

<b>Clinical Policy Title:</b>	mifepristone
<b>Policy Number:</b>	RxA.194
<b>Drug(s) Applied:</b>	Korlym®
<b>Original Policy Date:</b>	02/07/2020
<b>Last Review Date:</b>	09/14/2020
<b>Line of Business Policy Applies to:</b>	All lines of business

## Background

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

## Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
Mifepristone (Korlym®)	Cushing's syndrome	Starting dose is 300 mg PO once daily. May increase in 300 mg increments to a maximum of 1200 mg once daily. Do not exceed 20 mg/kg per day (dose increase once every 2 to 4 weeks).	1200 mg/day not exceeding 20 mg/kg per day  Renal impairment: do not exceed 600 mg once daily.  Mild-to-moderate hepatic impairment: do not exceed 600 mg once daily.  Concomitant administration with strong CYP3A inhibitors: do not exceed 900 mg once daily.

## Dosage Forms

- Tablets: 300 mg

## Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

## I. Initial Approval Criteria

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

1. Diagnosis of the following (a and b):
  - a. Uncontrolled hyperglycemia secondary to endogenous Cushing's syndrome;
  - b. Type 2 diabetes mellitus, impaired glucose tolerance or pre-diabetes as evidenced by a fasting blood glucose, oral glucose tolerance test, or hemoglobin A1c;
2. Prescribed by or in consultation with an endocrinologist;
3. Age  $\geq$  18 years;
4. Surgery to treat Cushing's syndrome was insufficient or member is not a candidate for surgery;
5. At the time of request, member does not have any of the following contraindications:
  - a. Concurrent use of 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;
6. Dose does not exceed 1200 mg per day (4 tablets per day) and not exceeding 20 mg/kg/day.

#### Approval Duration

**Commercial:** 6 months

**Medicaid:** 6 months

## II. Continued Therapy Approval

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

1. Currently receiving medication that has been authorized by RxAdvance or member has previously met all initial approval criteria listed in this policy;
2. Member is responding positively to therapy (e.g., improved fasting blood glucose, oral glucose tolerance test, or hemoglobin A1c since initiation of therapy);
3. If request is for a dose increase, new dose does not exceed 1200 mg per day (4 tablets per day) and not exceeding 20 mg/kg/day.

#### Approval Duration

**Commercial:** 12 months

**Medicaid:** 12 months

## III. Appendices

### APPENDIX A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

### APPENDIX B: Therapeutic Alternatives

- Not applicable

### APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Pregnancy
  - Patients taking drugs metabolized by CPY3A such as simvastatin or lovastatin, and CYP3A substrates with narrow therapeutic range
  - Patients receiving systemic corticosteroids for lifesaving purpose
  - Women with history of unexplained vaginal bleeding or endometrial hyperplasia with atypia or endometrial carcinoma.
  - Hypersensitivity to mifepristone or to any of the product component.

- **Boxed Warning(s):**
  - Termination of Pregnancy – Mifepristone has potent antiproggestational effects and will result in the termination of pregnancy. Pregnancy must therefore be excluded before the initiation of treatment with KORLYM, or if treatment is interrupted for more than 14 days in females of reproductive potential.

**APPENDIX D: General Information**

- Not applicable

**References**

1. Korlym Prescribing Information. Menlo Park, CA: Corcept Therapeutics, Inc.; November 2019. Available at [www.korlym.com](http://www.korlym.com). Accessed July 21, 2020.
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. Standards of medical care in diabetes – 2013: position statement. American Diabetes Association. Diabetes Care 2013; 36(Suppl 1): S11-S66.
4. Fleseriu M, Molitch ME, Gross C, et al. A new therapeutic approach in the medical treatment of Cushing’s syndrome: glucocorticoid receptor blockade with mifepristone. Endocr Pract. March/April 2013; 19(2): 313-326.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	03/2020	02/07/2020
Policy was reviewed: 1. Clinical Policy Title was updated. 2. Drug(s) Applied was updated. 3. Line of Business Policy Applies to was update to all lines of business. 4. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..." 5. Initial Approval criteria: Commercial and Medicaid approval duration were updated from length of benefit to 6 months. 6. Continued Approval criteria: Commercial and Medicaid approval duration were updated from length of benefit to 12 months. 7. Dosing information was updated. 8. APPENDIX C was updated to include detailed Boxed warning of Termination of Pregnancy and Contraindication verbiage updated to: - Patients taking drugs metabolized by CPY3A such as simvastatin or lovastatin, and CYP3A substrates with	07/21/2020	09/14/2020

<p>narrow therapeutic range - Patients receiving systemic corticosteroids for lifesaving purpose 9. References were updated. 10. Dosing Regimen updated to include maximum dose: 1200 mg/day not exceeding 20 mg/kg per day. Renal impairment: do not exceed 600 mg once daily. Mild-to-moderate hepatic impairment: do not exceed 600 mg once daily. Concomitant administration with strong CYP3A inhibitors: do not exceed 900 mg once daily. 11. Initial Approval Criteria and Continued Therapy Approval updated to include “not exceeding 20 mg/kg/day”</p>		
--	--	--