

Coding Resource Guide

This information is provided for educational purposes only and is not a guarantee of coverage. It is the sole responsibility of the healthcare provider to ensure all coding is accurate and documented in the medical record based upon the patient's condition.

10-Digit National Drug Codes (NDCs)

NDC	DOSAGE FORM AND STRENGTHS
82576-060-30	60-mg tablets, 30-ct bottle
82576-080-30	80-mg tablets, 30-ct bottle
82576-100-30	100-mg tablets, 30-ct bottle

11-Digit National Drug Codes (NDCs)¹

NDC	DOSAGE FORM AND STRENGTHS
82576-0060-30	60-mg tablets, 30-ct bottle
82576-0080-30	80-mg tablets, 30-ct bottle
82576-0100-30	100-mg tablets, 30-ct bottle

The tables above show selected NDC codes; this list is not all-inclusive.

Diagnosis Code²

ICD-10-CM	DESCRIPTION
K75.81	Metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver fibrosis (consistent with F2 to F3)

CPT codes for tests to assess MASH with fibrosis (including F2 or F3)^{3,4}

CPT	DESCRIPTION
81517	Enhanced liver fibrosis (ELF) test
47000	Liver biopsy
91200	Liver elastography, without imaging
76981	Ultrasound-based elastography
76391	Magnetic resonance elastography

The table above lists some commonly used CPT codes for your reference.

Documentation tips

Clearly document medical necessity in chart notes: include liver enzyme trends, patient risk factors (e.g., T2DM, obesity, hyperlipidemia), and prior test results.

Consider including relevant fibrosis risk factors and clinical findings in the EHR to support medical necessity when ordering non-invasive assessments.

Always pair CPT codes with liver-related ICD-10-CM diagnosis codes.

F2 = moderate fibrosis; F3 = advanced fibrosis; CPT = Current Procedural Terminology; T2DM = Type 2 Diabetes Mellitus; EHR = Electronic Health Record

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

Rezdiffra is indicated in conjunction with diet and exercise for the treatment of adults with noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis).

This indication is approved under accelerated approval based on improvement of MASH 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.

WARNINGS AND PRECAUTIONS

Hepatotoxicity

Hepatotoxicity has been observed with the use of Rezdiffra. One patient developed substantial elevations of liver biochemistries that resolved when treatment was interrupted. *Please see full Prescribing Information for more details on this specific case of Hepatotoxicity [see Warnings and Precautions (5.1)].*

Monitor for elevations in liver tests, liver-related adverse reactions, and symptoms/signs of hepatotoxicity (eg, fatigue, nausea, vomiting, right upper quadrant pain or tenderness, jaundice, fever, rash, and/or eosinophilia [$>5\%$]). If hepatotoxicity is suspected, discontinue Rezdiffra and monitor. 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 drug-induced autoimmune-like hepatitis (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.

Go to RezdiffraHCP.com for product information.

IMPORTANT SAFETY INFORMATION (cont.)

WARNINGS AND PRECAUTIONS (cont.)

Gallbladder-Related Adverse Reactions

Cholelithiasis, acute cholecystitis, and obstructive pancreatitis (gallstone) were observed more often in Rezdiffra-treated patients than in placebo-treated patients. The exposure-adjusted incidence rates (EAIRs) for these events were less than 1 per 100 person-years (PY) for all treatment arms. If cholelithiasis is suspected, gallbladder diagnostic studies and appropriate clinical follow-up are indicated. If an acute gallbladder event is suspected, interrupt treatment until the event is resolved.

Drug Interaction with Certain Statins

An increase in exposure of atorvastatin, pravastatin, rosuvastatin, and simvastatin was observed when concomitantly administered with Rezdiffra, which may increase the risk of adverse reactions related to these drugs.

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.

ADVERSE REACTIONS

The most common adverse reactions with Rezdiffra (reported in $\geq 5\%$ 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.

DRUG INTERACTIONS

Clinically Significant Interaction Effects of Strong or Moderate CYP2C8 Inhibitors on Rezdiffra

- Concomitant use with strong CYP2C8 inhibitors (eg, gemfibrozil) is not recommended. Reduce Rezdiffra dosage if used concomitantly with a moderate CYP2C8 inhibitor (eg, clopidogrel).

Clinically Significant Interactions Affecting Other Drugs

- Statins:** Limit daily rosuvastatin and simvastatin dosage to 20 mg. Limit pravastatin and atorvastatin dosage to 40 mg.
- CYP2C8 Substrates:** 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. Report pregnancies to Madrigal Pharmaceuticals, Inc. Adverse Event Reporting line at 1-800-905-0324 and visit <https://pregnancyregistry.madrigalpharma.com> for information about a pregnancy safety study.

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.

Geriatric Use

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 of Rezdiffra in patients with mild, moderate, or severe renal impairment is the same as in patients with normal kidney function.

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) may increase the risk of adverse reactions.

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

Please see full [Prescribing Information](#) for Rezdiffra.

Rezdiffra[®]
resmetirom tablets
60mg - 80mg - 100mg

Madrigal
patient
SUPPORT

We're here to help.

Remember you can get ongoing support from one of our dedicated Case Managers and Access Reimbursement Managers (ARMs).

REFERENCES:

- Chun J. *Format of the National Drug Code*. U.S. Food & Drug Administration. <https://www.fda.gov/media/173715/download>. Accessed November 4, 2025.
- Centers for Disease Control and Prevention. *CDC ICD-10-CM Browser Tool, Fiscal Year 2026*. CDC National Center for Health Statistics. Accessed January 15, 2026. <https://icd10cmtool.cdc.gov/?fy=FY2026>
- American Medical Association. *CPT 2025 Professional Edition*. American Medical Association; 2024.
- Rinella ME, Neuschwander-Tetri BA, Siddiqui MS, et al. AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease. *Hepatology*. 2023;77(5):1797-1835. DOI:10.1097/HEP.0000000000000323