Korlym (mifepristone) Prior Authorization with Quantity Limit Program Summary

This program applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx formularies.

This is a FlexRx Standard and GenRx Standard program.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
07-01-2024	04-01-2016

FDA APPROVED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Korlym® (mifepristone) Tablet*	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 Limitations of Use: Should not be used in the treatment of patients with type 2 diabetes unless it is secondary to Cushing's syndrome	*generic available	1
Korlym® (mifepristone) Tablet	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 Limitations of Use: Should not be used in the treatment of patients with type 2 diabetes unless it is secondary to Cushing's syndrome		1

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE

Cushing's Syndrome	Cushing's syndrome denotes pathologic hypercortisolism as a result of excessive adrenocorticotropic hormone (ACTH) production or autonomous adrenal production of cortisol. This potentially lethal disorder is associated with significant comorbidities including hypertension, diabetes, coagulopathy, cardiovascular disease, infections, and fractures. As a result, even after cure of hypercortisolism, mortality rates may be increased. Because of this it is important to make the diagnosis as early in the disease course as possible to prevent additional morbidity and residual disease. Signs and symptoms of Cushing's syndrome are broad and often common among the general population such as obesity, depression, diabetes, hypertension, or menstrual irregularities. Some features are more discriminatory and unique to Cushing's syndrome such as reddish-purple striae, plethora, proximal muscle weakness, bruising with no obvious trauma, and unexplained osteoporosis.(5) Guidelines recommend a multidisciplinary team, including an endocrinologist, providing education and treatment options to the patient. Goals of treatment in Cushing's syndrome include reversal of clinical features, normalization of biochemical changes with minimal morbidity, and long-term control without recurrence. Surgical resection of the causal lesion(s) is the first-line approach. When surgery is delayed,

	contraindicated, or unsuccessful, second-line treatments, including medical therapy, bilateral adrenalectomy, and radiation therapy, must be considered. Glucocorticoid antagonists, such as mifepristone, are suggested in patients with diabetes or glucose intolerance who are not surgical candidates or who have persistent disease after surgery.(2) The American Diabetes Association defines impaired glucose tolerance (glucose intolerance) in prediabetes as plasma glucose of 140 mg/dL to 199 mg/dL (7.8 mmol/L to less than 11.1 mmol/L), and in diabetes as plasma glucose of greater than or equal to 200 mg/dL (11.1 mmol), after the oral glucose tolerance test (OGTT). The OGTT is a two-hour test that checks plasma glucose levels before and 2 hours after drinking a glucose-containing drink.(4)
Efficacy (1)	The safety and efficacy of Korlym in the treatment of endogenous Cushing's syndrome was evaluated in an uncontrolled, open-label, 24-week, multicenter clinical study. The study enrolled 50 subjects with clinical and biochemical evidence of hypercortisolemia despite prior surgical treatment and radiotherapy. The reasons for medical treatment were failed surgery, recurrence of disease, and poor medical candidate for surgery. Patients belonged to one of two cohorts: a diabetes cohort or a hypertension cohort. While results in the hypertension cohort showed no changes in mean systolic and diastolic blood pressures at the end of the trial, the diabetes cohort showed improvements in glucose response [defined as a greater than or equal to 25% reduction from baseline in glucose area under the curve (AUC) in standard oral glucose tolerance test] in 60% of patients, and reduction in glycated hemoglobin (HbA1c) in all patients.
Safety (1)	Mifepristone has a boxed warning for pregnancy termination. Mifepristone has potent antiprogestational effects and will result in the termination of pregnancy. Pregnancy must therefore be excluded before the initiation of treatment with mifepristone, or if the treatment is interrupted for more than 14 days in females of reproductive potential. Mifepristone is contraindicated in: • Pregnancy • Patients taking drugs metabolized by CYP3A such as simvastatin, lovastatin, and CYP3A4 substrates with narrow therapeutic ranges, such as cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozide, quinidine, sirolimus, and tacrolimus • Patients receiving systemic corticosteroids for lifesaving purposes (e.g., immunosuppression after organ transplantation) • Women with a history of unexplained vaginal bleeding or with endometrial hyperplasia with atypia or endometrial carcinoma • Patients with known hypersensitivity to mifepristone or to any of the product components

REFERENCES

Number	Reference
1	Korlym prescribing information. Corcept Therapeutics Inc. November 2019.
2	Nieman L, Biller B, et al. Treatment of Cushing's Syndrome: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab 2015;100:2807–2831.
3	Reference no longer used.

Number	Reference
4	American Diabetes Association Professional Practice Committee. "Classification and Diagnosis of Diabetes: Standards of Medical care in Diabetes-2023." Diabetes Care 2023; 46(Supplement_1): S19-S40. Available at: https://diabetesjournals.org/care/issue/46/Supplement_1
5	Endocrine Society. Cushing's disease. Accessed at: https://www.hormone.org/diseases-and-conditions/cushings-disease

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Korlym	mifepristone tab	300 MG	M ; N ; O ; Y	O ; Y		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Korlym	mifepristone tab	300 MG	120	Tablets	30	DAYS			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Korlym	mifepristone tab	300 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Korlym	mifepristone tab	300 MG	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Initial Evaluation **Target Agent** will be approved when ALL of the following are met:

Module	Clinical Criteria for Approval
	1. The patient has a diagnosis of Cushing's syndrome **AND** 2. If the patient has an FDA approved indication, then ONE of the following: A. The patient's age is within FDA labeling for the requested indication for the requested agent **OR** B. The prescriber has provided information in support of using the requested agent for the patient's age for the requested indication **AND** 3. ONE of the following: A. The patient has type 2 diabetes mellitus **OR** B. The patient has glucose intolerance as defined by a 2-hr glucose tolerance test plasma glucose value of 140-199 mg/dL **AND** 4. ONE of the following: A. The patient has had an inadequate response to surgical resection **OR** B. The patient is NOT a candidate for surgical resection **AND** 5. The prescriber is a specialist in the area of the patient's diagnosis (e.g., endocrinologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND** 6. The patient does NOT have any FDA labeled contraindications to the requested agent **AND** 7. The requested dose does NOT exceed 20 mg/kg/day **Length of Approval:** 6 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria. **Renewal Evaluation** **Target Agent(s)** will be approved when ALL of the following are met: 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process **AND** 2. The patient has had clinical benefit with the requested agent **AND** 3. The prescriber is a specialist in the area of the patient's diagnosis (e.g., endocrinologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis **AND** 4. The patient does NOT have any FDA labeled contraindications to the requested agent **AND** 5. The requested dose does NOT exceed 20 mg/kg/day **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL with PA	**Quantity Limit for the Target Agent(s)** will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. ALL of the following: A. The requested quantity (dose) exceeds the program quantity limit **AND** B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND** C. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit **Length of Approval:** Initial: 6 months; Renewal: 12 months