

roshapharma

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roshapharma

Dosage and Route of administration

	<100 kg Body Weight	≥100 kg Body Weight
Dosage	xelivex 80 QD	xelivex 100 QD
Concomitant Use with Clopidogrel	xelivex 60 QD	xelivex 80 QD

Important Drug Interaction

- Concomitant use with a strong CYP2C8 inhibitor (e.g., gemfibrozil) is not recommended.

Xelivex® is an oral, once-daily tablet that can be taken with or without food.

FDA Prescribing Information – 2024

xelivex® Resmetirom

Safety and Efficacy Assessments within The First Year of Treatment with Xelivex®

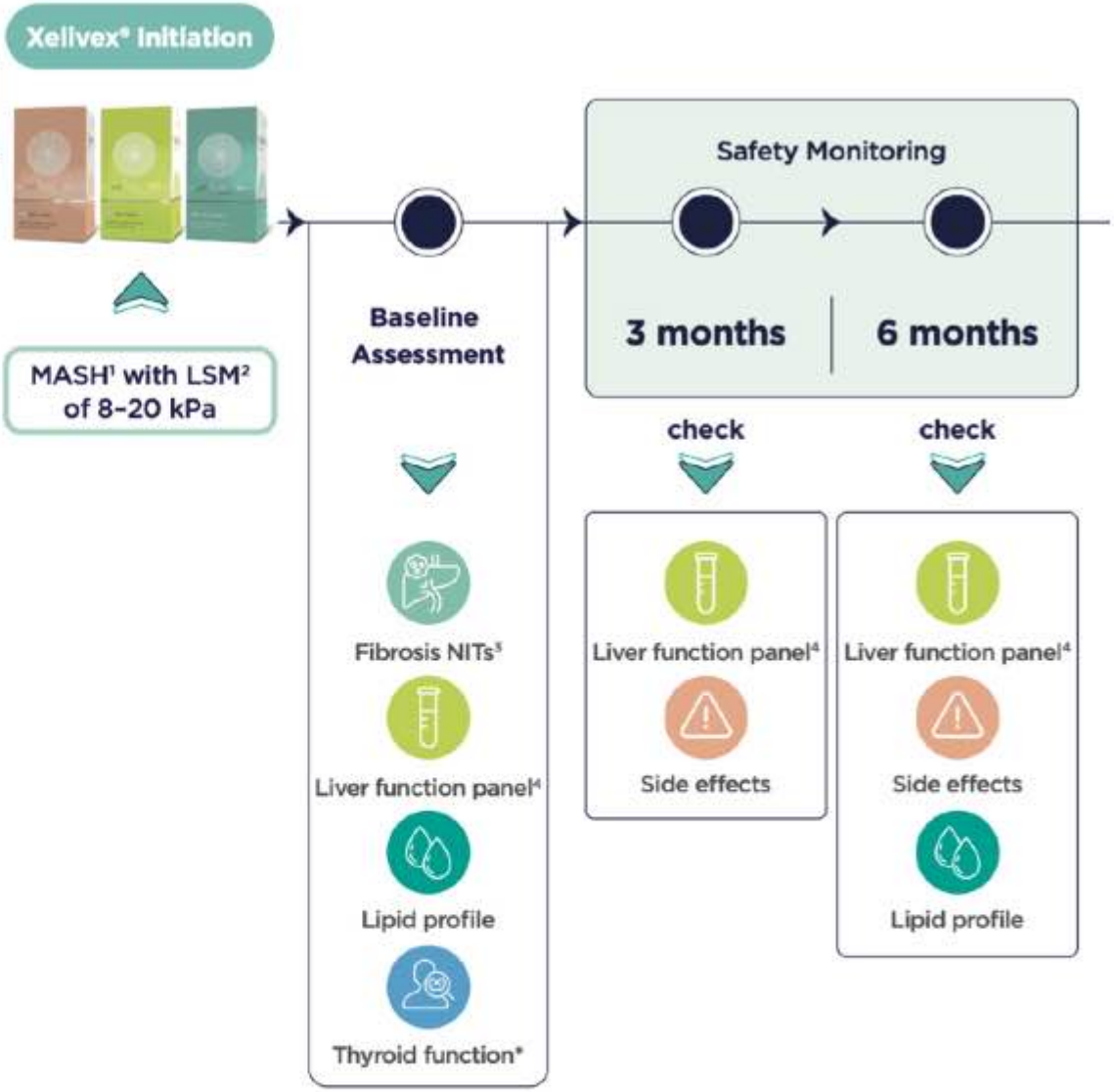
	Safety/Efficacy assessments	Safety assessments		Efficacy assessments	
Timeframe	**Hepatic function panel[a]**	**Thyroid function[b]**	**Lipid profile[c]**	**Noninvasive measurement of liver stiffness[d]**	**MRI-PDFF[e]**
Before treatment initiation	✓	✓	✓	✓	Consider
3 months	✓				
6 months	✓	✓	✓		
12 months	✓	✓	✓	Repeat if imaging	Consider repeating if baseline data are available

