Budget Impact of Relacorilant Plus Nab-Paclitaxel in Patients With Platinum-Resistant Ovarian Cancer: A US Payer Perspective

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Poster 275

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CONCLUSIONS

- The addition of relacorilant plus nab-paclitaxel to a US health plan formulary was associated with minimal budget impact for payers, while addressing a significant unmet need in platinum-resistant ovarian cancer (PROC)
- The estimated budget impact in year 1 was $0.0388 per member per month (PMPM)

BACKGROUND

- Platinum-resistant ovarian cancer (PROC) is characterized by disease progression within 6 months following platinum-based therapy[1]
- Treatment options for PROC include standard-of-care (SOC) chemotherapy ± bevacizumab, with newer options including pembrolizumab plus paclitaxel ± bevacizumab for patients with programmed death-ligand 1-positive tumors[2] and mirvetuximab soravtansine ± bevacizumab for patients with folate receptor-α-positive tumors[3]
- Relacorilant, a selective glucocorticoid receptor antagonist, was approved by the US Food & Drug Administration in March 2026 for the treatment of PROC in combination with nab-paclitaxel in patients who received one to three prior systemic treatment regimens, one or more of which included bevacizumab[4]
  - In the pivotal phase 3 ROSELLA trial, relacorilant plus nab-paclitaxel significantly improved progression-free survival (PFS; 6.5 vs 5.5 months; *P*=0.0076) and overall survival (16.0 vs 11.9 months; *P*=0.0004) vs nab-paclitaxel alone[5,6]
  - The safety profile of relacorilant plus nab-paclitaxel was comparable to nab-paclitaxel monotherapy when adjusted for treatment duration[5]
- Understanding the financial impact of newly approved therapies is important for formulary decision-making

OBJECTIVE

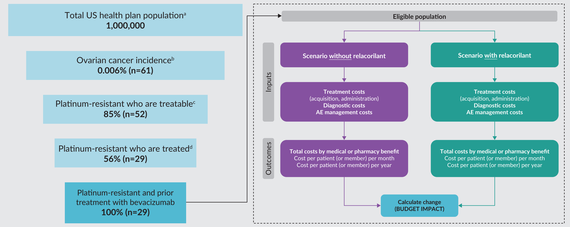
- To estimate the budget impact of introducing relacorilant plus nab-paclitaxel to the formulary of a hypothetical US health plan for adults with PROC

METHODS

Model Overview

- A budget-impact model was developed for a hypothetical US health plan covering 1 million people (**Figure 1**)
  - The base case used a 1-year commercial plan
- The analysis estimated the costs of a scenario without relacorilant vs a scenario with relacorilant, in which relacorilant plus nab-paclitaxel are added as a treatment option

Figure 1. Eligible Patients and Model Overview

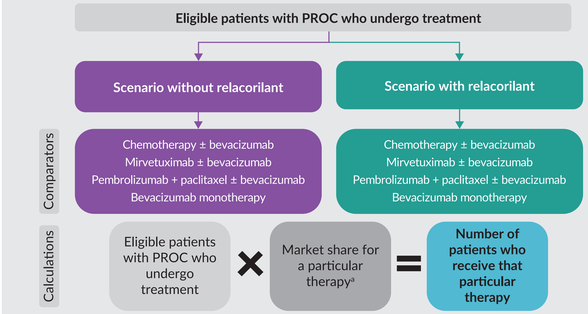


[a]Estimated from epidemiological data for a hypothetical cohort representing a formulary plan with 1 million members.
[b]Derived from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) database.[7]
[c]Sourced from the literature.[8]
[d]Sourced from a claims analysis performed by Corcept (data on file).
AE, adverse event

METHODS cont'd

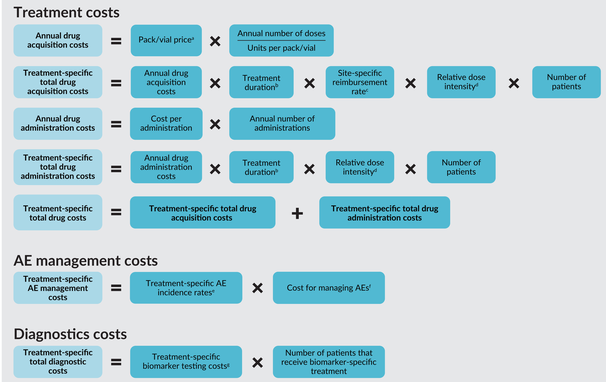
- Current SOC treatments were included in the model, with the proportion of patients using each treatment based on market share data (**Figure 2**)
- Costs, reported in 2026 US dollars, included drug acquisition, drug administration, adverse event (AE) management, and diagnostic tests (**Figure 3**)
- Infusion reimbursement varied by site of care
  - The base case used site-specific reimbursement rates for intravenous infusions, while a scenario assumed uniform reimbursement across settings
- One-way sensitivity analyses assessed the impact of uncertainty in various key model inputs on the budget-impact results

Figure 2. Comparator Therapies and Market Shares



[a]Data on file.
PROC, platinum-resistant ovarian cancer.

