

# Patient Profile: Richard

Azole-resistant *Candida glabrata* post-colon resection



## BACKGROUND AND PRESENTATION

### Patient Demographics and History

- 50-year-old male
- Diabetes; recently underwent colon resection related to Crohn's disease, normal post operative course and was discharged after 3 days
- 7 days later he presented to the ED with abdominal pain, fever and low blood pressure

### Current Medications

- Prednisone, upadacitinib (Rinvoq®), metformin, sitagliptin (Januvia®)
- No medication allergies

### Case Details

- Admitted to the ICU and returns to the OR for exploratory surgery
- Blood cultures are obtained and are positive for yeast on Day 3
- Micafungin is started and patient improves clinically

### Progress Notes

- On Day 5 the yeast is identified as *Candida glabrata* (azole resistant)
- On Day 6 patient has clinically improved
- Patient is dischargeable except for echinocandin therapy

***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*.

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

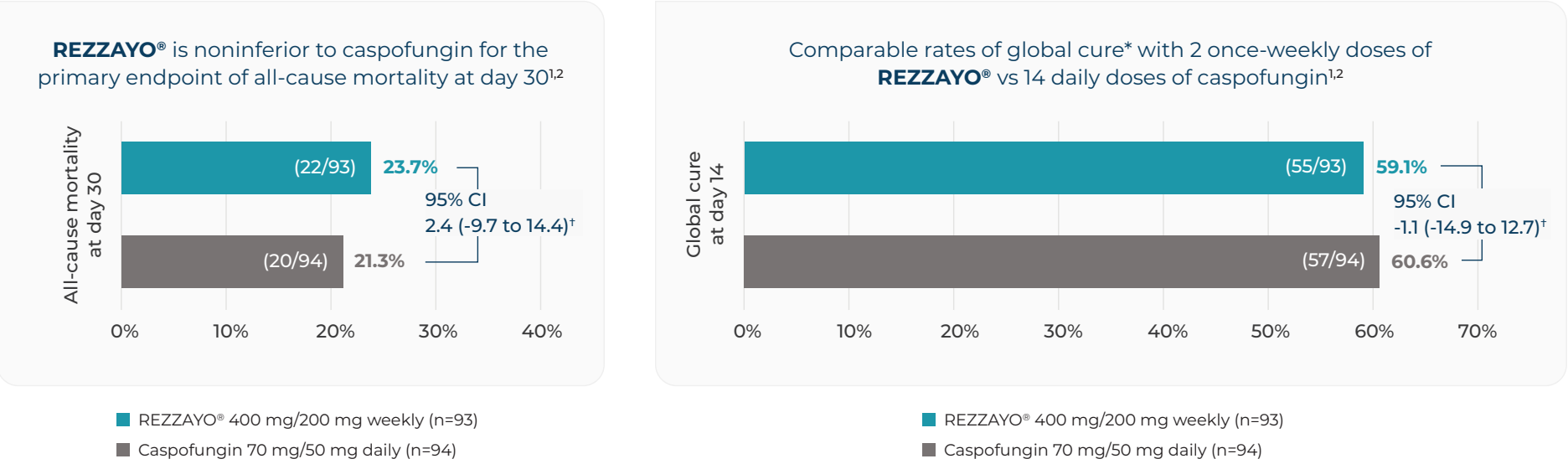


# Why choose REZZAYO® (rezafungin for injection)?

## Proven echinocandin efficacy now in a **once-weekly** formulation<sup>1,2</sup>

In the phase 3 ReSTORE clinical trial, once-weekly IV infusion of REZZAYO® (rezafungin for injection) was noninferior to daily IV infusions of caspofungin in the mITT population.<sup>1,2</sup>

» **Non-inferiority was to be concluded if the upper bound of the 95% CI was lower than 20%<sup>2</sup>**



CI=confidence interval; mITT=modified intent-to-treat.  
\*Global cure consisted of clinical cure, radiological cure, and mycological eradication.  
<sup>†</sup>Two-sided 95% CI for the observed difference (%), REZZAYO® group minus caspofungin group.

