

PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Cushing's – Mifepristone Preferred Specialty Management Policy

- Korlym® (mifepristone tablets – Corcept, generic)

REVIEW DATE: 4/24/2024; effective 07/15/2024

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

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. For all medications (Preferred and Non-Preferred), the patient is required to meet the standard *Cushing's – Mifepristone Prior Authorization Policy* criteria. The program also directs the patient to try the generic mifepristone tablets. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). If the patient meets the standard *Prior Authorization Policy* criteria but has not tried a Preferred Product, approval for a Preferred Product will be authorized. All approvals are provided for 1 year.

Documentation: Documentation will be required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

Automation: None.

Preferred Product: Generic mifepristone tablets

Non-Preferred Product: Korlym

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Korlym® tablets [prescribing information]. Menlo Park, CA: Corcept; March 2020.