







Prior Authorization (PA)

Checklist

Insurers may require a prior authorization (PA) as part of a claim submission. The following checklist can serve as a guide to completing a PA for Rezdiffra.

-  **Age, diagnosis, dosing**
 - Patient's age, NASH, Rx details, NDC
-  **Chart notes**
 - Date of initial diagnosis
 - Relevant health conditions or symptoms
 - Date and results of diagnostic test to assess fibrosis: FibroScan-AST, FibroSure, MRE, FIB-4, liver biopsy
 - Patient is noncirrhotic
 - ICD-10 CM Code (K75.81, consistent with F2 or F3)
 - Documentation of conjoint prescription with diet and exercise
-  **Prescribed by**
 - or in conjunction with a specialist
-  **Medical Necessity**
 - **Explanation of medical necessity**
 - Including why the patient's diagnosis, severity of condition, and impact of disease warrant treatment with Rezdiffra
-  **History prior to your care**
 - If applicable
-  **Rezdiffra**
 - Prescribing Information (PI)

Common reasons for denials include:

- Incorrect diagnostic code
- Off-label diagnosis or fibrosis stage (eg, F0, F1, F4)
- Lack of documentation (eg, fibrosis stage, lifestyle counseling)
- Insufficient information beyond the diagnostic code
- Lack of formulary coverage/plan exclusion

Please review the insurer's website for PA guidelines, including forms and contacts. PAs can be submitted through CoverMyMeds (CMM) or directly to the patient's payer.



Questions? MPS is here to help!
Call 1-877-219-7770, Monday - Friday, 8 AM - 8 PM ET



Learn more
[MadrigalPatientSupport.com](https://www.MadrigalPatientSupport.com)

IMPORTANT NOTE: Use of this resource does not guarantee that the insurance company will provide reimbursement for the medicine requested and is not intended to be a substitute for or an influence on the independent medical judgment of the healthcare provider. This is a guide and is not to be taken as a specific recommendation.

INDICATION

Rezdiffra is 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).

This indication is approved under accelerated approval based on improvement of NASH and fibrosis. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Limitation of Use: Avoid use in patients with decompensated cirrhosis.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hepatotoxicity

Hepatotoxicity has been observed in one patient. Please see full Prescribing Information for more details on this specific case

IMPORTANT SAFETY INFORMATION (continued)

of Hepatotoxicity [see Warnings and Precautions (5.1)].

Monitor patients during treatment for elevations in liver tests and for the development of liver-related adverse reactions. Monitor for symptoms and signs of hepatotoxicity (e.g., fatigue, nausea, vomiting, right upper quadrant pain or tenderness, jaundice, fever, rash, and/or eosinophilia [$>5\%$]). If hepatotoxicity is suspected, discontinue Rezdiffra and continue to monitor the patient. If laboratory values return to baseline, weigh the potential risks against the benefits of restarting Rezdiffra. If laboratory values do not return to baseline, consider DI-ALH or autoimmune liver disease in the evaluation of elevations in liver tests.

IMPORTANT SAFETY INFORMATION continued on page 2.

Please see [full Prescribing Information for Rezdiffra](#) or visit [madrigalpharma.com/Rezdiffra-USPI](https://www.madrigalpharma.com/Rezdiffra-USPI).

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

Gallbladder-Related Adverse Reactions

In clinical trials, cholelithiasis, acute cholecystitis, and obstructive pancreatitis (gallstone) were observed more often in Rezdiffra-treated patients than in placebo-treated patients. If cholelithiasis is suspected, gallbladder diagnostic studies and appropriate clinical follow-up are indicated. If an acute gallbladder event is suspected, interrupt Rezdiffra treatment until the event is resolved.

Drug Interaction with Certain Statins

Dosage adjustment for certain statins is recommended. Monitor for statin-related adverse reactions including but not limited to elevation of liver tests, myopathy, and rhabdomyolysis. *Please see the upcoming Drug Interaction section of the Important Safety Information for more details.*

ADVERSE REACTIONS

The most common adverse reactions with Rezdiffra (reported in ≥5% of patients and higher compared to placebo) are: diarrhea, nausea, pruritus, vomiting, constipation, abdominal pain, and dizziness. Diarrhea and nausea were the most common causes of treatment discontinuation.

Hypersensitivity Reactions

Reactions such as urticaria and rash, which may reflect drug hypersensitivity, were observed in patients receiving Rezdiffra.

Laboratory Abnormalities

Increases in mean ALT and AST levels were observed in the first 4 weeks after initiating treatment with Rezdiffra. The mean elevation in ALT and AST values was less than 1.5 times baseline at 4 weeks after treatment initiation. These values returned to baseline around 8 weeks after initiating treatment.

DRUG INTERACTIONS

Clinically Significant Interactions Affecting Rezdiffra

- **Strong or Moderate CYP2C8 Inhibitors:** Resmetirom is a CYP2C8 substrate. Concomitant use with strong CYP2C8 inhibitors (e.g., gemfibrozil) is not recommended. Reduce dosage if used concomitantly with a moderate CYP2C8 inhibitor (e.g., clopidogrel).
- **Organic Anion-Transporting Polypeptides (OATP) 1B1 and OATP1B3 Inhibitors:** Resmetirom is an OATP1B1 and OATP1B3 substrate. Concomitant use with OATP1B1 or OATP1B3 inhibitors (e.g., cyclosporine) is not recommended.

Clinically Significant Interactions Affecting Other Drugs

- **Statins**
 - Limit daily rosuvastatin and simvastatin dosage to 20 mg
 - Limit daily pravastatin and atorvastatin dosage to 40 mg

IMPORTANT SAFETY INFORMATION (continued)

- **CYP2C8 Substrates:** Resmetirom is a weak CYP2C8 inhibitor. Monitor patients more frequently for substrate-related adverse reactions if Rezdiffra is co-administered with CYP2C8 substrates where minimal concentration changes may lead to serious adverse reactions.

USE IN SPECIFIC POPULATIONS

Pregnancy

There are no available data on Rezdiffra use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. There are risks to the mother and fetus related to underlying NASH with liver fibrosis, such as increased risks of gestational diabetes, hypertensive complications, preterm birth, and postpartum hemorrhage. Report pregnancies to Madrigal Pharmaceuticals, Inc.'s Adverse Event reporting line at 1-800-905-0324 and <https://www.madrigalpharma.com/contact/>.

Lactation

There is no information regarding the presence of Rezdiffra in human or animal milk, the effects on the breast-fed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Rezdiffra and any potential adverse effects on the breastfed infant from Rezdiffra or from the underlying maternal condition.

Pediatric Use

The safety and effectiveness have not been established in pediatric patients.

Geriatric Use

No overall differences in effectiveness but numerically higher incidence of adverse reactions have been observed in patients ≥65 years of age compared to younger adult patients.

Renal Impairment

The recommended dosage in patients with mild or moderate renal impairment is the same as in patients with normal kidney function. Rezdiffra has not been studied in patients with severe renal impairment.

Hepatic Impairment

Avoid use in patients with decompensated cirrhosis (consistent with moderate to severe hepatic impairment). Moderate or severe hepatic impairment (Child-Pugh Class B or C) increases resmetirom C_{max} and AUC, which may increase the risk of adverse reactions.

No dosage adjustment is recommended for patients with mild hepatic impairment (Child-Pugh Class A).

The safety and effectiveness have not been established in patients with NASH cirrhosis.

Please see full Prescribing Information for Rezdiffra or visit [madrigalpharma.com/Rezdiffra-USPI](https://www.madrigalpharma.com/Rezdiffra-USPI).