VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Oral) – Lifyorli Prior Authorization Policy
- Lifyorli™ (relacorilant capsules – Corcept)

REVIEW DATE: 04/01/2026

OVERVIEW

Lifyorli, a glucocorticoid receptor antagonist, is indicated **in combination with nab-paclitaxel for the treatment of platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer** in adults who have received one to three prior systemic treatment regimens, at least one of which included bevacizumab.[1]

Guidelines

The National Comprehensive Cancer Network (NCCN) ovarian cancer (including fallopian tube cancer and primary peritoneal cancer) clinical practice guidelines (version 4.2026 – April 10, 2026) recommend a variety of treatment options as recurrence therapy for platinum-resistant disease.[2] Lifyorli + albumin-bound paclitaxel (for patients who have been treated with up to three lines of therapy and prior bevacizumab) is listed amongst the "Preferred" cytotoxic therapies (category 2A); there is a footnote that states that steroid premedication should not be used. Some of the other "Preferred" cytotoxic therapies include docetaxel, gemcitabine, liposomal doxorubicin ± bevacizumab, weekly paclitaxel ± bevacizumab, oral cyclophosphamide + bevacizumab, and topotecan ± bevacizumab (category 2A). Elahere® (mirvetuximab soravtansine-gynx intravenous infusion) is recommended as targeted therapy for folate receptor alpha (FRα)-expressing tumors (≥ 75% positive tumor cells) [category 1].

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Lifyorli. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Lifyorli is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Ovarian, Fallopian Tube, or Primary Peritoneal Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has platinum-resistant disease; AND
   - **C)** Patient has tried at least one systemic regimen that includes bevacizumab; AND
     Note: Examples of a systemic regimen include one or more of the following agents: carboplatin, cisplatin, docetaxel, doxorubicin, gemcitabine, nab-paclitaxel, oxaliplatin, or paclitaxel.
   - **D)** The medication is used in combination with nab-paclitaxel.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Lifyorli is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Lifyorli™ capsules [prescribing information]. Redwood City, CA: Corcept Therapeutics; March 2026.
2. The NCCN Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer Clinical Practice Guidelines in Oncology (version 4.2026 – April 10, 2026). © 2026 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on April 15, 2026.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	04/01/2026
Update	04/15/2026: The guidelines portion of the overview section was updated to include the National Comprehensive Cancer Network recommendation for Lifyorli	N/A