AASLD The Liver Meeting® 2026

TREATMENT CONTINUITY WITH RESMETIROM: A REAL-WORLD STUDY OF ADHERENCE AND PERSISTENCE IN METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS (MASH)

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Real-World Evidence of Resmetirom Advancing Outcomes, Natural History, Assessment, and Clinical Effectiveness

INTRODUCTION

- Metabolic dysfunction-associated steatohepatitis (MASH), the progressive inflammatory subtype of metabolic dysfunction-associated steatotic liver disease (MASLD), is a leading cause of liver-related morbidity and mortality and represents a substantial and growing burden on healthcare systems worldwide.
- The United States (US) Food and Drug Administration (FDA) approved resmetirom (Rezdiffra®) in conjunction with diet/exercise for adults with MASH on 3/14/2024. [1]
- Clinical trials have shown that resmetirom reduces hepatic fat and improves liver enzymes. [2-4]

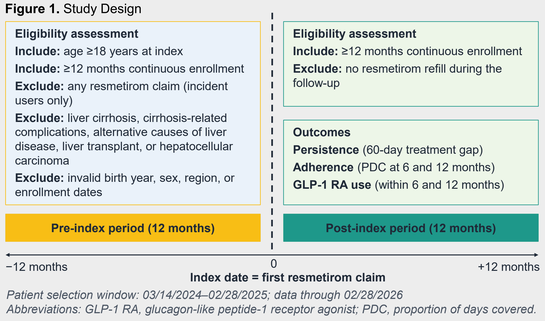
AIM

- To describe baseline demographic and clinical characteristics of patients initiating resmetirom for MASH in a US administrative claims database.
- To evaluate 6-month and 12-month resmetirom persistence and adherence.

METHODS

- Retrospective cohort study using the McKesson Compile™ Multi-Payer Closed Claims database (03/14/2023-02/28/2026), which includes medical and pharmacy claims from approximately 80 U.S. commercial, Medicare, and Medicaid payers (**Figure 1**).
- Adults aged ≥18 years initiating resmetirom between March 14, 2024 and February 28, 2025 who met the eligibility criteria shown in Figure 1 were included.
- Baseline demographics, comorbidities, and medication use were assessed in the 12-month pre-index period (**Figure 1**). Conditions, including those used for exclusion, were identified using International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes, Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT), and Diagnosis-Related Group (DRG) codes. Medications were identified using National Drug Codes (NDCs).
- Persistence was assessed using Kaplan-Meier methods and a 60-day treatment gap definition; 90-day gap definition was evaluated in sensitivity analyses.
- Adherence was assessed using proportion of days covered (PDC) at 6 and 12 months, among patients persistent through each time point, accounting for overlapping prescription fills.
- Glucagon-like peptide-1 receptor agonist (GLP-1 RA) use was defined as ≥1 pharmacy claim within 0-6 and 0-12 months post-index.

Figure 1. Study Design



Patient selection window: 03/14/2024–02/28/2025; data through 02/28/2026
Abbreviations: GLP-1 RA, glucagon-like peptide-1 receptor agonist; PDC, proportion of days covered.

RESULTS

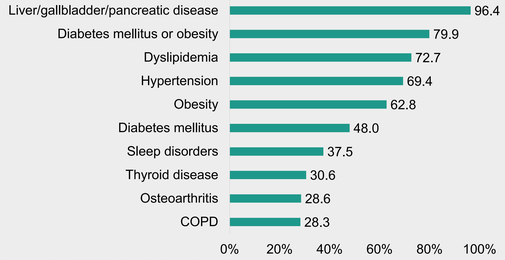
Baseline Characteristics

- A total of 304 patients with ≥2 resmetirom fills over the 12-month post-index period were included.
- Mean age was 55.7 years, (SD=13.9), and 62.5% of patients were female.
- Patients had a substantial comorbidity burden at baseline, with a mean Charlson Comorbidity Index (CCI) score of 2.8 (SD, 1.9); nearly half (47.0%) had a CCI score ≥3 (**Figure 3**).

Figure 2. Baseline Characteristics (n=304)

Sample size	Age Groups		Female	Geographic Region		Payer type	
304 patients initiating resmetirom	18-34	8.2%	62.5%	Northeast	26.0%	Commercial	36.2%
	35-44	12.5%		Midwest	27.6%	Commercial, Medicare	0.3%
	45-64	51.0%		South	23.4%	Commercial, Other	0.7%
	≥65	28.3%		West	23.0%	Medicaid	37.8%
						Medicare	24.3%
						Other	0.7%

Figure 3. Top 10 Investigated Comorbidities (%, n=304)



Abbreviation: COPD, chronic obstructive pulmonary disease.

