Effective date:6/1/2023
Reviewed: 3/2023, 4/2024
Scope :Medicaid

REZUROCK (belumosudil)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

Chronic Graft versus Host Disease (cGVHD)
Rezurock is indicated for the treatment of adult and pediatric patients 12 years and older with chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy.

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Chronic Graft versus Host Disease (cGVHD)
Authorization of 6 months may be granted for treatment of cGVHD when all of the following criteria are met:
1. The member is at least 12 years of age
2. The member has a documented diagnosis of cGVHD
3. Prescribed by or in consultation with a hematologist, oncologist, or physician experienced in the management of transplant patients
4. The member has failed two or more lines of systemic therapy for chronic graft versus host disease (e.g. methylprednisolone, cyclosporine, tacrolimus, sirolimus, mycophenolate mofetil, imatinib)
5. Rezurock will not be prescribed in combination with Imbruvica or Jakafi

III. CONTINUATION OF THERAPY

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when all of the following criteria are met:
1. The member does not have evidence of unacceptable toxicity while on the current regimen
2. The member has not experienced clinically significant progression of cGVHD (i.e., progression that requires new systemic therapy) while on the current regimen

IV. QUANTITY LIMIT
Rezurock 200mg: 30 tablets per 30 days

V. REFERENCES
1. Rezurock [package insert]. Warrendale, PA: Kadmon Pharmaceuticals; November 2023.