

# SENTARA COMMUNITY PLAN (MEDICAID)

## PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

**Drug Requested:** mifepristone 300 mg (Korlym<sup>®</sup>)

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

Member Name: \_\_\_\_\_

Member Sentara #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight: \_\_\_\_\_ Date: \_\_\_\_\_

**Quantity Limits:** 120 tablets per 30 days

**Recommended Dosage:** Initiate therapy with 300 mg/day and titrate dose every 2-4 weeks based on tolerability and symptom control, and daily dose will NOT exceed 20 mg/kg/day, OR 1,200 mg once daily

**CLINICAL CRITERIA:** Check below all that apply. **All criteria must be met for approval.** To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

**Initial Authorization: 6 months**

- Member is 18 years of age or older
- Prescribing physician is an endocrinologist
- Member has a diagnosis of Endogenous Cushing's Syndrome, and satisfies **ONE** of the following:
  - Diagnosis of Type 2 Diabetes Mellitus
  - Glucose intolerance noted by **ONE** of the following (**must submit documentation**): oral glucose tolerance test or Hemoglobin A1c test (HbA1c)

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- Past medical history confirms **ONE** of the following:
  - Member has undergone surgery and has not been curative
  - Member is **NOT** a candidate for surgery
- Documentation of clinical failure (unable to normalize cortisol levels for the treatment of Cushing's Syndrome) to ketoconazole tablets taken along with **ONE** of the following:
  - An additional steroidogenesis inhibitor such as Metopirone<sup>®</sup> (metyrapone capsules) or mitotane tablets
  - A pituitary-directed therapy such as cabergoline or Signifor<sup>®</sup> LAR (pasireotide)
- Documentation of clinical failure to control glucose levels with metformin **AND TWO (2)** of the following treatments:
  - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist (e.g., Trulicity<sup>®</sup>, Ozempic<sup>®</sup>)
  - Insulin (e.g., Humalog<sup>®</sup>, Lantus<sup>®</sup>)
  - Dipeptidyl Peptidase 4 (DPP-4) Inhibitor (e.g., Januvia<sup>®</sup>, Onglyza<sup>®</sup>)
- Member is **NOT** also taking/ will **NOT** take strong inhibitors of CYP2A medications (e.g., simvastatin, lovastatin, cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozone, quinidine, sirolimus, tacrolimus)
- For females of reproductive potential: pregnancy has been excluded before initiation of treatment and plans for prevention are implemented during treatment and for one month after stopping

**Reauthorization: 12 months.** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Positive disease response has been achieved, demonstrated by improved glycemic control (decreased hemoglobin A1c) (**current labs must be submitted to document HbA1c**)

**Medication being provided by a Specialty Pharmacy – Proprium Rx**

***\*\*Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.\*\****  
***\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\****