xelivex® Resmetirom

"Resmetirom therapy for metabolic dysfunction-associated steatotic liver disease: October 2024 updates to AASLD Practice Guidance." *Hepatology (Baltimore, Md.)* vol. 81,1 (2025)

Xelivex® Safety Monitoring

Following Xelivex® initiation, structured safety monitoring at 3 and 6 months is essential to assess liver function, treatment tolerability, and potential adverse effects.



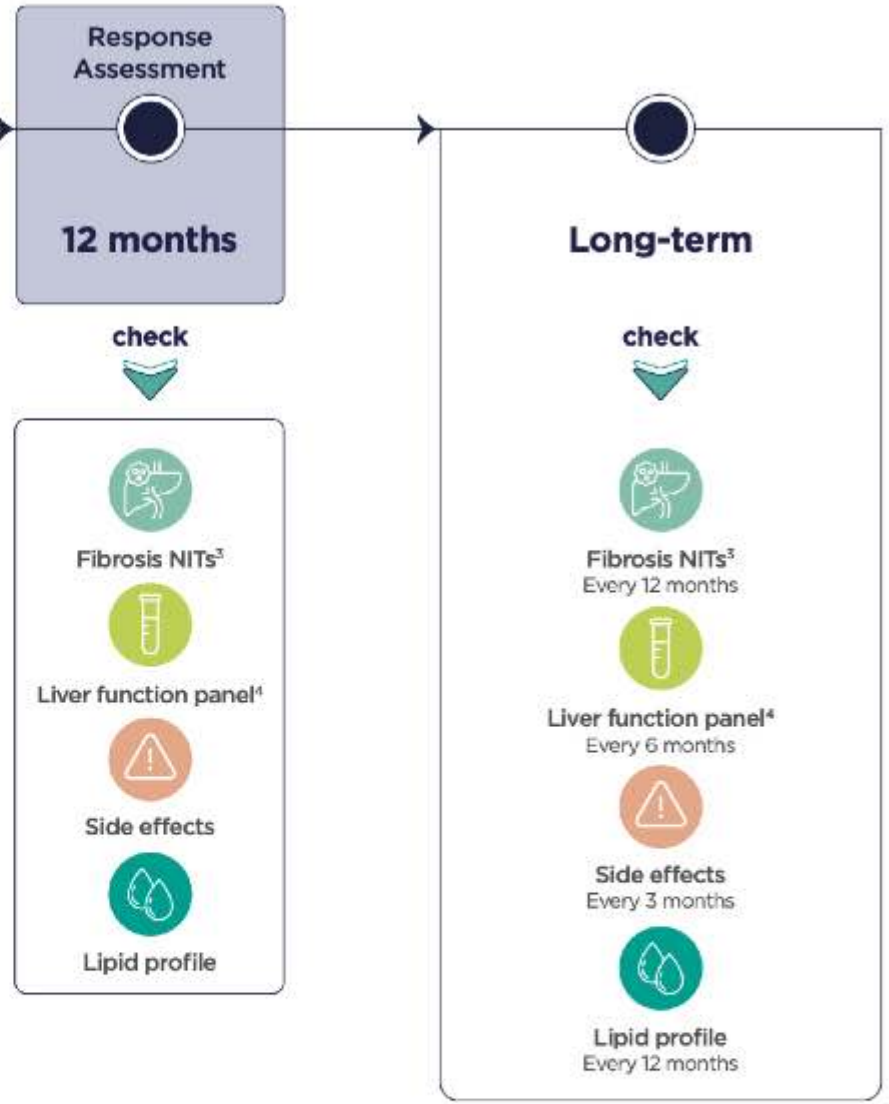
xelivex® Resmetirom

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beyond

At 12 months, treatment response should be reassessed, followed by regular long-term monitoring of fibrosis, liver function, tolerability, and lipid profile to guide ongoing treatment decisions.

