MEDICAL MUTUAL®

Drug Policy

Policy:	**Korlym (**mifepristone 300 mg tablets – Corcept, generic)	**Annual Review Date:** **04/17/2025** **Last Revised Date:** **04/17/2025**

OVERVIEW

Mifepristone, a cortisol receptor blocker, is indicated to control hyperglycemia secondary to hypercortisolism in adults with **endogenous Cushing's syndrome** who have type 2 diabetes mellitus or glucose intolerance and have failed surgery or are not candidates for surgery.[1]

Mifepristone should not be used for the treatment of type 2 diabetes mellitus unrelated to endogenous Cushing's syndrome.[1]

NOTE: Mifepristone carries a Black Box Warning for antiprogestinal effects that will result in termination of pregnancy and requires that pregnancy be excluded on initiation and if therapy is interrupted for 14 or more days.

POLICY STATEMENT

This policy involves the use of Mifepristone. Prior authorization is recommended for pharmacy benefit coverage of Mifepristone. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Mifepristone as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Mifepristone be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Mifepristone is recommended in those who meet the following criteria:

Food and Drug Administration (FDA) Approved Indications

1. **Endogenous Cushing's Syndrome.**
   Initial Therapy: *Approve for 6 months if the patient meets the following criteria* (a, b, c, d, e, f, and g):
   a. Patient is ≥ 18 years of age; AND

b. Baseline urinary free cortisol is elevated*; AND
c. Mifepristone is prescribed by or in consultation with an endocrinologist or a physician who specializes in the treatment of Cushing's syndrome; AND
d. Mifepristone is being used to control hyperglycemia secondary to hypercortisolism in patients who have type 2 diabetes mellitus or glucose intolerance; AND
e. Patient meets ONE of the following (i, ii, or iii)
    i. According to the prescriber, the patient is not a candidate for surgery or surgery has not been curative; OR
    ii. Patient is awaiting surgery for **endogenous Cushing's syndrome**; OR
    iii. Patient is awaiting therapeutic response after radiotherapy for **endogenous Cushing's syndrome**; AND
f. The patient has tried ketoconazole tablets, Metopirone (metyrapone capsules), Lysodren (mitotane tablets), or Signifor/Signifor LAR for the treatment of Cushing's syndrome; AND
g. If brand Korlym is prescribed, the patient must meet the following criteria (a and b):
    a. The patient has previously failed or is intolerant to generic mifepristone; AND
    b. Brand Korlym is being requested due to a formulation difference in the inactive ingredient(s) [e.g., preservatives] between the brand and the bioequivalent generic product which, per the prescribing physician, has or would result in a significant allergy or serious adverse reaction*.

Patient is Currently Receiving Mifepristone for at least 6 months: Approve for 1 year if the patient meets the following criteria (a, b, c, d, e, f, and g):

a. Patient is ≥ 18 years of age; AND
b. Mifepristone is prescribed by or in consultation with an endocrinologist or a physician who specializes in the treatment of Cushing's syndrome; AND
c. Mifepriston is being used to control hyperglycemia secondary to hypercortisolism in patients who have type 2 diabetes mellitus or glucose intolerance; AND
d. According to the prescriber, the patient is not a candidate for surgery or surgery has not been curative; AND
    Note: For a patient with endogenous Cushing's syndrome awaiting surgery or therapeutic response after radiotherapy, see *Other Uses with Supportive Evidence.*
e. The patient has tried ketoconazole tablets, Metopirone (metyrapone capsules), Lysodren (mitotane tablets), or Signifor/Signifor LAR for the treatment of Cushing's syndrome; AND
f. The patient has experienced improved glucose tolerance or stable glucose tolerance while on Korlym*; AND
g. If brand Korlym is prescribed, the patient must meet the following criteria (a and b):
    a. The patient has previously failed or is intolerant to generic mifepristone; AND
    b. Brand Korlym is being requested due to a formulation difference in the inactive ingredient(s) [e.g., preservatives] between the brand and the bioequivalent generic product which, per the prescribing physician, has or would result in a significant allergy or serious adverse reaction*.

Initial Approval/ Extended Approval.
A) *Initial Approval:* 6 months
B) *Extended Approval:* 1 year

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Mifepristone has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. **Exogenous (Iatrogenic) Cushing's Syndrome.** Mifepristone is not indicated in exogenous Cushing's syndrome. Exogenous Cushing's syndrome is caused by excessive glucocorticoid administration. Therefore, the process to reverse the excessive cortisol exposure is to taper or discontinue the offending drug when possible.

2. **Type 2 Diabetes Not Associated with Endogenous Cushing's Syndrome**. Mifepristone should not be used for the treatment of type 2 diabetes unrelated to endogenous Cushing's syndrome.

3. **Psychotic Features of Psychotic Depression.** The manufacturer is conducting Phase III studies with mifepristone to treat the psychotic features of psychotic depression. Mifepristone is being investigated as an alternative to electroconvulsive therapy (ECT) or combination drug therapy to determine whether patients with psychotic features of psychotic depression who are treated with mifepristone can be more easily maintained on antidepressant therapy alone without the need for ECT or antipsychotic medication. Individual trials have demonstrated variable efficacy results. In some of the studies comparing mifepristone with placebo, various statistically significant improvements in psychiatric symptoms have been noted with mifepristone relative to placebo; however, the methodology and statistical analyses of some studies have been questioned. Data are inconclusive.

4. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

***Documentation Requirements:**

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Korlym® tablets [prescribing information]. Menlo Park, CA: Corcept Pharmaceuticals; May 2017.
2. Mifeprex® tablets [prescribing information]. New York, NY: Danco Laboratories, LLC; March 2016.

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4. Fleseriu M, Biller BMK, Findling JW, et al. Mifepristone, a glucocorticoids receptor antagonist, produces clinical and metabolic benefits in patients with Cushing's syndrome. J Clin Endocrin Metab. 2012: 97(6):2039-2049.
5. Biller BMK, Grossman AB, Stewart PM, et al. Treatment of adrenocorticotropin-dependent Cushing's syndrome: A consensus statement. J Clin Endocrinol Metab. 2008;93:2454-2462.
6. Tritos NA, Biller BM. Advances in medical therapies for Cushing's syndrome. Discov Med. 2012;13(69):171-179.
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