Reference number(s)
7425-A

Specialty Guideline Management
Lifyorli

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Lifyorli	relacorilant

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications[1]

Lifyorli is indicated in combination with nab-paclitaxel for the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens, at least one of which included bevacizumab.

Compendial Uses[2]

- Carcinosarcoma (malignant mixed Mullerian tumors)
- Clear cell carcinoma of the ovary
- Grade 1 endometrioid carcinoma
- Low-grade serous carcinoma

All other indications are considered experimental/investigational and not medically necessary.

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7425-A

Coverage Criteria

Ovarian, Fallopian Tube, and Primary Peritoneal Cancer[1,2]

Authorization of 12 months may be granted for treatment of ovarian, fallopian tube, or primary peritoneal cancer when all of the following criteria are met:

- The disease is platinum-resistant persistent or recurrent.
- Member has epithelial ovarian/fallopian tube/primary peritoneal cancer, carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma of the ovary, grade 1 endometrioid carcinoma, or low-grade serous carcinoma.
- Member has received at least one prior systemic treatment regimen which included bevacizumab.
- The requested medication will be used in combination with nab-paclitaxel (Abraxane).

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Lifyorli [package insert]. Redwood City, CA: Corcept Therapeutics, Incorporated; March 2026.
2. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed May 11, 2026.