OKLAHOMA Health Care Authority

State of Oklahoma SoonerCare

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Lifyorli™ (relacorilant) Prior Authorization Form

Member Name: _____ ***Date of Birth:*** _____ ***Member ID#:*** _____

Drug Information

Pharmacy billing (NDC: _____***) Start Date (or date of next dose):*** _____

Dose: _____ ***Regimen:*** _____

Pharmacy Information

Pharmacy NPI: _____ ***Pharmacy Name:*** _____

Pharmacy Phone: _____ ***Pharmacy Fax:*** _____

Prescriber Information

Prescriber NPI: _____ ***Prescriber Name:*** _____

Prescriber Phone: _____ ***Prescriber Fax:*** _____ ***Specialty:*** _____

Criteria

For Initial Authorization:

1. Please indicate the diagnosis and information:
   - ☐ **Epithelial Ovarian Cancer**
   - ☐ **Fallopian Tube Cancer**
   - ☐ **Primary Peritoneal Cancer**
   - ☐ **Other:** _____
2. Is disease platinum resistant? Yes☐ No☐
3. Has the member received a prior systemic treatment regimen that included bevacizumab? Yes☐ No☐
4. Will relacorilant be used in combination with nab-paclitaxel? Yes☐ No☐

For Continued Authorization:

1. Date of last dose: _____
2. Does the member have any evidence of progressive disease while on relacorilant? Yes☐ No☐
3. Has member experienced any adverse drug reactions related to relacorilant therapy? Yes☐ No☐

   If yes, please specify adverse reactions: _____

   _____

Additional Information: _____

_____

_____

Prescriber Signature: _____ **Date:** _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. *Please do not send in chart notes. Specific information will be requested if necessary.*

Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at AetnaBetterHealth.com/Oklahoma.	CONFIDENTIALITY NOTICE *This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*