Mass General Brigham
Health Plan

Rezdiffra (resmetiron)
Effective 01/01/2025

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

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 ≥ 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 ≥ 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.

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Review History

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