

## Rezdiffra (resmetirom)

### POLICY

#### I. INITIAL CRITERIA FOR APPROVAL

An authorization of 12 months may be granted when all the following criteria are met:

- A. Patient is 18 years or older; AND
- B. Medication is prescribed by, or in consultation with a gastroenterologist or hepatologist; AND
- C. The diagnosis of noncirrhotic nonalcoholic steatohepatitis (NASH)/ metabolic dysfunction–associated steatohepatitis (MASH), is confirmed by one of the following:
  - a. Patient has had a liver biopsy AND meets BOTH of the following:
    - i. Liver biopsy has been performed within the 6 months preceding treatment with Rezdiffra; AND
    - ii. Liver biopsy shows non-alcoholic fatty liver disease activity score of  $\geq 4$  with a score of  $> 1$  in ALL of the following:
      - 1. Steatosis; AND
      - 2. Ballooning; AND
      - 3. Lobular inflammation; OR
  - b. Patient has had ONE of the following imaging exams performed within the 3 months preceding treatment with Rezdiffra:
    - i. Elastography (Note: Examples of elastography include, but are not limited to vibration-controlled transient elastography (e.g., FibroScan), transient elastography, magnetic resonance elastography, acoustic radiation force impulse imaging, shear wave elastography); OR
    - ii. Computed tomography; OR
    - iii. Magnetic resonance imaging; OR
- D. Patient meets ONE of the following prior to treatment with Rezdiffra.
  - a. Patient has stage F2 fibrosis; OR
  - b. Patient has stage F3 fibrosis; AND
- E. Documentation from the prescriber, showing the patient has THREE or more of the following metabolic risk factors that are managed according to standard of care.
  - a. Central obesity
  - b. Hypertriglyceridemia
  - c. Reduced high-density lipoprotein cholesterol
  - d. Hypertension
  - e. Elevated fasting plasma glucose indicative of diabetes or pre-diabetes; AND
- F. Documentation from the prescriber stating the patient meets ONE of the following:
  - a. Female patient: Alcohol consumption is  $< 20$  grams/day; OR  
Note: One standard drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits.
  - b. Male patient: Alcohol consumption  $< 30$  grams/day; AND  
Note: One standard drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits.

- G. The medication will be used in combination with an appropriate diet and exercise program; AND
- H. If the patient is GLP-1 naïve they must have documentation of an inadequate treatment response or intolerance, or contraindication from a 6-month trial of Wegovy (semaglutide) for MASH/NASH **OR** If the patient is currently on a GLP-1 (e.g., Ozempic (semaglutide), Rybelsus (semaglutide), Trulicity (dulaglutide), etc.) the patient must remain on therapy for 6 months of a FDA approved maintenance dose before starting Rezdifra and updated labs/imaging submitted after the 6-month treatment period with a GLP-1 or Wegovy.

## II. CONTINUATION OF THERAPY

An authorization of 12 months may be granted when all the following criteria are met:

- A. A patient who has received < 1 year of therapy or who is restarting therapy should be considered under Initial Therapy.
- B. Patient meets ONE of the following:
  - a. Patient has completed  $\geq 1$  year and < 2 years of therapy with Rezdifra (note: this applies to a patient starting their second year of therapy with Rezdifra) and patient has derived benefit from treatment Rezdifra as demonstrated by at least ONE of the following, according to the prescriber:
    - i. MASH/NASH resolution AND no worsening of fibrosis; OR
    - ii. No worsening of MASH/NASH AND improvement in fibrosis by  $\geq 1$  stage; OR
  - b. Patient has completed  $\geq 2$  years of therapy with Rezdifra (note: this applies to a patient starting their third year (or more) of therapy with Rezdifra (i.e., the patient has already completed at least 2 years of therapy with Rezdifra) AND according to the prescriber, the patient has not had worsening of fibrosis or MASH/NASH; AND
- C. Patient has not progressed to stage F4 (cirrhosis); AND
- D. Documentation that the patient achieved or maintained a positive clinical response to the requested drug (e.g., improvement in liver function such as reduction in alanine aminotransferase [ALT], reduction of liver fat content by imaging such as magnetic resonance imaging-protein density fat fraction [MRI-PDFF] or FibroScan controlled attenuation parameter [CAP]); AND
- E. Documentation from the prescriber stating the metabolic risk factors are managed according to standard of care; AND
- F. Documentation from the prescriber, patient meets ONE of the following:
  - a. Female patient: Alcohol consumption is < 20 grams/day.  
Note: One standard drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits; OR
  - b. Male patient: Alcohol consumption < 30 grams/day; AND  
Note: One standard drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits.
- G. The medication will be used in combination with appropriate diet and exercise program; AND
- H. The medication is prescribed by or in consultation with a gastroenterologist, or hepatologist.

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| Effective Date:08/01/2024 |
| Reviewed: 06/2024, 9/2025 |
| Scope: Medicaid           |

### III. QUANTITY LIMIT

Rezdiffra 60mg, 80mg, & 100mg: 1 tablet per day

### IV. REFERENCES

1. Rezdiffra [package insert]. West Conshohocken, PA: Madrigal Pharmaceuticals; February 2025.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed March 15, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> ([cited](#): 03/15/2023).
4. Rinella ME, Neuschwander-Tetri BA, Siddiqui MS, et al. AASLD Practice Guidance on the Clinical Assessment and Management of Nonalcoholic Fatty Liver Disease. *Hepatology* 2023; 77(5): 1797-1835.