PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)

REZDIFFRA (resmetirom)

Status: CVS Caremark[®] Criteria Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Rezdiffra is indicated in conjunction with diet and exercise for the treatment of adults with noncirrhotic nonalcoholic steatohepatitis (NASH) with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis).

This indication is approved under accelerated approval based on improvement of NASH and fibrosis. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Limitations of Use

Avoid use of Rezdiffra in patients with decompensated cirrhosis.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

• The requested drug is being prescribed for an adult patient with noncirrhotic nonalcoholic steatohepatitis (NASH) with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis)

AND

- The drug will be used in conjunction with diet and exercise
 - AND

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- The request is NOT for continuation of therapy
- AND
 - The requested drug is being prescribed by, or in consultation with, a gastroenterologist or hepatologist

AND

The patient has stage F2 to F3 fibrosis at baseline confirmed by liver biopsy or magnetic resonance elastography (MRE). [ACTION REQUIRED: Documentation is required for approval.]

OR

• The request is for continuation of therapy

AND

 The patient has 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])

Duration of Approval (DOA):

6424-A: DOA: 12 months

REFERENCES

Rezdiffra PA Policy 6424-A UDR 03-2024.docx

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- 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.

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