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Treatment Response Criteria

Table 8. Overview of NIT criteria of treatment response and evidence for prediction of histological and clinical outcomes.

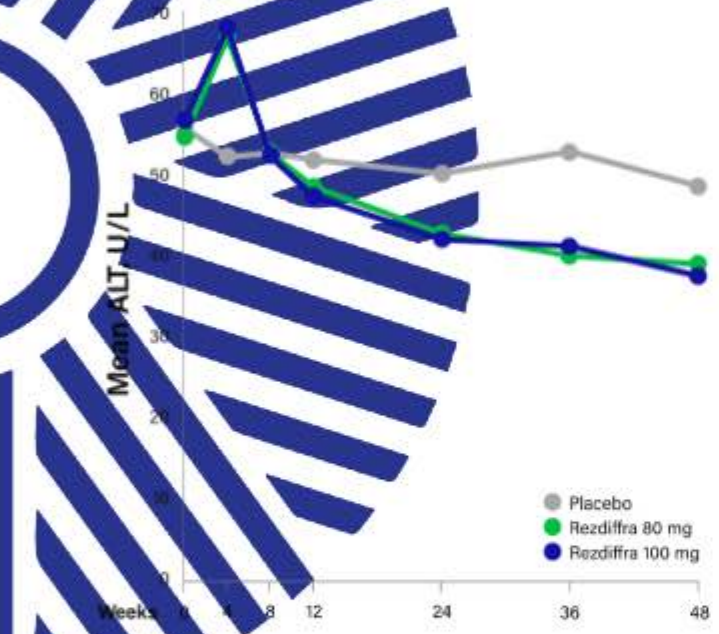
NIT criteria of treatment response	Histological response	Clinical outcomes
Decrease of VCTE-LSM ≥30%	**Weak correlation with fibrosis improvement in clinical trials**	Lower decompensation and HCC in natural history studies
Decrease of ELF ≥0.5	N/A	**Lower progression to cirrhosis and decompensation in clinical trials**
Decrease of MRE-LSM ≥20%	N/A	Lower decompensation in small natural history studies
Decrease of MRI-PDFF ≥30%	**Correlates with MASH resolution and reduction in NAS in clinical trials**	N/A
Decrease of ALT ≥17 U/L	**Correlates with reduction in NAS in clinical trials**	N/A

Non-invasive tests (NITs) provide practical indicators of treatment response, with changes in liver stiffness, hepatic fat, and ALT associated with histological improvement and, for selected markers, better clinical outcomes.

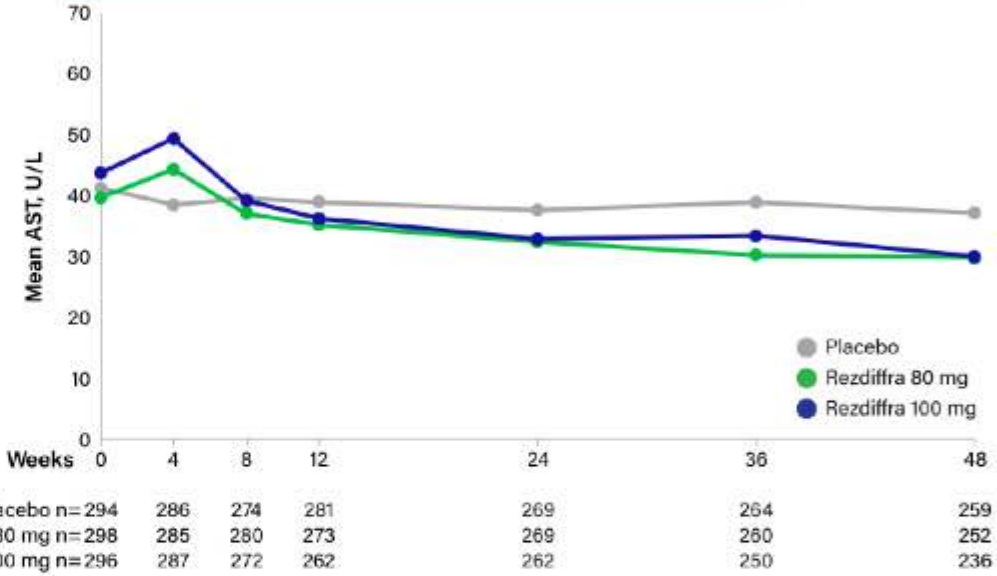
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Slight increases (<1.5*baseline) of liver enzymes may be observed in the first 4 weeks, which returned to baseline around 8 weeks after initiation.

