



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

Member Date of Birth: \_\_\_\_\_

### PA Requirements for Korlym (mifepristone)

1. Member is  $\geq 18$  years of age?  Yes  No
2. Diagnosis of hyperglycemia secondary to hypercortisolism in members with endogenous Cushing's syndrome who have type 2 diabetes mellitus or glucose intolerance and have failed surgery or are not a candidate for surgery?  Yes  No
3. Prescriber attests that member does not have any of the following contraindications?  
 Yes  No:
  - Concomitant use of any of the following: simvastatin, lovastatin, CYP3A substrates with narrow therapeutic ranges (e.g. cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozide, quinidine, sirolimus, tacrolimus, etc.), systemic corticosteroids being utilized for life-saving purposes (e.g., immunosuppression following organ transplant)
  - Endometrial carcinoma
  - Endometrial hyperplasia with atypia
  - History of unexplained vaginal bleeding

I, \_\_\_\_\_, hereby attest that member does not have any of the above contraindications.

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

4. Member has had a negative pregnancy test in the past 30 days?  Yes  No  
Date of negative pregnancy test (include documentation): \_\_\_\_\_
5. Prescriber has counseled member on risks associated with conceiving while utilizing mifepristone and appropriate methods of non-hormonal contraception?  Yes  No
6. Dose requested is 1200 mg/day or less?  Yes  No

### PA Requirements for Lysodren (mitotane)

1. Please select member's diagnosis:
  - Cushing's syndrome
  - Inoperable adrenocortical cancer
2. Member is  $\geq 18$  years of age?  Yes  No
3. Member has had a negative pregnancy test in the past 30 days?  Yes  No  
Date of negative pregnancy test (include documentation): \_\_\_\_\_
4. Dose requested is 12 g/day or less?  Yes  No

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### PA Requirements for Metopirone (metyrapone)

1. Please select member's diagnosis
  - Cushing's syndrome
  - Pituitary-dependent hypercortisolism
  - Requiring diagnostic testing of HPA hormone function
2. Member is  $\geq 18$  years of age (for all indications except diagnostic testing)?  Yes  No
3. Dose requested is 4.5 g/day or less?  Yes  No
4. Prescriber attests that member does not have adrenal cortical insufficiency?  Yes  No

I, \_\_\_\_\_, hereby attest that member does have above contraindication.

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

### PA Requirements for Recorlev (levoketoconazole)

1. Member is  $\geq 18$  years of age?  Yes  No
2. Diagnosis of endogenous hypercortisolemia in members with Cushing's syndrome for whom surgery is not an option or has not been curative?  Yes  No
3. Dose requested is 1.2 g/day or less?  Yes  No
4. Prescriber attests that member does not have any of the following contraindications?
  - Yes  No
  - A prior history of drug induced liver injury due to ketoconazole or any azole antifungal therapy that required discontinuation of treatment
    - Acute liver disease or poorly controlled liver disease
    - Baseline AST or ALT  $> 3$  times the upper limit of normal
    - Baseline QTcF interval  $> 470$  msec
    - Cirrhosis
    - Concomitant use of of medications that cause QT prolongation associated with ventricular arrhythmias (including torsades de pointes)
    - Concomitant use with certain sensitive substrates of CYP3A4 or CYP3A4 and P-gP
    - Extensive metastatic liver disease
    - History of torsades de pointes, ventricular tachycardia/fibrillation, or prolonged QT syndrome
    - Recurrent symptomatic cholelithiasis

I, \_\_\_\_\_, hereby attest that member does not have any of the above contraindications.

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

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

Member Date of Birth: \_\_\_\_\_

**PA Requirements for Signifor (pasireotide diaspertate)**

1. Diagnosis of Cushing's syndrome in members for whom pituitary surgery is not an option or has not been curative?  Yes  No
2. Member is  $\geq$  18 years of age?  Yes  No
3. Dose requested is 2.4 mg/day or less?  Yes  No

**PA Requirements for Signifor LAR (pasireotide pamoate)**

1. Please select member's diagnosis:
  - Cushing's syndrome in members for whom pituitary surgery is not an option or has not been curative
  - Acromegaly with inadequate response to surgery or surgery is not an option
2. Member is  $\geq$  18 years of age?  Yes  No
3. Dose requested is one of the following:
  - a. 40 mg every 4 weeks for the diagnosis of Cushing's syndrome?  Yes  No
  - b. 60 mg every 4 weeks for the diagnosis of acromegaly?  Yes  No

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