

To ensure continuity of therapy for patients who have been prescribed LIFYORLI™ (relacorilant), the Dose Replacement Program provides a single one-day carton to eligible patients who have experienced a treatment interruption after taking a dose of LIFYORLI.

Dose Replacement Program Eligibility Requirements

To be eligible, patients must:

- Be prescribed relacorilant
- Have a valid prescription
- Experienced a treatment interruption after taking a dose
- Be a resident of the United States, Puerto Rico, or U.S. Territories
- Be 18 years of age or older

Instructions for Physician



Complete
Review and complete this entire form



Sign (in two locations)
Prescriber must sign and date in Section 3 and Section 4



Fax
Fax Page 1 to 1-844-854-3967

SECTION 1. PATIENT INFORMATION (REQUIRED)

Patient Name (First, Last): _____ Date of Birth: _____
 Mobile: _____ Home: _____ Work: _____
 Preferred Phone: ☐ Mobile ☐ Home ☐ Work OK to Leave Message: ☒ Yes ☐ No
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

SECTION 2. PRESCRIBER INFORMATION (REQUIRED)

Prescriber Name (First, Last): _____ NPI: _____
 Facility Name: _____ Primary Office Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Office Contact Phone: _____ Office Contact Email: _____ Fax: _____

SECTION 3. DOSE REPLACEMENT PRESCRIPTION (REQUIRED)

☐ Separate Prescription is attached **OR**

Complete prescription information section below

Patient Name: _____ Date of Birth: _____
 Current Medications: _____
 Allergies to Medications: _____

LIFYORLI (relacorilant)

Directions for Administration – Recommended Dose

☒ **SIG:** Take 150 mg PO at the same time of day with food the day before, the day of, and the day after each nab-paclitaxel (PAClitaxel Protein-Bound Particles) infusion which is given on Day 1, Day 8, and Day 15 of a 28-day cycle.

Quantity (maximum 2): _____

Dosage Strength: ☐ 150 mg ☐ 125 mg **Days Supply:** One (1-Dose Supply) **Refills:** None

Note to pharmacist: When combined with LIFYORLI, nab-paclitaxel is dosed approximately 80 mg/m² IV over 30 minutes on Days 1, 8, and 15 of each 28-day cycle.

Additional Instructions: _____

NOTE: LIFYORLI will be delivered to the mailing address on Page 1, Section 2 unless a different shipping address is provided.

Prescriber Name (print): _____

SIGN HERE Prescriber Signature: _____ Date: _____

SECTION 4. HEALTHCARE PROVIDER CERTIFICATION (REQUIRED)

I have read and agree to the Healthcare Provider Certification on Page 2.

Prescriber Name (print): _____

SIGN HERE Prescriber Signature: _____ Date: _____



1-85-LIFYORLI (855-439-6754)



Monday-Friday, 8 AM to 8 PM ET



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Dose Replacement Program Prescriber Certification

By signing Page 1, Section 5 of this form, I certify that:

- (1) LIFYORLI™ (relacorilant) is medically necessary and is intended for the patient named above
- (2) I certify that I am the prescriber who has prescribed relacorilant and that the information provided is accurate to the best of my knowledge;
- (3) I understand that Corcept Therapeutics and its affiliates will use this information to assess the patient's eligibility for participation in Dose Replacement Program;
- (4) Both my patient and I have read and agree to comply with the Dose Replacement Program terms and conditions as described in this form.

Dose Replacement Program Full Terms & Conditions

- The Dose Replacement Program offers a single replacement one-day carton of LIFYORLI (relacorilant) for eligible patients currently taking LIFYORLI who have experienced a treatment interruption.
- To qualify to receive medication at no cost through the Dose Replacement Program, a patient must: (1) Be prescribed LIFYORLI by a healthcare provider licensed in the US or US Territories; (2) Be 18 years of age or older; (3) Be a resident of the United States, Puerto Rico, or a U.S. Territory; and (4) Have experienced a treatment interruption after taking a dose of LIFYORLI.
- Eligible patients who have experienced a treatment interruption after taking a dose of LIFYORLI may receive a one-day carton of LIFYORLI.
- In limited circumstances where an eligible patient experiences a treatment interruption after taking two doses of LIFYORLI, an eligible patient may receive two (2) one-day cartons.
- Limits apply. No more than 6 single one-day cartons per eligible patient in a 12-month period.
- Medication provided through the Dose Replacement Program is shipped directly to the patient from LIFYORLI Support™ non-commercial dispensing pharmacy.
- This Program is not health insurance.
- No claim for payment can be made to ANY third-party payer, including any federal or state health care program (e.g., Medicare and Medicaid) for medication dispensed pursuant to this offer.
- Participating patients, pharmacists, and prescribers agree not to seek reimbursement from any insurer, health plan, or third party for any part of the benefit received through this Program and agree that any medication received through this Program shall not be sold, traded, bartered, or otherwise transferred.
- Participating patients cannot use the value of the free medicine provided through the Dose Replacement Program to count toward any insurer or health plan's out-of-pocket spending limits, including, but not limited to, Medicare Part D true out-of-pocket costs (TrOOP) for prescription drugs.
- This Program may not be combined with any other coupon, free trial, discount, prescription savings card, or similar offer for LIFYORLI.
- This Program is non-transferable and void where prohibited by law, taxed, or restricted. Not valid if reproduced.
- Participation in Dose Replacement Program is free. No purchase necessary. This offer is not conditioned on any past, present, or future purchase, including refills.
- Corcept Therapeutics reserves the right to rescind, revoke, or amend this offer, eligibility, and terms of use at any time without notice. Other limitations may apply.



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