

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use KORLYM® safely and effectively. See full prescribing information for KORLYM®.

KORLYM® (mifepristone) 300 mg Tablets Initial U.S. Approval 2000

### WARNING: TERMINATION OF PREGNANCY

See full prescribing information for complete boxed warning.

Mifepristone has potent antiprogesterone effects and will result in the termination of pregnancy. Pregnancy must therefore be excluded before the initiation of treatment with KORLYM, or if treatment is interrupted for more than 14 days in females of reproductive potential.

### INDICATIONS AND USAGE

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 (1).

- **Important Limitations of Use:** Do not use for the treatment of type 2 diabetes mellitus unrelated to endogenous Cushing's syndrome.

### DOSAGE AND ADMINISTRATION

- Administer once daily orally with a meal (2).
- The recommended starting dose is 300 mg once daily (2).
- Renal impairment: do not exceed 600 mg once daily.
- Mild-to-moderate hepatic impairment: do not exceed 600 mg once daily. Do not use in severe hepatic impairment.

Based on clinical response and tolerability, the dose may be increased in 300 mg increments to a maximum of 1200 mg once daily. Do not exceed 20 mg/kg per day (2).

### DOSAGE FORMS AND STRENGTHS

Tablets: 300 mg (3)

### CONTRAINDICATIONS

- Pregnancy (4.1, 8.1)
- Use of simvastatin or lovastatin and CYP3A substrates with narrow therapeutic range (4.2)
- Concurrent long-term corticosteroid use (4.3)
- Women with history of unexplained vaginal bleeding (4.4)

- Women with endometrial hyperplasia with atypia or endometrial carcinoma (4.4)

### WARNINGS AND PRECAUTIONS

- **Adrenal insufficiency:** Patients should be closely monitored for signs and symptoms of adrenal insufficiency (5.1).
- **Hypokalemia:** Hypokalemia should be corrected prior to treatment and monitored for during treatment (5.2).
- **Vaginal bleeding and endometrial changes:** Women may experience endometrial thickening or unexpected vaginal bleeding. Use with caution if patient also has a hemorrhagic disorder or is on anti-coagulant therapy (5.3).
- **QT interval prolongation:** Avoid use with QT interval-prolonging drugs, or in patients with potassium channel variants resulting in a long QT interval (5.4).
- **Use of Strong CYP3A Inhibitors:** Concomitant use can increase mifepristone plasma levels significantly. Use only when necessary and limit mifepristone dose to 300 mg (5.6).

### ADVERSE REACTIONS

Most common adverse reactions in Cushing's syndrome ( $\geq 20\%$ ): nausea, fatigue, headache, decreased blood potassium, arthralgia, vomiting, peripheral edema, hypertension, dizziness, decreased appetite, endometrial hypertrophy (6).

To report suspected adverse reactions, contact Corcept Therapeutics at 1-855-844-3270 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

### DRUG INTERACTIONS

- Drugs metabolized by CYP3A: Administer drugs that are metabolized by CYP3A at the lowest dose when used with KORLYM (7.1).
- CYP3A inhibitors: Caution should be used when KORLYM is used with strong CYP3A inhibitors. Limit mifepristone dose to 300 mg per day when used with strong CYP3A inhibitors (5.6, 7.2).
- CYP3A inducers: Do not use KORLYM with CYP3A inducers (7.3).
- Drugs metabolized by CYP2C8/2C9: Use the lowest dose of CYP2C8/2C9 substrates when used with KORLYM (7.4).
- Drugs metabolized by CYP2B6: Use of KORLYM should be done with caution with bupropion and efavirenz (7.5).
- Hormonal contraceptives: Do not use with KORLYM (7.6).

### USE IN SPECIFIC POPULATIONS

- Nursing mothers: Discontinue drug or discontinue nursing (8.3).

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

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## FULL PRESCRIBING INFORMATION

### WARNING: TERMINATION OF PREGNANCY

**Mifepristone is a potent antagonist of progesterone and cortisol via the progesterone and glucocorticoid (GR-II) receptors, respectively. The antiprogestational effects will result in the termination of pregnancy. Pregnancy must therefore be excluded before the initiation of treatment with KORLYM and prevented during treatment and for one month after stopping treatment by the use of a non-hormonal medically acceptable method of contraception unless the patient has had a surgical sterilization, in which case no additional contraception is needed. Pregnancy must also be excluded if treatment is interrupted for more than 14 days in females of reproductive potential.**

### 1 INDICATIONS AND USAGE

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.

#### LIMITATIONS OF USE:

- KORLYM should not be used in the treatment of patients with type 2 diabetes unless it is secondary to Cushing's syndrome.

### 2 DOSAGE AND ADMINISTRATION

#### 2.1 Adult Dosage

The recommended starting dose is 300 mg orally once daily. KORLYM must be given as a single daily dose. KORLYM should always be taken with a meal. Patients should swallow the tablet whole. Do not split, crush, or chew tablets.

#### *Dosing and titration*

The daily dose of KORLYM may be increased in 300 mg increments. The dose of KORLYM may be increased to a maximum of 1200 mg once daily but should not exceed 20 mg/kg per day. Increases in dose should not occur more frequently than once every 2-4 weeks. Decisions about dose increases should be based on a clinical assessment of tolerability and degree of improvement in Cushing's syndrome manifestations. Changes in glucose control, anti-diabetic medication requirements, insulin levels, and psychiatric symptoms may provide an early assessment of response (within 6 weeks) and may help guide early dose titration. Improvements in cushingoid appearance, acne, hirsutism, striae, and body weight occur over a longer period of time and, along with measures of glucose control, may be used to determine dose changes beyond the first 2 months of therapy. Careful and gradual titration of KORLYM accompanied by monitoring for recognized adverse reactions (*See Warnings and Precautions 5.1 and 5.2*) may reduce the risk of severe adverse reactions. Dose reduction or even dose discontinuation may be needed in some clinical situations. If KORLYM treatment is interrupted, it should be reinitiated at the lowest dose (300 mg). If treatment was interrupted because of adverse reactions, the titration should aim for a dose lower than the one that resulted in treatment interruption.

