

DRUG POLICY

Lifyorli® (relacorilant)

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

In combination with nab-paclitaxel for the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received on to three prior systemic treatment regimens, including at least one bevacizumab-containing regimen.

Compendial Uses

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

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

1. For initial requests:
 - A. Chart notes or medical record documentation documenting all of the following
 - i. Documented diagnosis of platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal carcinoma, carcinosarcoma (malignant mixed Mullerian Tumors, clear cell carcinoma of the ovary, grade 1 endometrioid carcinoma, or low grade serous carcinoma.

- ii. Documentation of platinum resistant persistent or recurrent disease.
 - iii. Documentation of at least 1 prior systemic treatment regimen inclusive of bevacizumab containing regimen or documented contraindications/intolerance.
- 2. For continuation requests
 - A. Chart notes or medical record documentation documenting clinical benefit and absence of toxicity.

Prescriber Specialties

The requested medication must be prescribed by or in consultation with an oncologist.

Criteria for Initial Approval

Platinum-resistant Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer in Combination with nab-paclitaxel

Authorization of 12 months may be granted for the treatment of platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer in combination with nab-paclitaxel when all of the following criteria are met:

1. The disease is platinum-resistant persistent or recurrent.
2. 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.
3. Member has received at least one prior systemic treatment regimen which included bevacizumab.
4. The requested medication will be used in combination with nab-paclitaxel (Abraxane).

Continuation of Therapy

Platinum-resistant Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer in Combination with nab-paclitaxel

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.

Other

Lifyorli (relacorilant) is considered **not medically necessary** for members who do not meet the criteria set forth above.

Members currently receiving the requested medication as samples or via the manufacturer's patient assistance program will be required to meet the criteria for initial approval. This ensures that members are treated equally regardless of their provider's ability to access medication samples.

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limits Apply

Medication	Standard Limit	FDA Recommended Dosing
Lifyorli (relacorilant) 150 mg (Blister card with one 100 mg and two 25 mg capsules)	27 capsules per 28 days	150 mg orally once daily the day before, the day of and the day after nab-paclitaxel infusion on days 1, 8, and 15 of each 28 day cycle

Lifyorli (relacorilant) 125 mg (Blister card with one 100 mg and one 25 mg capsules)	18 capsules per 28 days	Dose reduction to 125 mg orally is recommended for the management of adverse reactions
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REFERENCES

1. Lifyorli (relacorilant) [prescribing information]. Redwood City, CA: Corcept Therapeutics Incorporated; March 2026
2. Olawaiye AB, Gladieff L, O'Malley DM, et al. Relacorilant and nab-paclitaxel in patients with platinum-resistant ovarian cancer (ROSELLA): an open-label, randomised, controlled, phase 3 trial. *Lancet*. 2025;405(10496):2205-2216. doi:10.1016/S0140-6736(25)01040-2
3. The NCCN Drugs & Biologics Compendium® © 2026 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed May 11, 2026.

POLICY HISTORY

Policy #: 05.06.31

Original Effective Date: July 22, 2026

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Revised:

Current Effective Date: July 22, 2026