

Patient Profile: Margaret

At home, on daily echinocandin therapy



BACKGROUND AND PRESENTATION

Patient Demographics and History

- 68 yr. old female
- Gallbladder surgery (Cholecystectomy)

Current Medications

- Micafungin 100 mg IV once a day
- Codeine, NSAID, and vitamins/supplements

Case Details

- Admitted to ICU post-surgery for 2 days and diagnosed with invasive candidiasis (azole-resistant *Candida glabrata*), developed intra-abdominal abscess; hospitalized for 6 days
- Discharged to receive infusion at home after negative blood culture
- Requires continued echinocandin therapy for a minimum of 2 weeks; may be extended to 4 weeks
- Underwent PICC line procedure and chest X-ray to confirm placement
- Patient and caregiver completed training on OPAT self-administration during first visit with home infusion nurse

Progress Notes

- Phlebitis developed and the PICC line dislodged at night, called home infusion nurse 4 days post discharge to report continued bleeding and discomfort at catheter exit site; has limited dexterity and inconsistent caregiver support
- Patient concerned about continuing daily self-administration of micafungin and PICC line maintenance
- Patient interested in discussing options given their limited transportation (lives 50 miles from hospital)

This hypothetical patient profile is meant to be illustrative and is not intended to offer medical advice. Determination of appropriate treatment is at the discretion of the healthcare provider.

*INDICATION AND USAGE

REZZAYO® (rezafungin for injection) is an echinocandin antifungal indicated in patients 18 years of age or older who have limited or no alternative options for the treatment of candidemia and invasive candidiasis. Approval of this indication is based on limited clinical safety and efficacy data.

Limitations of Use

REZZAYO® has not been studied in patients with endocarditis, osteomyelitis, and meningitis due to *Candida*.

IMPORTANT SAFETY INFORMATION

Contraindications

REZZAYO® is contraindicated in patients with known hypersensitivity to rezafungin or other echinocandins.

Please see accompanying Prescribing Information for REZZAYO® (rezafungin for injection).



WHY CHOOSE REZZAYO?

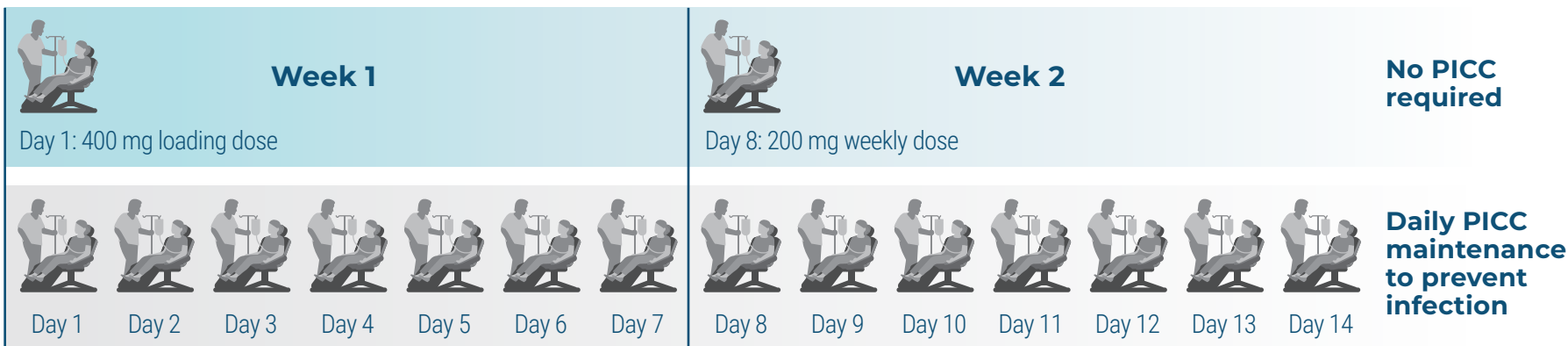
REZZAYO is administered once weekly by IV infusion: Initial 400 mg loading dose, followed by a 200 mg dose once weekly thereafter. The safety of REZZAYO has not been established beyond 4 weekly doses.

Once-weekly rezafungin was non-inferior to caspofungin in the ReSTORE study, a multicenter, double-blind, double-dummy, randomized phase 3 trial. Adults with candidemia or invasive candidiasis received either IV rezafungin once a week¹ or IV caspofungin² for no more than 4 weeks. Rezafungin was non-inferior to caspofungin³ for the primary endpoints of day-14 global cure⁴ and 30-day all-cause mortality with a 20% non-inferiority margin assessed in the MITT population⁵.

Once-weekly REZZAYO

Vs

Daily IV echinocandin



Invasive Candidiasis Management with REZZAYO

- ✓ Once-weekly IV administration
- ✓ No requirement for a PICC or central line
- ✓ May help address logistical challenges associated with daily infusions
- ✓ Could save time and staff resources associated with daily infusions
- ✓ No known clinically significant DDIs
- ✓ May provide greater transparency into patient adherence with 7 days of therapy in every dose

1. 400 mg in week 1, followed by 200 mg weekly, for a total of two to four doses. **2.** 70 mg loading dose on day 1, followed by 50 mg daily. **3.** 59% of patients in the rezafungin group and 61% of patients in the caspofungin group had a global cure at day 14 (weighted treatment difference -1.1% [95% CI -14.9 to 12.7]. 24% of patients in the rezafungin group and 21% of patients in the caspofungin group died or had an unknown survival status at day 30 (treatment difference 2.4% [95% CI -9.7 to 14.4]. **4.** Global cure consisted of clinical cure, radiological cure, and mycological eradication. **5.** All patients who received one or more doses of study drug and had documented *Candida* infection.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions

- Infusion-related Reactions: REZZAYO® may cause infusion-related reactions, including flushing, sensation of warmth, urticaria, nausea, or chest tightness. If these reactions occur, slow or pause the infusion.
- Photosensitivity: REZZAYO® may cause photosensitivity. Advise patients to use protection from sun exposure and other sources of UV radiation.

Please see accompanying Prescribing Information for REZZAYO® (rezafungin for injection).

Warnings and Precautions (continued)

- Hepatic Adverse Reactions: Abnormalities in liver tests have been seen in clinical trial patients treated with REZZAYO®. Monitor patients who develop abnormal liver tests and evaluate patients for their risk/benefit of continuing REZZAYO® therapy.

Adverse Reactions

Most common adverse reactions (incidence ≥ 5%) are hypokalemia, pyrexia, diarrhea, anemia, vomiting, nausea, hypomagnesemia, abdominal pain, constipation, and hypophosphatemia.



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www.rezzayo.com