Mass General Brigham
Health Plan

Rezurock (belumosudil)
Effective 10/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications**		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview
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.

Coverage Guidelines
Authorization may be granted for members new to General Brigham Health Plan who are currently receiving treatment with Rezurock excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members meeting ALL the following criteria:
1. Member has a diagnosis of chronic graft versus host disease (cGVHD)
2. Medical charts confirming member has failed two or more lines of systemic therapy
3. The member is at least 12 years of age

Continuation of Therapy
Reauthorization of 12 months may be granted for continued treatment when ALL the following criteria is 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

Limitations
Initial approvals and reauthorizations will be granted for 12 months.

References
1. Rezurock [package insert]. Bridgewater, NJ: Kadmon Pharmaceuticals; July 2022

Review History
08/9/2023 - Reviewed at August P&T, Effective 10/1/23