REFERENCES

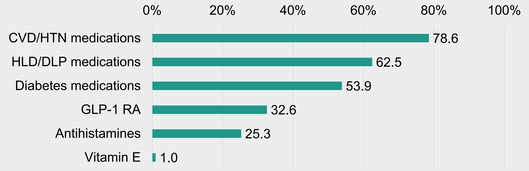
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2 Harrison SA, Bashir M, Moussa SE, et al. Effects of Resmetirom on Noninvasive Endpoints in a 36-Week Phase 2 Active Treatment Extension Study in Patients With NASH. Hepatol Commun. Apr 2021;5(4):573-588.

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Figure 4. Baseline Medication Use (%, n=304)



Abbreviations: CVD, cardiovascular disease; DLP, dyslipidemia; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HLD, hyperlipidemia; HTN, hypertension.

Persistence

- Persistence was 82.2% (n=250) at 6 months and 62.2% (n=189) at 12 months **(Figure 5).**
- In sensitivity analyses, 12-month persistence increased to 69.7% using a 90-day versus 60-day treatment gap definition (**Figure 6**).
- 6.9% of patients received a glucagon-like peptide-1 receptor agonist (GLP-1 RA) within 0-6 months post-index and 10.9% within 0-12 months.

Figure 5. Kaplan-Meier Curve for Treatment Persistence Using a 60-Day Treatment Gap Definition

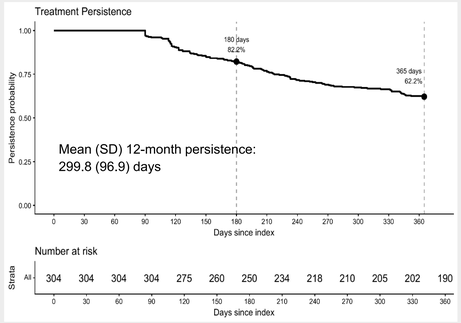
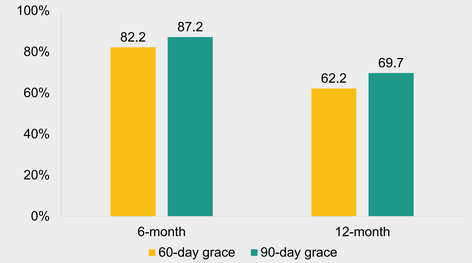


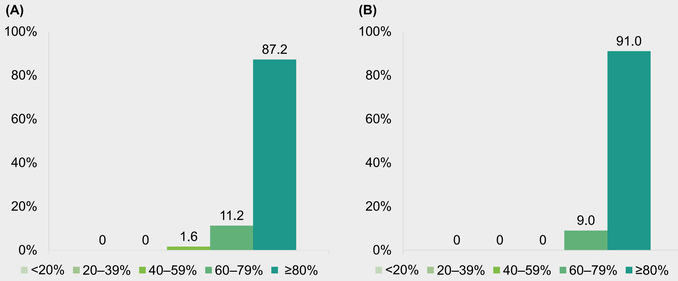
Figure 6. Persistence at 6 and 12 Months Using 60- and 90-Day Grace Periods (%)



Adherence

- Mean (SD) PDC was 0.904 (0.108) among patients persistent through 6 months (n=250), with 87.2% achieving PDC ≥80% (**Figure 7A**).
- Mean (SD) PDC was 0.910 (0.070) among patients persistent through 12 months (n=189), with 91.0% achieving PDC ≥80% (**Figure 7B**).

Figure 7. Proportion of Days Covered (PDC): (A) patients persistent through 6 months (n=250); (B) patients persistent through 12 months (n=189)



CONCLUSIONS

- Patients initiating resmetirom commonly had cardiometabolic comorbidities, highlighting the complex clinical profile of patients treated in routine practice.
- Despite substantial baseline comorbidity burden and concomitant medication use, most patients remained persistent with resmetirom through the first year of treatment.
- Among patients who remained on therapy, adherence was consistently high, with approximately 9 in 10 patients achieving PDC ≥80% at both 6 and 12 months.
- High adherence/persistence to resmetirom observed in this real-world cohort underscore its acceptability and tolerability in routine clinical practice, supporting its long-term use for MASH management.
- Future work will examine persistence and adherence among key clinical subgroups, including patients with diabetes, obesity, and baseline GLP-1 RA use.

ACKNOWLEDGEMENTS

Lobo, Atreja & Felber are employees of Madrigal Pharma. Han and DeKoven are employees of Precision Health]

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