

Rezzayo (rezafungin)
Effective 03/04/2024

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
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

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 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; 2023 Jun

Review History

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