SPECIALTY GUIDELINE MANAGEMENT

KORLYM (mifepristone)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Korlym is a cortisol receptor blocker 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.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Cushing's syndrome
Authorization of 12 months may be granted for treatment of Cushing's syndrome/disease when all of the following criteria are met:
A. Member has type 2 diabetes mellitus or glucose intolerance
B. Korlym is being prescribed to control hyperglycemia secondary to hypercortisolism
C. Member has had surgery that was not curative OR member is not a candidate for surgery

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Korlym [package insert]. Menlo Park, CA: Corcept Therapeutics Incorporated; May 2017.
2. Nieman LK, Biller B, Findling JW, et al. Treatment of Cushing's Syndrome: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2015;100:2807-2831.

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