



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 7, 2012

KORLYM®(mifepristone)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Must have a documented diagnosis (in medical records) of hyperglycemia secondary to hypercortisolism related to **endogenous (not drug induced) Cushing's Syndrome.**

DOSING and ADMINISTRATION:

- Administer once daily orally with a meal
- Based on clinical response and tolerability, the dose may be increased in 300 mg increments to a maximum of 1200 mg once daily. Do not exceed 20 mg/kg per day.
- **Dosage form:** 300 mg tabs