Reference number(s)
4859-A

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 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 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.