

POLICY NAME

Korlym (mifepristone)

POLICY #

1961P

Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of Cushing's syndrome/disease
- ☐ 1.2 Documentation that the member underwent a surgical procedure which was not curative or that the member is not a candidate for surgery
- ☐ 1.3 Prescribed by or in consultation with an endocrinologist (hormone doctor)
- ☐ 1.4 Diagnosis of type 2 diabetes mellitus or documented glucose intolerance with supporting test results
- ☐ 1.5 Coverage of brand Korlym requires documented allergic reaction to generic mifepristone

Approval Time

- ☐ 2.1 Initial: 12 months
- ☐ 2.2 Reauthorization: 12 months with documented clinical benefit CPT Codes HCPCS Codes