Reference number(s)
4859-A

Specialty Guideline Management Rezurock

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Rezurock	belumosudil

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.

FDA-approved Indications[1]

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.

Compendial Uses[2]

Chronic graft-versus-host disease (cGVHD)

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

Coverage Criteria

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Chronic Graft versus Host Disease (cGVHD)[1,2]

Authorization of 12 months may be granted for treatment of cGVHD when both of the following criteria are met:

- The member has failed two or more lines of systemic therapy
- The member is at least 12 years of age

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when all of the following criteria are met:

- The member does not have evidence of unacceptable toxicity while on the current regimen
- The member has not experienced clinically significant progression of cGVHD (i.e., progression that requires new systemic therapy) while on the current regimen

References

1. Rezurock [package insert]. Morristown, NJ: Kadmon Pharmaceuticals, LLC; April 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. Accessed December 31, 2025.

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