

Indication

LIFYORLI is indicated in combination with nab-paclitaxel (PACLitaxel Protein-Bound Particles) for the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received 1-3 prior systemic treatment regimens, at least 1 of which included bevacizumab

Recommended dose

Take 150 mg PO with food at same time each day on the day before, day of, and day after each nab-paclitaxel (PACLitaxel Protein-Bound Particles) infusion until disease progression or unacceptable toxicity

National Drug Codes (NDCs)

150 mg: 76346-550-09 (9-dose), 76346-550-03 (3-dose),*
76346-450-01 (1-dose)

125 mg: 76346-525-09 (9-dose), 76346-525-03 (3-dose),†
76346-425-01 (1-dose)

How supplied

LIFYORLI capsules are supplied as 1-dose (1 day), 3-dose (1 week), or 9-dose (28-day). A 1-dose carton contains 1 blister card. A 3-dose carton contains 1 blister card, with 3 doses per blister card. A 9-dose carton contains 3 cartons each with 1 blister card, with 3 doses per blister card

Sample prescribing fields for recommended dose

A Sample SIG

Take 150 mg PO with food at same time each day on the day before, day of, and day after each nab-paclitaxel infusion on Days 1, 8, and 15

B Dispense quantity

1

C Dispense unit

Each

D Refills

(Determined by prescriber)

E Days supply

28

F Notes to pharmacy

Avoid concomitant steroid use.
Review patient meds for potential drug interactions.
Verify nab-paclitaxel dose, taken in combination: 80-mg/m² IV on Days 1, 8, and 15 of each 28-day cycle.

Example EHR screenshot

Orders > ✕

Lifyorli 100 & 25 mg oral capsule combination package

A SIG*

Take 150 mg PO with food and water at same time each day on the day before, day of, and day after each nab-pac infusion on Days 1, 8, and 15.

B DISPENSE* **C UNIT***

1 Each

D REFILLS* **MAX DAILY DOSE ⓘ** **E DAYS SUPPLY**

MAX DAILY DOSE: [] DAYS SUPPLY: 28

☒ Brand medically necessary

SCRIPT DATE* **EARLIEST FILL DATE**

07/17/2026 31 MM/DD/YYYY 31

ASSOCIATED DIAGNOSIS

F NOTES TO PHARMACY

Avoid concomitant steroid use.
Review patient meds for potential drug interactions.
Verify nab-pac dose, taken in combination: 80 mg/m² IV on Days 1, 8, and 15 of each 28 day cycle

Delete Back Next

*NDC 76346-550-03 is a 3-dose supply carton and can be dispensed individually if needed.

†NDC 76346-525-03 is a 3-dose supply carton and can be dispensed individually if needed.

EHR, electronic health record; eRx, electronic prescription; IV, intravenous; PO, by mouth.

Nab-paclitaxel (PACLitaxel Protein-Bound Particles)¹ in combination with LIFYORLI (relacorilant)

Indication

For the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received 1-3 prior systemic treatment regimens, at least 1 of which included bevacizumab, in combination with LIFYORLI

Recommended dose

80-mg/m² IV infusion over 30-40 minutes on Days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity, in combination with 150 mg of LIFYORLI taken with food on the day before, the day of, and the day after each nab-paclitaxel (PACLitaxel Protein-Bound Particles) infusion. Do not substitute nab-paclitaxel with other paclitaxel formulations^{1,2}

The 80-mg/m² dose of nab-paclitaxel, in combination with LIFYORLI (a CYP3A inhibitor), provided exposure comparable to the 100-mg/m² monotherapy dose of nab-paclitaxel in the phase 2 study^{1,3,4}

Sample prescribing fields for recommended dose

A Sample SIG	Administer 80-mg/m ² IV infusion one time on Days 1, 8, and 15 of each 28-day cycle in combination with LIFYORLI
B Dispense quantity	(Calculated dose)
C Dispense unit	Vial
D Refills	(Determined by prescriber)
E Days supply	28
F Notes to pharmacy	To be taken in combination with LIFYORLI. Avoid concomitant steroid use. Review patient medication for potential drug interactions.

Example EHR screenshot

Orders >

PACLitaxel Protein-Bound Particles

A SIG*
Administer 80 mg/m2 intravenously one time on Days 1, 8 and 15 of each 28-day cycle in combination with Lifyorli.

B DISPENSE* (Calculated dose)

C UNIT* Vial

D REFILLS*

MAX DAILY DOSE ①

E DAYS SUPPLY 28

SCRIPT DATE* 07/17/2026

EARLIEST FILL DATE MM/DD/YYYY

ASSOCIATED DIAGNOSIS

F NOTES TO PHARMACY
To be taken in combination with Lifyorli.
Avoid concomitant steroid use.
Review patient medication for potential drug interactions.

Delete Back Next

INDICATIONS & USAGE

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 1-3 prior systemic treatment regimens, at least one of which included bevacizumab.

