

Policy Name:	Korlym (mifepristone)	Policy #:	1961P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Korlym.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Korlym under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of Cushing's syndrome/disease
- 1.2 Documentation that the member underwent a surgical procedure which was not curative or that the member is not a candidate for surgery
- 1.3 Prescribed by or in consultation with an endocrinologist (hormone doctor)
- 1.4 Diagnosis of type 2 diabetes mellitus or documented glucose intolerance with supporting test results
- 1.5 Coverage of brand Korlym requires documented allergic reaction to generic mifepristone

2. Approval Time

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit

CPT Codes

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HCPCS Codes

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References

1. Korlym [package insert]. Menlo Park, CA: Corcept Therapeutics Inc.; November 2019.
2. Nieman LK, Biller BM, Findling JW, et al; Endocrine Society. Treatment of Cushing's Syndrome: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2015 Aug;100(8):2807-31.
3. Brown DR, East HE, Eilerman BS, et al. Clinical management of patients with Cushing syndrome treated with mifepristone: consensus recommendations. *Clin Diabetes Endocrinol.* 2020 Oct 29;6(1):18.
4. Fleseriu M, Auchus R, Bancos I, et al. Consensus on diagnosis and management of Cushing's disease: a guideline update. *Lancet Diabetes Endocrinol.* 2021 Dec;9(12):847-875.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.