Clinical Policy: Mifepristone (Korlym)

Reference Number: PA.CP.PHAR.101
Effective Date: 01/18
Last Review Date: 07/18

Coding Implications
Revision Log

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

FDA Approved Indication(s)
Korlym 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.

Policy/Criteria
It is the policy of health plans affiliated with Pennsylvania Health and Wellness that Korlym is **medically necessary** when the following criteria are met:

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 ≥ 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. Pregnancy;
   b. Concurrent use of simvastatin, lovastatin, or CYP3A substrates with narrow therapeutic ranges (e.g., cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozide, quinidine, sirolimus, tacrolimus);
   c. Concurrent long-term corticosteroid use;
6. Dose does not exceed 1200 mg per day (4 tablets per day).

Approval duration: 6 months

B. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

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

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;

2. Evidence of improved glycemic control by fasting plasma glucose, an oral glucose tolerance test, or hemoglobin A1c.
3. If request is for a dose increase, new dose does not exceed 1200 mg per day (4 tablets per day).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; **Approval duration: Duration of request 6 months (whichever is less)**; or

2. Refer to PA.CP.PMN.53

Background

Description/Mechanism of Action:

Korlym (mifepristone), a cortisol receptor blocker for oral administration, acts as a selective antagonist of the progesterone receptor at low doses and blocks the glucocorticoid receptor (GR-II) at higher doses. Mifepristone has high affinity for the GR-II receptor but little affinity for the GR-I (MR, mineralocorticoid) receptor. In addition, mifepristone appears to have little or no affinity for estrogen, muscarinic, histaminic, or monoamine receptors.

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Pregnancy
  - Use of simvastatin or lovastatin and CYP3A substrates with narrow therapeutic range
  - Concurrent long-term corticosteroid use
  - Women with history of unexplained vaginal bleeding
  - Women with endometrial hyperplasia with atypia or endometrial carcinoma
- Boxed warning(s): Termination of pregnancy

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Cushing's syndrome	Starting dose is 300 mg PO QD. May increase in 300 mg increments (dose increase once every 2 to 4 weeks).	1200 mg/day

V. Product Availability

Tablets: 300 mg

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
S0190	Mifepristone, oral, 200 mg

Reviews, Revisions, and Approvals	Date	Approval Date
-Age added. "Adherence to an anti-diabetic regimen" is removed due to verification challenge. The following contraindications are removed due to verification challenge: history of unexplained vaginal bleeding; endometrial hyperplasia with atypia or endometrial carcinoma. "Dose does not exceed 1200 mg/day or 20 mg/kg per day, whichever is less" is edited to "Dose does not exceed 1200 mg/day". References reviewed and updated.		
1Q 2019 annual review; no significant changes; references reviewed and updated.	01/19	

References

1. Korlym Prescribing Information. Menlo Park, CA: Corcept Therapeutics, Inc.; October 2016. Available at www.korlym.com. Accessed November 8, 2018.
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: glucorticoid receptor blockade with mifepristone. Endocr Pract. March/April 2013; 19(2): 313-326.