## **2.2 Dosing in Renal Impairment**

No change in initial dose of KORLYM is required in renal impairment. The maximum dose should be limited to 600 mg. *[See Renal Impairment (8.6) and Clinical Pharmacology (12.3)]*

## **2.3 Dosing in Hepatic Impairment**

No change in the initial dose of KORLYM is required in mild to moderate hepatic impairment. The maximum dose should be limited to 600 mg. KORLYM should not be used in severe hepatic impairment. *[See Hepatic Impairment (8.7) and Clinical Pharmacology (12.3)]*

## **3 DOSAGE FORMS AND STRENGTHS**

Tablets: 300 mg

Oval shaped, light yellow to yellow tablets debossed with “Corcept” on one side and “300” on the other side. The tablets are not scored.

## **4 CONTRAINDICATIONS**

### **4.1 Pregnancy**

KORLYM is contraindicated in women who are pregnant. Pregnancy must be excluded before the initiation of treatment with KORLYM or if treatment is interrupted for more than 14 days in females of reproductive potential. Non-hormonal contraceptives should be used during and one month after stopping treatment in all women of reproductive potential. *[See Use in Specific Populations 8.8]*

### **4.2 Drugs Metabolized by CYP3A**

KORLYM is contraindicated in patients taking simvastatin, lovastatin, and CYP3A substrates with narrow therapeutic ranges, such as cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozide, quinidine, sirolimus, and tacrolimus, due to an increased risk of adverse events. *[See Drug Interactions (7.1) and Clinical Pharmacology (12.3)]*

### **4.3 Corticosteroid Therapy Required for Lifesaving Purposes**

KORLYM is contraindicated in patients who require concomitant treatment with systemic corticosteroids for serious medical conditions or illnesses (e.g., immunosuppression after organ transplantation) because KORLYM antagonizes the effect of glucocorticoids.

### **4.4 Women with Risk of Vaginal Bleeding or Endometrial Changes**

KORLYM is contraindicated in the following:

- Women with a history of unexplained vaginal bleeding
- Women with endometrial hyperplasia with atypia or endometrial carcinoma

### **4.5 Known Hypersensitivity to Mifepristone**

KORLYM is contraindicated in patients with prior hypersensitivity reactions to mifepristone or to any of the product components.

## 5 WARNINGS AND PRECAUTIONS

### 5.1 Adrenal Insufficiency

Patients receiving mifepristone may experience adrenal insufficiency. Because serum cortisol levels remain elevated and may even increase during treatment with KORLYM, serum cortisol levels do not provide an accurate assessment of hypoadrenalism in patients receiving KORLYM. Patients should be closely monitored for signs and symptoms of adrenal insufficiency, including weakness, nausea, increased fatigue, hypotension, and hypoglycemia. If adrenal insufficiency is suspected, discontinue treatment with KORLYM immediately and administer glucocorticoids without delay. High doses of supplemental glucocorticoids may be needed to overcome the glucocorticoid receptor blockade produced by mifepristone. Factors considered in deciding on the duration of glucocorticoid treatment should include the long half-life of mifepristone (85 hours).

Treatment with KORLYM at a lower dose can be resumed after resolution of adrenal insufficiency. Patients should also be evaluated for precipitating causes of hypoadrenalism (infection, trauma, etc.).

### 5.2 Hypokalemia

In a study of patients with Cushing's syndrome, hypokalemia was observed in 44% of subjects during treatment with KORLYM. Hypokalemia should be corrected prior to initiating KORLYM. During KORLYM administration, serum potassium should be measured 1 to 2 weeks after starting or increasing the dose of KORLYM and periodically thereafter. Hypokalemia can occur at any time during KORLYM treatment. Mifepristone-induced hypokalemia should be treated with intravenous or oral potassium supplementation based on event severity. If hypokalemia persists in spite of potassium supplementation, consider adding mineralocorticoid antagonists.

### 5.3 Vaginal Bleeding and Endometrial Changes

Being an antagonist of the progesterone receptor, mifepristone promotes unopposed endometrial proliferation that may result in endometrium thickening, cystic dilatation of endometrial glands, and vaginal bleeding. KORLYM should be used with caution in women who have hemorrhagic disorders or are receiving concurrent anticoagulant therapy. Women who experience vaginal bleeding during KORLYM treatment should be referred to a gynecologist for further evaluation.

### 5.4 QT Interval Prolongation

Mifepristone and its metabolites block IKr. KORLYM prolongs the QTc interval in a dose-related manner. There is little or no experience with high exposure, concomitant dosing with other QT-prolonging drugs, or potassium channel variants resulting in a long QT interval. [See *Warnings & Precautions* (5.6)] To minimize risk, the lowest effective dose should always be used.

### 5.5 Exacerbation/Deterioration of Conditions Treated with Corticosteroids

Use of KORLYM in patients who receive corticosteroids for other conditions (e.g., autoimmune disorders) may lead to exacerbation or deterioration of such conditions, as KORLYM antagonizes the desired effects of glucocorticoid in these clinical settings. For medical conditions in which chronic corticosteroid therapy is lifesaving (e.g., immunosuppression in organ transplantation), KORLYM is contraindicated. [See *Contraindications* (4.3)]

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