failed surgery? Is Prescriber an Endocrinolog Consultation date: If female of child-bearing year	☐ Yes ☐ No If no, indicat ist? ☐ Yes ☐ No If no, note co Physician name:	e why not a consultation w Physiciancy test?	candidate for with Endocring an phone: Yes	ologist:
Strength Diagnosis: Has patient failed surgery? Is Prescriber an Endocrinolog Consultation date: If female of child-bearing year Date of pregnancy test:	☐ Yes ☐ No If no, indicate ist? ☐ Yes ☐ No If no, note concept of the proof of th	e why not a consultation w Physiciancy test?	candidate for with Endocring an phone: Yes	ologist:
Strength Diagnosis: Has patient failed surgery? Is Prescriber an Endocrinolog Consultation date: If female of child-bearing year Date of pregnancy test:	☐ Yes ☐ No If no, indicate ist? ☐ Yes ☐ No If no, note conception name: s, confirmed negative serum pregnate Specify plan for contraception: cting drug therapies:	e why not a consultation w Physiciancy test?	candidate for with Endocring an phone: Yes	ologist:

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.