

PRIOR AUTHORIZATION POLICY

POLICY: Immunosuppressive Agents – Rezurock Prior Authorization Policy

- Rezurock™ (belumosudil tablets – Kadmon)

REVIEW DATE: 08/21/2024

OVERVIEW

Rezurock, a kinase inhibitor, is indicated for the treatment of **chronic graft-versus-host disease** (GVHD) in patients ≥ 12 years of age after failure of at least two prior lines of systemic therapy.¹

Guidelines

The National Comprehensive Cancer Network (NCCN) Hematopoietic Cell Transplantation (version 1.2024 – April 26, 2024) guidelines recommend Rezurock for chronic GVHD as additional therapy in conjunction with systemic corticosteroids following failure (steroid-refractory disease) to \geq two prior lines of systemic therapy.^{2,3}

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Rezurock. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Rezurock is recommended in those who meet the following criteria:

FDA-Approved Indication

- 1. Graft-Versus-Host Disease.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
 - A) Patient is ≥ 12 years of age; AND
 - B) Patient has chronic graft-versus-host disease; AND
 - C) Patient has tried at least two conventional systemic treatments for chronic graft-versus-host disease.
Note: Examples of systemic therapy may include methylprednisolone, Imbruvica (ibrutinib capsules, tablets, or oral solution), cyclosporine, tacrolimus, sirolimus, mycophenolate mofetil, imatinib.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Rezurock is not recommended in the following situations:

- 1.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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REFERENCES

1. Rezurock™ tablets [prescribing information]. Warrendale, PA: Kadmon; April 2024.
2. The NCCN Drugs & Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on August 13, 2024. Search term: belumosudil.
3. The NCCN Hematopoietic Cell Transplantation Clinical Practice Guidelines in Oncology (version 1.2024 – April 26, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed August 13, 2024.