

Rezzayo (rezafungin)
Effective 03/01/2024

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

Overview

Rezzayo is indicated in patients 18 years of age or older who have limited or no alternative options for the treatment of candidemia and invasive candidiasis. Approval of this indication is based on limited clinical safety and efficacy data for Rezzayo. Limitations of Use Rezzayo has not been studied in patients with endocarditis, osteomyelitis, and meningitis due to Candida.

Coverage Guidelines

Authorization may be granted for members new to the plan 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 criteria is met:

1. Member has a diagnosis of invasive candidiasis with limited or no alternative options.
2. Member is 18 years of age or older.
3. Member has had trial and failure, intolerance, or contraindication to ONE of the following:
 - a. Caspofungin
 - b. Micafungin

Limitations

1. Initial approvals will be granted for 5 weeks

References

1. Rezzayo Prescribing Information. Melinta Therapeutics LLC. Lincolnshire, IL. June 2023.

Review History

2/14/2023: Created and Reviewed at Feb P&T, Effective 3/1/2024