# SPECIALTY GUIDELINE MANAGEMENT

# 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.

#### FDA-Approved Indication

Rezurock is indicated for the treatment of adult and pediatric patients 12 years and older with chronic graftversus-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 12 months may be granted for treatment of cGVHD when all of the following criteria are met:

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

#### **III. CONTINUATION OF THERAPY**

Authorization of 12 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. REFERENCES**

1. Rezurock [package insert]. Bridgewater, NJ: Kadmon Pharmaceuticals; November 2023.

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