Alanine aminotransferase (ALT) laboratory curves[1]



Aspartate aminotransferase (AST) laboratory curves[1]



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What Are the Contraindications [redacted] smetirom?



Resmetirom is **not indicated** in patients with conditions that may increase the risk of adverse effects or in populations for whom its safety and efficacy have not been established.



Key Contraindications



Cirrhosis (F4 fibrosis)

Not indicated in patients with cirrhosis.



Chronic hepatitis B or C

Safety and efficacy have **not been established.**



Primary biliary cholangitis (PBC)

Not indicated in PBC.



Primary sclerosing cholangitis (PSC)

Not indicated in PSC.



Significant alcohol-related liver disease (ALD)

Not indicated in ALD.



Other specific liver diseases

Safety and efficacy have **not been established.**



Key Message

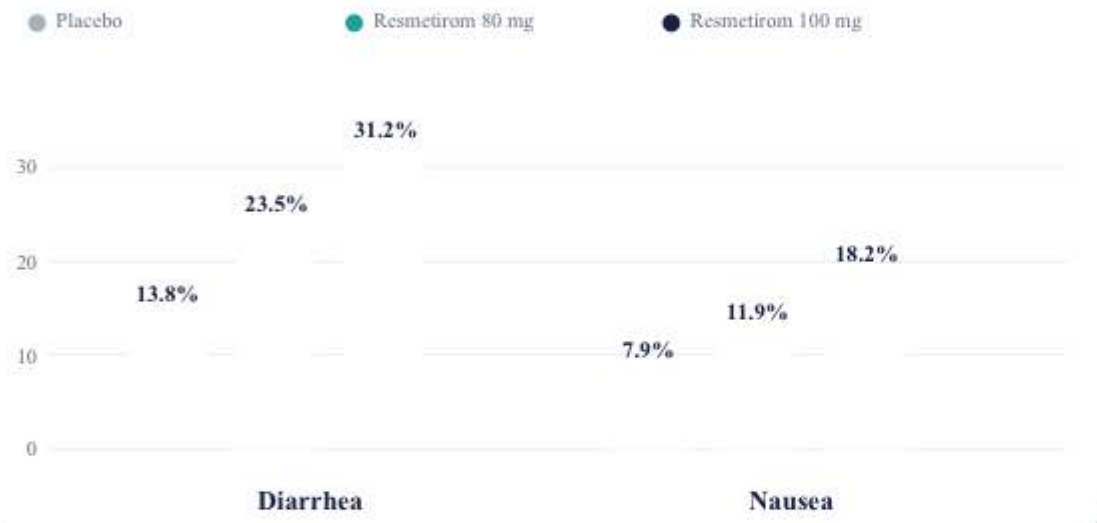
The presence of these conditions represents a **contraindication to resmetirom.**
The underlying liver disease and fibrosis stage should be assessed before initiating treatment.

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Phase III, randomized, double-blind safety analysis | 52 weeks | treated n = 969 (double-blind arms)

Common gastrointestinal adverse events

Incidence (%) during 52-week treatment



Serious TEAEs & Treatment Stops

Treatment-emergent adverse events (%)

	Placebo	Res 80 mg	Res 100 mg
Serious TEAEs	6.3%	5.8%	7.4%
Discontinued due to TEAEs	1.3%	2.4%	3.1%

Most excess GI events occurred within the first 12 weeks.

