

PRIOR AUTHORIZATION POLICY

POLICY: Immunosuppressive Agents – Rezurock Prior Authorization Policy

- Rezurock™ (belumosudil tablets – Kadmon)

REVIEW DATE: 08/31/2022

OVERVIEW

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

Guidelines

The National Comprehensive Cancer Network (NCCN) Hematopoietic Cell Transplantation (version 1.2022 – April 1, 2022) 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 the following criteria (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 and tablets), 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; July 2021.
2. The NCCN Drugs & Biologics Compendium. © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on August 26, 2022. Search term: belumosudil.
3. The NCCN Hematopoietic Cell Transplantation Clinical Practice Guidelines in Oncology (version 1.2022 – April 1, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed August 26, 2022.