## Overview
Korlym (mifepristone) 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.

### Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Korlym, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member is diagnosed hyperglycemia secondary to hypercortisolism with endogenous Cushing syndrome who have type 2 diabetes mellitus or glucose intolerance
2. The member is ≥ 18 years of age
3. The member has had an inadequate response or adverse reaction to one or contraindication to both of the following: ketoconazole tablets, Lysodren tablets.
4. The member has failed surgical intervention (recurrence after surgery or failed tumor removal)

OR
5. Surgical interventions are not appropriate.

### Continuation of Therapy
Reauthorization requires clinical documentation of clinical response.

### Limitations
1. Initial approvals will be issued for 6 months

### Contact Information
- **Specialty Medications**
  - All Plans
    - Phone: 866-814-5506
    - Fax: 866-249-6155
- **Non-Specialty Medications**
  - MassHealth
    - Phone: 877-433-7643
    - Fax: 866-255-7569
  - Commercial
    - Phone: 800-294-5979
    - Fax: 888-836-0730
  - Exchange
    - Phone: 855-582-2022
    - Fax: 855-245-2134
- **Medical Specialty Medications (NLX)**
  - All Plans
    - Phone: 844-345-2803
    - Fax: 844-851-0882

## Korlym (mifepristone)
**Effective 09/18/2019**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefit</th>
<th>Program Type</th>
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<tbody>
<tr>
<td>☒ MassHealth</td>
<td>☒ Pharmacy Benefit</td>
<td>☒ Prior Authorization</td>
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<tr>
<td>☒ Commercial/Exchange</td>
<td>☐ Medical Benefit (NLX)</td>
<td>☐ Quantity Limit</td>
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<tr>
<td>☒ Commercial/Exchange</td>
<td>☒ MassHealth</td>
<td>☐ Step Therapy</td>
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**Specialty Limitations**
N/A

**Exceptions**
N/A
2. Reauthorization will be issued for 12 months
3. The following quantity limits apply:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Quantity Limit</th>
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<tbody>
<tr>
<td>Korlym 300mg</td>
<td>120 tablets per 30 days</td>
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</tbody>
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References
1. Korlym (mifepristone) [prescribing information]. Menlo Park, CA: Corcept Therapeutics; May 2017

Review History
2014 - Implemented
9/23/13 – Reviewed
9/22/14 – Reviewed
9/21/15 – Reviewed
9/19/16 – Reviewed
9/18/17 – Reviewed
9/24/18 – Reviewed
9/18/19 – Reviewed

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