Rezafungin

Also called: Rezzayo; CD101

What it is

A once-weekly intravenous echinocandin approved as Rezzayo (2023) for candidaemia and invasive candidiasis in patients with limited or no alternatives.

Approval status

FDA Approved. Approved in the US as Rezzayo, NDA 217417, on March 22, 2023, for candidaemia and invasive candidiasis in patients with limited or no alternative treatment options; the current label covers adults and pediatric patients 12 years and older and notes approval rests on limited clinical data (Drugs@FDA via openFDA and the Rezzayo label effective July 1, 2026, read October 3, 2026).

Dosing, as printed in the page's Recommended Dosing box

Manufacturer's recommended dosing (FDA label)

From the prescribing information. Other doses studied, if any, are in the full dosing data below.

Protocol and source	Dose	Frequency	Duration	Route
Label: candidaemia and invasive candidiasis, adults and children 12 and older, loading dose **[Approved label]** Rezzayo (rezafungin for injection) US prescribing information (Melinta; DailyMed set 90073508, effective July 1, 2026)	400 mg	Once (week 1)	First dose	Intravenous infusion
Label: maintenance **[Approved label]** Rezzayo (rezafungin for injection) US prescribing information (Melinta; DailyMed set 90073508, effective July 1, 2026)	200 mg	Once weekly	Safety not established beyond 4 weekly doses	Intravenous infusion

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 11 human studies carded on the page (12 study cards in all):

• **ReSTORE: phase 3 against caspofungin** (Human, 2023). In 199 patients, global cure at day 14 was 59% on weekly rezafungin and 61% on daily caspofungin, and death or unknown survival at day 30 was 24% against 21%, meeting the EMA and FDA noninferiority endpoints. **PMID 36442484**

• **Pooled ReSTORE and STRIVE** (Human, 2024). Across 294 patients, day-30 all-cause mortality was 19% in both groups; mycological eradication by day 5 occurred in 73% on rezafungin and 65% on caspofungin, with similar safety. **PMID 38008099**

• **STRIVE: phase 2** (Human, 2021). In 207 patients, overall cure was 76.1% on the 400/200 mg rezafungin regimen against 67.2% on caspofungin, with 30-day all-cause mortality of 4.4% against 13.1%; candidaemia cleared in about 20 hours in both groups. **PMID 32955088**

Interactions

Human interaction studies found on PubMed (search of October 3, 2026):

• With CYP probe substrates, transporter substrates, immunosuppressants and cancer therapies: two phase 1 crossover studies in healthy subjects found no clinically meaningful drug-drug interactions (PMID 37154682)

Side effects and cautions

Reported side effects	Contraindications and cautions
• Safety profiles similar to caspofungin in the pooled trials • Treatment-emergent adverse events were common in both groups of these seriously ill patients	• Hypersensitivity reactions, including anaphylaxis • Infusion-related reactions • Photosensitivity • Liver adverse reactions

Five questions to ask

1. Is Rezafungin right for me, and is the labelled dose on this sheet right for my weight, age, kidney and liver function?
2. Here are the medicines and supplements I take. Do any of them interact with Rezafungin? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example safety profiles similar to caspofungin in the pooled trials?
4. Do any of the cautions on this sheet apply to me, such as: Hypersensitivity reactions, including anaphylaxis?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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