DATE: July 17,2026

TO: Commonwealth of Kentucky Medicaid Prescriber Network

FROM: MedImpact Healthcare Systems

Subject: Korlym/mifepristone 300mg Prior Authorization Criteria

---

Status: Please be advised that the Kentucky Department for Medicaid Services (DMS) will implement clinical criteria for Korlym/mifepristone 300mg starting **October 1, 2026**. The new prior authorization (PA) criteria are defined below.

Pharmacy providers are encouraged to work with prescribers and their impacted patients to either obtain the necessary prior authorization or find alternative therapies when appropriate.

Effective Date	Agent(s) Subject to Criteria	Criteria for Approval

10/01/2026	**Korlym/mifepristone 300mg**	**Approval Duration:** 6 months initial; 1 year renewal
		Quantity Limit: 4 tablets per day
		Age Limit: ≥ 18 years
		1. INITIAL APPROVAL CRITERIA
		• Diagnosis of hyperglycemia secondary to endogenous Cushing's syndrome; **AND**
		• Diagnosis of ONE of the following:
		  ○ Type 2 diabetes mellitus; **OR**
		  ○ Glucose intolerance; **AND**
		• Patient meets ONE of the following:
		  ○ Patient has failed surgery; **OR**
		  ○ Patient is not a candidate for surgery; **OR**
		  ○ Patient is awaiting surgery for endogenous Cushing's syndrome; **OR**

Effective Date	Agent(s) Subject to Criteria	Criteria for Approval
		○ Patient is awaiting therapeutic response after radiotherapy for endogenous Cushing's syndrome; **AND** • Prescribed by, or in consultation with, an endocrinologist, or other specialist in the treatment of Cushing's syndrome. **2. BRAND MEDICALLY NECESSARY** • Trial and failure (e.g., allergy or intolerance to an inactive ingredient) with **≥ 2** manufacturers (if available and covered) of the corresponding generic **3. RENEWAL CRITERIA** • Documentation (e.g., progress note, laboratory report) of response to therapy compared to baseline.

Providers are encouraged to reference the Kentucky Medicaid PDL and Prior Authorization documents found on the MedImpact Provider Portal at: https://kyportal.medimpact.com/provider-documents/drug-information. For any additional information or questions that you may have, please contact the Kentucky MedImpact team at KYMFFS@medimpact.com for Fee for-Service members or at KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com
Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	