

Rezzayo (rezafungin)
Effective 07/01/2025

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Contact Information	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Notes	Rezzayo is also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview

Rezzayo (rezafungin) is a long-acting echinocandin antifungal FDA-approved for the treatment of candidemia and invasive candidiasis in adult patients who have limited or no alternative treatment options.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of ONE of the following:
 - a. Candidemia
 - b. Invasive candidiasis
2. Member is ≥ 18 years of age
3. Prescriber is an infectious disease specialist or consult notes from a specialist are provided
4. Inadequate response, adverse reaction, contraindication, or Candida isolate is resistant to **ALL** of the following:
 - a. anidulafungin
 - b. caspofungin
 - c. micafungin
5. Requested quantity is ≤ 6 vials for one course of therapy

Limitations

1. Approvals will be granted for 2 months

References

1. Rezzayo [package insert]. Lincolnshire (IL): Melinta Therapeutics, LLC; 2024 Oct

Review History

02/14/24 – Created for P&T. Added Rezzayo to criteria requiring PA on pharmacy and medical benefits. Effective 3/4/24.

06/11/25 – Reviewed and updated for P&T. Part of annual UM review. Updated formatting and references. Effective 7/1/25

