

PHARMACY POLICY STATEMENT

Georgia Medicaid

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 NOT MEDICALLY NECESSARY	Click Here

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^{2,5}; 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.

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: 12/01/2020

Revised date: 07/01/2020