KEY MESSAGE **Diarrhea and nausea were more frequent with resmetirom; serious TEAEs were broadly comparable to placebo.**

Safety analysis reflects trial populations and does not replace ongoing monitoring for rare serious events.

Harrison SA, et al. Nat Med. 2023;29:2919–2928. Table 2. doi:10.1038/s41591-023-02603-1

Resmetirom: Safety Warnings & Drug Interactions

Practical prescribing precautions | U.S. FDA Prescribing Information, revised July 2026

Warnings & clinical response

Hepatotoxicity

Monitor liver tests and symptoms. If suspected, discontinue resmetirom and continue liver-test follow-up.

Gallbladder-related events

Investigate suspected cholelithiasis; interrupt resmetirom for an acute event (e.g., cholecystitis) until resolved.

CYP2C8 inhibitor interactions

STRONG inhibitor (e.g., gemfibrozil)

Concomitant use is not recommended.

MODERATE inhibitor (e.g., clopidogrel)

Reduce the resmetirom daily dose:

<100 kg → 60 mg	≥100 kg → 80 mg

Statin dose limits

Rosuvastatin / Simvastatin	Atorvastatin / Pravastatin
≤20 mg/day each	≤40 mg/day each

KEY MESSAGE **Review concomitant medications and hepatobiliary symptoms throughout resmetirom treatment.**

Monitor statin-related AEs (liver tests, myopathy). FDA label lists no formal contraindications; consult local Xelivex® labeling.

Rezdiffra® (resmetirom). U.S. Prescribing Information. Madrigal Pharmaceuticals; revised Jul 2026. §§5, 7.

Resmetirom: Continue, Reassess or Discontinue?

12-month decision point | Safety concerns always take priority over efficacy reassessment

Acute gallbladder-related event

INTERRUPT until the event resolves.

…NSE

…al status + safety / tolerability

…ALIZE

Maintain resmetirom if tolerated.
Repeat fibrosis NITs annually and continue safety monitoring.

Treatment may continue.
Review benefit–risk, adherence and clinical context; reassess over time.

WORSENING NITs

CONFIRM & REASSESS

Confirm change with a repeat / concordant NIT; assess progression and consider alternatives or stopping.

KEY MESSAGE **No fibrosis improvement at 12 months alone is not an automatic stopping rule.**

If NITs worsen, verify the trajectory and consider other causes; continue to optimize metabolic risk factors.

EASL–EASD–EASO MASH-targeted therapy guidance. J Hepatol. 2026; Fig. 3; FDA Rezdiffra® USPI, Jul 2026.

How to Treat MASH with Resmetirom?

Select the **right patient**, **start** appropriately, and **monitor** regularly, in combination with lifestyle and metabolic management.

1 Select the Right Patient



Adults with non-cirrhotic MASH and moderate to advanced fibrosis (F2–F3).

- Exclude cirrhosis (F4).
- Assess comorbidities (e.g., metabolic, cardiovascular).

2 Start Treatment

Resmetirom
(THR-β agonist)

Dose based on body weight (once daily):

< 100 kg	**80 mg**
≥ 100 kg	**100 mg**

- Review concomitant medications and check for interactions (e.g., CYP2C8 inhibitors, some statins).
- Assess liver function (baseline).

3 Combine with Lifestyle and Risk Control

- Healthy diet and calorie control
- Regular physical activity
- Weight management
- Control diabetes
- Manage dyslipidemia
- Reduce cardiovascular risk

4 Monitor During Treatment

- Assess clinical response and liver tests (LFTs)
- Monitor fibrosis (non-invasive tools or histology as appropriate)
- Evaluate tolerability and gastrointestinal events
- Be aware of gallbladder-related events
- Monitor for drug-induced liver injury (rare).

5 Continue and Reassess

- Reassess response periodically (e.g., 6–12 months).
- Continue in responders with good tolerance.
- Re-evaluate overall benefits and risks.
- Maintain lifestyle and metabolic control long term.

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The silent savior of *liver*

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Thank you!