

KORLYM PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with Type 2 Diabetes or glucose intolerance secondary to hypercortisolism in patients with endogenous Cushing's Syndrome

AND

- ❖ Member must have failed surgery or is not a candidate for surgery.
- ❖ Female members of reproductive potential must have a negative pregnancy test confirmed within last 7 days and must use a non-hormonal method of contraception during treatment and for one month after stopping treatment.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.