

Alaska Medicaid

KORLYM™(MIFEPRISTONE)

Available 300mg tablet

INDICATIONS and USAGE:

“Korlym (mifepristone) is a cortisol receptor blocker indicated to control hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing’s syndrome who have type 2 diabetes mellitus or glucose intolerance and have failed surgery or are not candidates for surgery.

Important Limitations of Use

- Do not use for the treatment of type 2 diabetes mellitus unrelated to endogenous Cushing’s syndrome.”¹

Criteria for Approval:

1. Diagnosis of Cushing’s syndrome; **AND**
2. Diagnosis of type 2 diabetes mellitus or glucose intolerance; **AND**
3. Has failed surgery or is not a candidate for surgery

Length of Authorization:

1. Initial authorization may be approved for **3 months**.
2. *Re-authorization*, documentation of clinical improvement may be approved for **9 months**.

Dispensing Limit:

1. The dispensing limit is a 30 day supply of medication with a maximum **Quantity Limit** of 1200mg once daily (not to exceed 20mg/kg per day).

References:

¹ Korlym™ package insert is available at:
<<http://www.korlym.com/docs/KorlymPrescribingInformation.pdf> >
Accessed 12/11/12