

## PHARMACY POLICY STATEMENT

### Marketplace

DRUG NAME	Korlym (mifepristone)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred products include ketoconazole, cabergoline QUANTITY LIMIT— 120 tablets per 30 days
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Korlym (mifepristone) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### CUSHING'S SYNDROME

For **initial** authorization:

1. Member is 18 years old or older; AND
2. Medication must be prescribed by or in consultation with an endocrinologist; AND
3. Member has diagnoses of endogenous Cushing's syndrome AND type 2 diabetes or glucose intolerance (baseline labs required); AND
4. Member failed surgery or is not a candidate for surgery (documentation required); AND
5. Member has tried and failed ketoconazole and/or cabergoline for at least 3 months<sup>2,5</sup>; AND
6. Female members with reproductive potential must have a negative pregnancy test.
7. **Dosage allowed:** Up to 1200mg (4 tablets) once daily

***If member meets all the requirements listed above, the medication will be approved for 6 months.***

For **reauthorization**:

1. Chart notes documenting sustained improvement of glucose control compared to pre-treatment (i.e. decreased HbA1c and/or fasting glucose from baseline, reduced use of antidiabetic medications)

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.***

**CareSource considers Korlym (mifepristone) not medically necessary for the treatment of diseases that are not listed in this document.**

DATE	ACTION/DESCRIPTION
07/01/2020	New policy for Korlym created.
03/11/2021	Annual review, no changes

References:

1. Korlym [package insert]. Menlo Park, CA: Corcept Therapeutics; 2020.
2. Nieman LK, Biller BM, Findling JW, et al. Treatment of Cushing's Syndrome: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2015;100(8):2807-2831. doi:10.1210/jc.2015-1818
3. Fleseriu M, Biller BM, Findling JW, et al. Mifepristone, a glucocorticoid receptor antagonist, produces clinical and metabolic benefits in patients with Cushing's syndrome. *J Clin Endocrinol Metab.* 2012;97(6):2039-2049. doi:10.1210/jc.2011-3350
4. Mazziotti G, Gazzaruso C, Giustina A. Diabetes in Cushing syndrome: basic and clinical aspects. *Trends Endocrinol Metab.* 2011;22(12):499-506. doi:10.1016/j.tem.2011.09.001
5. Scaroni C, Zilio M, Foti M, Boscaro M. Glucose Metabolism Abnormalities in Cushing Syndrome: From Molecular Basis to Clinical Management. *Endocrine Reviews.* 2017;38(3):189-219. doi:10.1210/er.2016-1105

Effective date: 01/01/2022

Revised date: 03/11/2021