

POLICY NAME	Rezdiffra (resmetirom)	POLICY #	3374P
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Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of noncirrhotic nonalcoholic steatohepatitis (liver disease) (NASH/MASH)
 - Diagnosis confirmed by one of the following: liver biopsy, elastography (MRE or VCTE), magnetic resonance imaging (MRI), serum or imaging biomarker (Fibroscan, NFS, ELF)
- ☐ **1.2** Evidence of moderate to advanced liver fibrosis as evidenced by stages F2 to F3 fibrosis
- ☐ **1.3** Age 18 years or older
- ☐ **1.4** Prescribed by or in consultation with a hepatologist (liver doctor)
- ☐ **1.5** Evidence of additional conditions such as prediabetes or type 2 diabetes, obesity, hypertension, etc
- ☐ **1.6** Rezdiffra will be used in addition to diet and exercise

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Evidence of decompensated cirrhosis
- ☐ **2.2** F1 or F4 fibrosis
- ☐ **2.3** Evidence of significant alcohol consumption (defined as ≥ 20 g/day for females or ≥ 30 g/day for males)