IMPORTANT SAFETY INFORMATION

Contraindications: LIFYORLI is contraindicated in patients receiving systemic glucocorticoids for lifesaving purposes (e.g., immunosuppression after organ transplantation) because LIFYORLI antagonizes the effect of glucocorticoids.

Warnings and Precautions:

Neutropenia and Severe Infections: LIFYORLI in combination with nab-paclitaxel can cause neutropenia, including febrile neutropenia and severe infections. There was one fatal event of septic shock with febrile neutropenia. Monitor complete blood counts prior to each weekly treatment with LIFYORLI in combination with nab-paclitaxel and as clinically indicated. Withhold dose, reduce dose, or permanently discontinue LIFYORLI based on severity.

Adrenal Insufficiency: LIFYORLI can cause adrenal insufficiency. Adrenal insufficiency can occur at any time during treatment with LIFYORLI. Monitor for signs and symptoms of adrenal insufficiency. Withhold LIFYORLI and administer glucocorticoid therapy if adrenal insufficiency is suspected. After resolution of adrenal insufficiency, resume previous dose, reduce dose, or permanently discontinue LIFYORLI based on severity.

Exacerbation of Conditions Treated with Glucocorticoids: Use of LIFYORLI in patients taking systemic glucocorticoids for other conditions (e.g., autoimmune disorders) may exacerbate these conditions. LIFYORLI may make systemic glucocorticoids less effective and coadministration of systemic glucocorticoids may make LIFYORLI less effective. Monitor patients for reduced effectiveness of LIFYORLI and glucocorticoids in patients receiving both.

Embryo-Fetal Toxicity: LIFYORLI can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential of the risk to a fetus and to use effective contraception.

Adverse Reactions:

Serious adverse reactions ($\geq 2\%$) in patients who received LIFYORLI plus nab-paclitaxel were neutropenia, pneumonia, pleural effusion, febrile neutropenia, and fatigue. Fatal adverse reactions (2.1%) were septic shock, cardiac arrest, ischemic stroke, and intestinal perforation.

The adverse reaction ($>2\%$) that resulted in permanent discontinuation of LIFYORLI in patients was intestinal obstruction. Adverse reactions ($\geq 5\%$) that required dosage interruptions of LIFYORLI in combination with nab-paclitaxel in patients included neutropenia, anemia, and fatigue. Adverse reactions requiring dose reductions of LIFYORLI included fatigue, decreased appetite, abdominal pain, neutropenia, edema, and sciatica.

The most common adverse reactions ($>20\%$) in patients who received LIFYORLI plus nab-paclitaxel, including laboratory abnormalities, were decreased hemoglobin, decreased neutrophils, fatigue, nausea, diarrhea, decreased platelets, rash, and decreased appetite.

Drug Interactions:

- **Strong CYP3A Inducers:** Avoid coadministration of LIFYORLI plus nab-paclitaxel with strong CYP3A inducers.
- **CYP2C8 Inducers and Moderate CYP3A Inducers:** Monitor for reduced effectiveness of LIFYORLI plus nab-paclitaxel with CYP2C8 inducers and moderate CYP3A inducers.
- **CYP2C8 Inhibitors:** Monitor for increased adverse reactions and modify the dosage for adverse reactions as recommended.
- **CYP3A Substrates:** Avoid concomitant use unless otherwise recommended in the Prescribing Information for CYP3A substrates.
- **Certain CYP2C8 Substrates:** Avoid concomitant use unless otherwise recommended in the Prescribing Information for CYP2C8 substrates.

Use in Specific Populations:

- **Lactation:** Advise women not to breastfeed during treatment with LIFYORLI and for 1 week after the last dose.
- **Geriatric Use:** A higher incidence of grade 3-4 adverse events and dosage modification occurred in patients aged ≥ 65 years compared to younger adult patients.
- **Hepatic Impairment:** Avoid LIFYORLI in combination with nab-paclitaxel in patients with moderate or severe hepatic impairment.

Please see the accompanying full [Prescribing Information](#) for additional Important Safety Information.

References: 1. LIFYORLI (relacorilant) Prescribing Information. Corcept Therapeutics, Inc. 2026. 2. Supplement to: Olawaiye AB, Gladiett 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. 3. Colombo N, Botbyl J, Kesner-Hays A, et al. Relacorilant + nab-paclitaxel vs nab-paclitaxel in platinum-resistant ovarian cancer: pharmacokinetics and pharmacokinetic/pharmacodynamic exposure-response. Presented at: European Society of Gynaecological Oncology (ESGO): February 26-28, 2026. 4. Colombo N, Van Gorp T, Matulonis U, et al. Relacorilant + nab-paclitaxel in patients with recurrent, platinum-resistant ovarian cancer: a three-arm, randomized, controlled, open-label phase II study. *J Clin Oncol*. 2023;41(30):4779-4789.



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 **Lifyorli**[™]
(relacorilant)^{100 mg, 25 mg capsules}