Figure 3. Costs of Treatment, AE Management, and Diagnostics

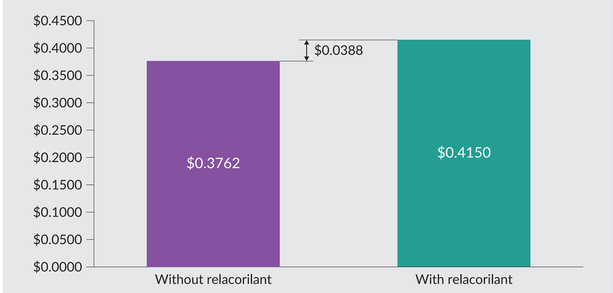


[a]Used wholesale acquisition costs.
[b]Consistent with published economic modeling approaches, where treatment duration was not available, median PFS was used as a proxy.
[c]Derived from the IQVIA claims dataset. For oral drugs, reimbursement rates for community-based administration claims were used. For intravenous drugs, reimbursement rates for hospital outpatient-based administration claims were used.
[d]Sourced from the ROSELLA study[6] for relacorilant plus nab-paclitaxel. Relative dose intensity for other chemotherapy treatments was assumed to be equal to the value observed for nab-paclitaxel monotherapy in ROSELLA; for other targeted treatments, it was assumed to be equal to the value observed for relacorilant in ROSELLA.
[e]Sourced from clinical studies. Rates for selected AEs of interest and AEs included in black box warnings were sourced from the prescribing information.
[f]Sourced from the Healthcare Cost and Utilization Project (HCUP) database[9] or from published literature.[10]
[g]Only for patients administered biomarker-specific treatments. First sourced from the Centers for Medicare & Medicaid Services ($114.57)[11] and later inflated by 140% to reflect commercial pricing ($160.04).[12]
AE, adverse event.

RESULTS

- Adding relacorilant plus nab-paclitaxel had a minimal budget impact of $0.0388 per member per month (PMPM) in year 1 (**Figure 4**)
  - Similar results were observed for year 3
- The increase in PMPM costs was primarily driven by higher pharmacy costs and was partially offset by lower medical costs (**Table 1**)
- In a scenario without site-of-care variation in intravenous infusion reimbursement rates, budget impact remained low at $0.0436 PMPM in year 1, consistent with the base case

Figure 4. PMPM Budget Impact of Adding Relacorilant



PMPM, per member per month.

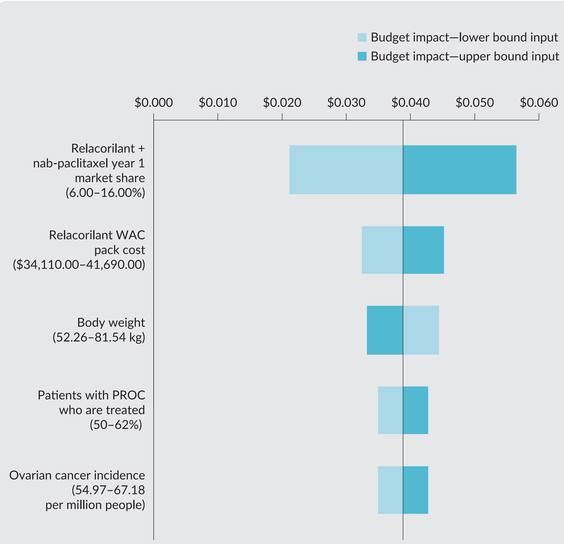
Table 1. PMPM Budget Impact of Adding Relacorilant by Pharmacy and Medical Costs

Summary budget-impact results	Year 1 cost, US dollars
Reference scenario (without relacorilant)	$0.3762
Pharmacy cost	$0.0003
Medical cost	$0.3759
New scenario (with relacorilant)	$0.4150
Pharmacy cost	$0.0641
Medical cost	$0.3509
PMPM budget impact	$0.0388
Pharmacy cost	$0.0638
Medical cost	−$0.0250

PMPM, per member per month.

- One-way sensitivity analysis showed that the results were most influenced by relacorilant market share and acquisition cost, patient weight, and assumptions used to estimate the eligible patient population (**Figure 5**)
  - PMPM impact remained low across all scenarios

Figure 5. One-Way Sensitivity Analysis Showing the Top Five Parameters Affecting the PMPM Budget-Impact Results at Year 1



PMPM, per member per month; PROC, platinum-resistant ovarian cancer; WAC, wholesale acquisition costs.

DISCUSSION

- Introducing relacorilant plus nab-paclitaxel to a US health plan formulary is expected to have a minimal 1-year budget impact of $0.0388 PMPM
- One-way sensitivity analysis showed that the results were most sensitive to inputs affecting drug acquisition costs (relacorilant wholesale acquisition cost and patient weight) and eligible population size (ovarian cancer incidence and proportion of patients with previously treated PROC)
- The relatively small eligible population and low PMPM impact suggest that relacorilant plus nab-paclitaxel is financially manageable at the health plan level

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Disclosures

AB and DP: employee, Lumanity.
GS and AP: employee and stock ownership, Corcept Therapeutics Incorporated.

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