Clinical Policy: Mifepristone (Korlym)

Reference Number: PA.CP.PHAR.101
Effective Date: 01/2018
Last Review Date: 01/2025

Description
Mifepristone (Korlym®) is a cortisol receptor blocker.

FDA Approved Indication(s)
Korlym is 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.

Limitation(s) of use: Do not use for the treatment of type 2 diabetes mellitus unrelated to endogenous Cushing's syndrome.

Policy/Criteria
It is the policy of PA Health & Wellness that mifepristone and Korlym are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Cushing's Syndrome (must meet all):

1. Diagnosis of uncontrolled hyperglycemia secondary to endogenous Cushing's syndrome;
2. Member has type 2 diabetes mellitus, impaired glucose tolerance or pre-diabetes as evidenced by a fasting blood glucose, oral glucose tolerance test, or hemoglobin A1c;
3. Prescribed by or in consultation with an endocrinologist;
4. Age ≥ 18 years;
5. Surgery to treat Cushing's syndrome was insufficient or member is not a candidate for surgery;
6. If request is for brand Korlym, member must use generic mifepristone* 300 mg tablet, unless contraindicated or clinically significant adverse effects are experienced;
   **Prior authorization may be required for generic mifepristone*
7. At the time of request, member does not have any of the following contraindications (a and b):
   a. Concurrent use of drugs metabolized by CYP3A (e.g., simvastatin, lovastatin), or CYP3A substrates with narrow therapeutic ranges (e.g., cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozide, quinidine, sirolimus, tacrolimus);
   b. Concurrent long-term corticosteroid use;
8. Dose does not exceed both of the following (a or b):
   a. 1200 mg per day;
   b. 4 tablets per day.

Approval duration: 6 months

B. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. Cushing's Syndrome (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit or member has previously met all initial approval criteria; or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy as evidenced by, including but not limited to, improvement in any of the following parameters: improved fasting blood glucose, oral glucose tolerance test, or hemoglobin A1c since initiation of therapy;
3. If request is for brand Korlym, member must use generic mifepristone* 300 mg tablet, unless contraindicated or clinically significant adverse effects are experienced;
   **Prior authorization may be required for generic mifepristone*
4. If request is for a dose increase, new dose does not exceed both of the following (a or b):
   a. 1200 mg per day;
   b. 4 tablets per day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.PHARM.01) applies; **Approval duration: Duration of request 6 months (whichever is less)**; or
2. Refer to PA.CP.PMN.53

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Pregnancy
  - Concurrent use of drugs metabolized by CYP3A (e.g., simvastatin, lovastatin), or CYP3A substrates with narrow therapeutic ranges (e.g., cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozide, quinidine, sirolimus, tacrolimus);
  - Concurrent systemic corticosteroids for lifesaving purposes (e.g., immunosuppression after organ transplantation)
  - Women with history of unexplained vaginal bleeding or endometrial hyperplasia with atypia or endometrial carcinoma
  - Known hypersensitivity to mifepristone
- Boxed warning(s): termination of pregnancy

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Cushing's syndrome	Starting dose is 300 mg PO QD. May increase in 300 mg increments (dose increase once every 2 to 4 weeks).	1200 mg/day

V. Product Availability

Tablet: 300 mg

VI. References

1. Korlym Prescribing Information. Menlo Park, CA: Corcept Therapeutics, Inc.; November 2019. Available at www.korlym.com. Accessed October 18, 2024.
2. Nieman LK, Biller BMK, Findling JW et al. Treatment of Cushing's syndrome: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2015; 100(8): 2807-2831.
3. Fleseriu M, Auchus R, Bancos I, et al. Consensus on diagnosis and management of Cushing's disease: a guideline update. *Lancet Diabetes Endocrinol*. 2021 Dec;9(12):847-875. doi: 10.1016/S2213-8587(21)00235-7.
4. Fleseriu M, Molitch ME, Gross C, et al. A new therapeutic approach in the medical treatment of Cushing's syndrome: glucorticoid receptor blockade with mifepristone. *Endocr Pract.* March/April 2013; 19(2): 313-326.
5. American Diabetes Association. Standards of medical care in diabetes—2023. Diabetes Care. 2023; 46(suppl 1): S1-S280. Updated January 1, 2023. Accessed October 27, 2023.

Reviews, Revisions, and Approvals	Date
-Age added. "Adherence to an anti-diabetic regimen" is removed due to verification challenge. The following contraindications are removed due to verification challenge: history of unexplained vaginal bleeding; endometrial hyperplasia with atypia or endometrial carcinoma. "Dose does not exceed 1200 mg/day or 20 mg/kg per day, whichever is less" is edited to "Dose does not exceed 1200 mg/day". References reviewed and updated.	
1Q 2019 annual review; no significant changes; references reviewed and updated.	01/2019
1Q 2020 annual review: no significant changes; references reviewed and updated.	01/2020
1Q 2021 annual review: references reviewed and updated.	01/2021
1Q 2022 annual review: removed pregnancy as contraindication; clarified diagnosis requirement by separating into two separate requirements; references reviewed and updated.	01/2022
1Q 2023 annual review: no significant changes; references reviewed and updated.	01/2023
1Q 2024 annual review: no significant changes; references reviewed and updated.	01/2024

Reviews, Revisions, and Approvals	Date
1Q 2025 annual review: per December SDC, added redirection to generic 300 mg tablet for brand Korlym requests; revised policy/criteria section to also include generic mifepristone; references reviewed and updated.	01/2025