

**Rezurock (belumosudil)**  
**Effective 10/01/2023**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.			
<b>Contact Information</b>	<b>Medical Benefit</b>	Phone: 833-895-2611	Fax: 888-656-6671	
	<b>Pharmacy Benefit</b>	Phone: 800-711-4555	Fax: 844-403-1029	
<b>Exceptions</b>	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