Applicable Drugs: Lifyorli (relacorilant)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/31/2026

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to IV are met.)

I. Documentation of the following FDA-approved diagnoses AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Epithelial ovarian, fallopian tube, or primary peritoneal cancer

i. Documentation of platinum-resistant disease

ii. Documentation of at least one prior systemic treatment regimen

iii. Documentation of prior treatment with or contraindication to bevacizumab

iv. Will be used in combination with nab-paclitaxel (paclitaxel protein-bound)

II. Treatment must be prescribed by or in consultation with an oncologist or hematologist.

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.

IV. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Concurrent systemic glucocorticoid therapy for a lifesaving indication.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantity limited to a 28-day supply (9 doses; 27 capsules)
    - One dose the day before, one the day of, and one the day after each nab-paclitaxel infusion

- Nab-paclitaxel infusions are administered at 80 mg/m2 intravenously on days 1, 8, and 15 of each 28-day cycle

APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

APPENDIX

N/A

REFERENCES

1. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 4.2026. Updated April 10, 2026. Accessed June 18, 2026. www.nccn.org/professionals/physician_gls/pdf/ovarian
2. Lifyorli. Prescribing information. Corcept Therpeutics, Inc. 2026. Accessed June 18, 2026. www.corcept.com/wp-content/uploads/Lifyorli_PI.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.