

Patient Profile: Daniel

Hospitalized, completing echinocandin therapy but otherwise dischargeable



BACKGROUND AND PRESENTATION

Patient Demographics and History

- 49-year-old man, motor vehicle crash
- Extensive abdominal injury including esophageal tear and liver hematoma
- Mediastinal and abdominal surgical exploration to control bleeding
- Discharged home after a week-long hospital stay

Current Medications

- Micafungin 100mg IV once a day

Case Details

- Readmitted due to fever, abdominal pain and suspected infection
- Abdominal CT scan revealed rim-enhancing perigastric collection
- Transgastric aspirate positive for *C. albicans*, drained to stomach
- EKG with severe QT prolongation, patient not tolerating oral medications due to esophageal injury
- Initiated treatment with micafungin with a planned duration of 2 weeks (potentially longer if abscess not resolved)

Progress Notes

- On micafungin for 5 days
- Dischargeable except for echinocandin therapy
- Wants to go home as soon as possible (family responsibilities, kids)

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).

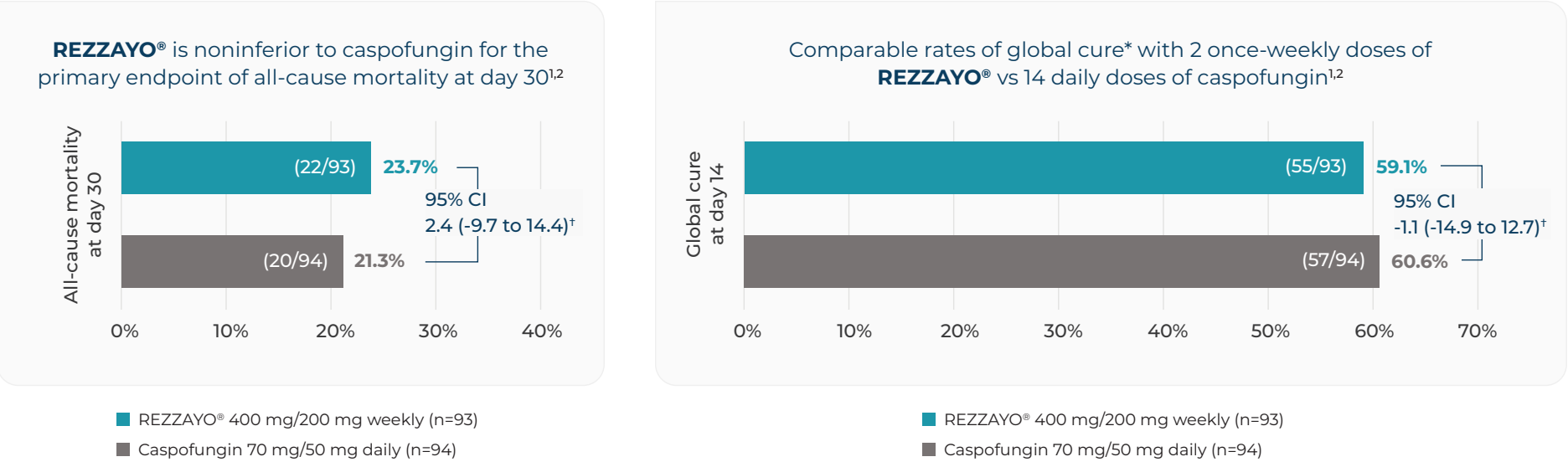


Why choose REZZAYO® (rezafungin for injection)?

Proven echinocandin efficacy now in a *once-weekly* formulation^{1,2}

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.^{1,2}

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



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

IMPORTANT SAFETY INFORMATION

Contraindications

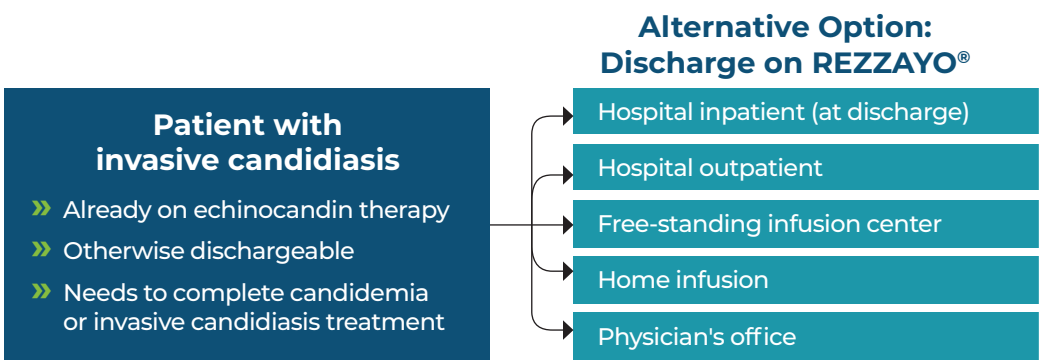
- REZZAYO® is contraindicated in patients with known hypersensitivity to rezafungin or other echinocandins.

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

No requirement for a PICC or central line

No impact on QTc interval

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

No known clinically significant drug-drug interactions

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

Fungicidal activity against the most common and emerging *Candida* species



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®?

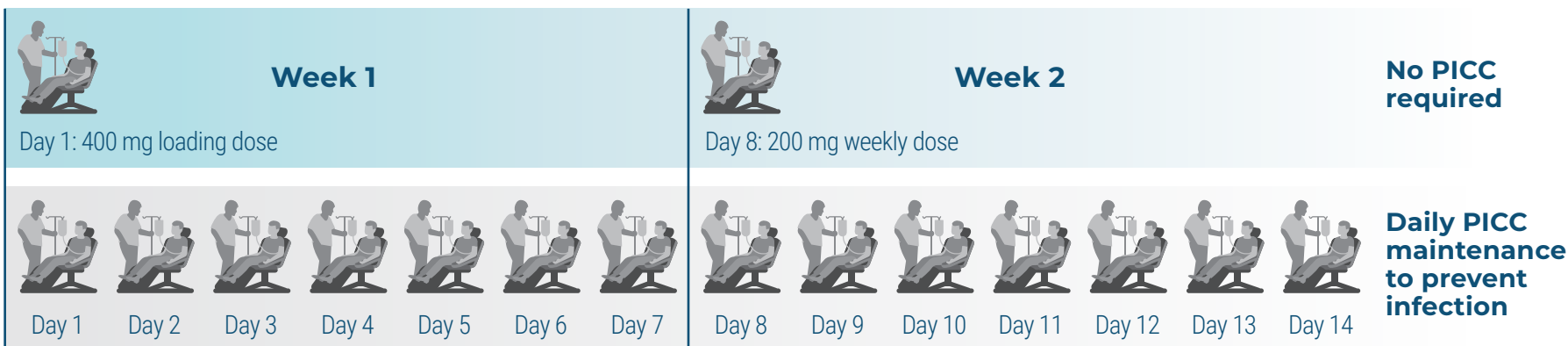
REZZAYO® is administered once weekly for one hour by IV infusion.

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

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

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

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