

**Rezdiffra (resmetiron)**  
**Effective 01/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### Overview

Rezdiffra (resmetiron) is a thyroid hormone receptor-beta (THR-beta) agonist 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).

Rezdiffra should be avoided in patients with decompensated cirrhosis.

### Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

#### OR

Authorization may be granted when the following diagnosis-specific criteria is met:

1. Member has a diagnosis of metabolic dysfunction-associated steatohepatitis (MASH), also known as noncirrhotic nonalcoholic steatohepatitis (NASH)
2. Member has a diagnosis of F2 or F3 fibrosis
3. Member is 18 years of age or older
4. Requested medication is prescribed by or in consultation with a gastroenterologist or hepatologist
5. Member does not have any of the following:
  - a. Cirrhosis
  - b. Hepatocellular carcinoma
  - c. MELD score  $\geq 12$  (unless due to therapeutic anticoagulation)
  - d. Hepatic decompensation
  - e. Chronic liver disease other than MASH/NASH
  - f. Active autoimmune disease
  - g. ALT > 250 U/L

- h. History of bariatric surgery
- i. A1C  $\geq$  9%
- j. Thyroid disease including active/untreated hypothyroidism (TSH > 7 IU/L with symptoms of hypothyroidism or > 10 IU/L without symptoms)

### **Continuation of Therapy**

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation (e.g., medical records) demonstrating the member has had a positive clinical response to therapy

### **Limitations**

1. Initial and reauthorization approval will be granted for 12 months.

### **References**

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**Review History**

10/09/2024 – Reviewed at October P&T. Effective 01/01/2025.

