

Request for Prior Authorization
Mifepristone (Korlym[®])
(PLEASE PRINT – ACCURACY IS IMPORTANT)

Online
covermymeds.com/main/prior-authorization-forms/

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[®]

Strength	Dosage Instructions	Quantity	Days Supply

Diagnosis: _____

Has patient failed surgery? Yes No If no, indicate why not a candidate for surgery:

Is Prescriber an Endocrinologist? Yes No If no, note consultation with Endocrinologist:

Consultation date:_____ Physician name:_____ Physician phone:_____

If female of child-bearing years, confirmed negative serum pregnancy test? Yes No

Date of pregnancy test:_____ Specify plan for contraception:_____

Possible drug interactions/conflicting drug therapies:_____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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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.