MIFEPRISTONE

Generic	Brand	HICL	GCN	Exception/Other
MIFEPRISTONE	KORLYM		31485	

This drug requires a written request for prior authorization.

GUIDELINES FOR USE

1. Does the patient have a diagnosis of endogenous Cushing's syndrome and meet **ALL** of the following criteria?
    - The patient also has a diagnosis of type 2 diabetes mellitus **OR** glucose intolerance
    - Patient has failed surgical treatment for Cushing's syndrome **OR** is not a candidate for surgery

    If yes, **approve for 1 year by GPID up to #4 tablets per day.**
    APPROVAL TEXT: Please note this medication has an important FDA Safety Warning; pregnancy must be excluded before the initiation of treatment with Korlym or when therapy is interrupted for more than 14 days. For more information, discuss with your physician or pharmacist.

    If no, do not approve.
    DENIAL TEXT: The guideline named **MIFEPRISTONE (Korlym)** requires a diagnosis of endogenous Cushing's syndrome. In addition, the following criteria must be met:
    - The patient also has a diagnosis of type 2 diabetes mellitus OR glucose intolerance
    - Patient has failed surgical treatment for Cushing's syndrome OR is not a candidate for surgery

RATIONALE
To ensure appropriate use of Korlym.

FDA APPROVED INDICATIONS
- Korlym is a cortisol receptor antagonist 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.
- Korlym should not be used for the treatment of diabetes type 2 unrelated to endogenous Cushing's syndrome.

REFERENCE
- Korlym [Prescribing Information]. Menlo Park, CA: Corcept Therapeutics; December 2017.

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Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 03/01/18
Created: 04/12
Client Approval: 02/18
P&T Approval: 11/13