### IMPORTANT SAFETY INFORMATION

#### Contraindications

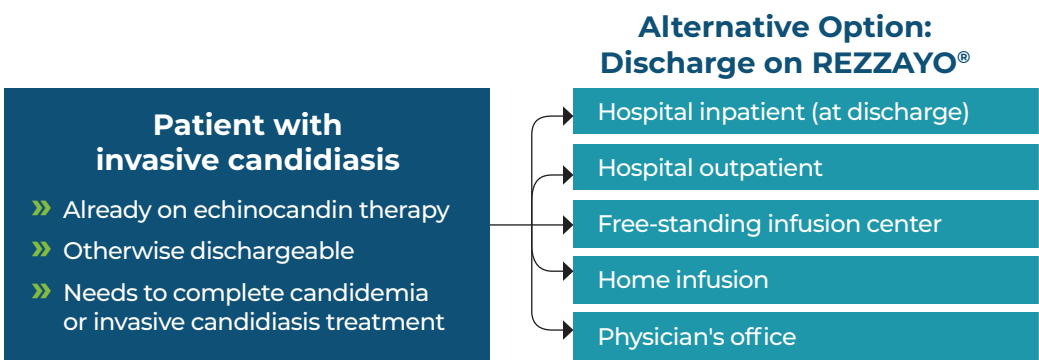
- REZZAYO® is contraindicated in patients with known hypersensitivity to rezafungin or other echinocandins.

#### 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.

# Envision a new treatment path

## REZZAYO® offers an alternative option for **continuity of echinocandin treatment** in the outpatient setting



## Invasive candidiasis management, simplified

Fungicidal activity against the most common *Candida* species, including *C. glabrata*

No requirement for a PICC or central line

No known clinically significant drug-drug interactions

Offers patients who cannot take oral medications a once-weekly option

No impact on QTc interval

May provide greater transparency into adherence with 7 days of therapy in every dose



With **once-weekly REZZAYO®**, patients don't need to remain hospitalized to complete their echinocandin therapy

### IMPORTANT SAFETY INFORMATION (continued)

#### Warnings and Precautions (continued)

- Photosensitivity: REZZAYO® may cause photosensitivity. Advise patients to use protection from sun exposure and other sources of UV radiation.
- 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.

## WHY CHOOSE REZZAYO®?

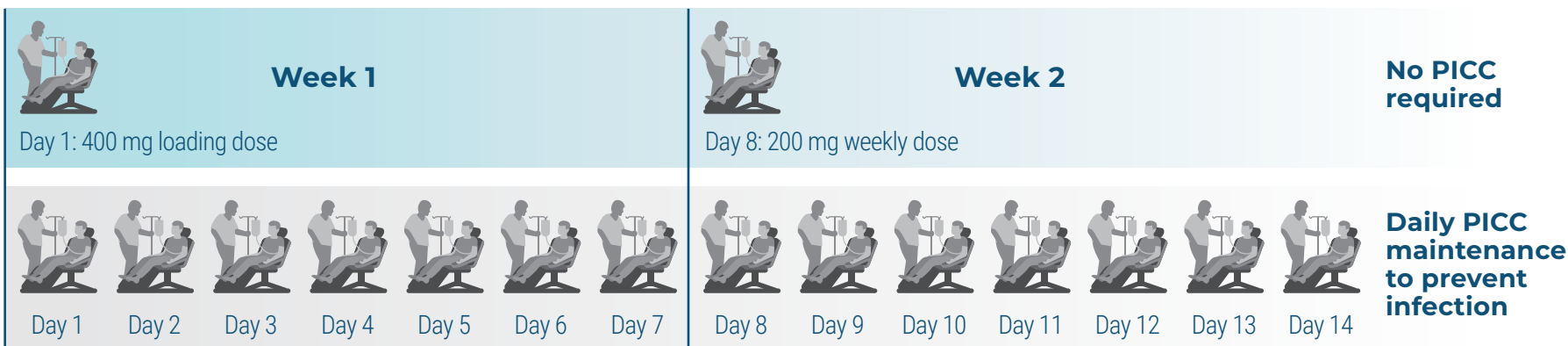
**REZZAYO® is administered once weekly for one hour by IV infusion.**

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  
REZZAYO®**

**Vs**

**Daily IV  
echino-  
candin**



## A once-weekly IV infusion of REZZAYO®:



**Could allow for earlier discharge of patients on echinocandins who are otherwise dischargeable**

- ✓ Fungicidal activity against the most common Candida species, including *C. glabrata*
- ✓ No requirement for a PICC or central line
- ✓ No known clinically significant drug-drug interactions
- ✓ Has no impact on the QTc interval
- ✓ Offers patients who cannot take oral medications a once-weekly option

1. REZZAYO® Prescribing Information. Melinta Therapeutics, LLC; 2023. 2. Thompson GR 3rd, Soriano A, Cornely OA, et al. Rezafungin versus caspofungin for treatment of candidaemia and invasive candidiasis (ReSTORE): a multicentre, double-blind, double-dummy, randomised phase 3 trial. *Lancet*. 2023;401(10370):49-59. doi:10.1016/S0140-6736(22)02324-8

### IMPORTANT SAFETY INFORMATION (continued)

#### 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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Scan the QR code to visit  
[www.rezzayo.com](http://www.rezzayo.com)

Please see additional Important Safety Information throughout and accompanying Prescribing Information for REZZAYO® (rezafungin for injection).