

## PRIOR AUTHORIZATION POLICY

**POLICY:** Immunosuppressive Agents – Rezurock Prior Authorization Policy

- Rezurock™ (belumosudil tablets – Kadmon Pharmaceuticals)

**REVIEW DATE:** 08/11/2021

---

### OVERVIEW

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

### Guidelines

The National Comprehensive Cancer Network (NCCN) Hematopoietic Cell Transplantation (version 3.2021 – July 26, 2021) 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.<sup>2,3</sup>

### 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 Indications

1. **Graft-Versus-Host Disease.** Approve for 1 year if the patient meets the following criteria (A, B, and C):
  - A) Patient is  $\geq 12$  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.
-

**REFERENCES**

1. Rezurock tablets [prescribing information]. Warrendale, PA: Kadmon Pharmaceuticals; July 2021.
2. The NCCN Drugs & Biologics Compendium. © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on July 28, 2021. Search term: belumosudil.
3. The NCCN Hematopoietic Cell Transplantation Clinical Practice Guidelines in Oncology (version 3.2021 – July 26, 2021). © 2021 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed July 28, 2021.

**HISTORY**

Type of Revision	Summary of Changes	Review Date
New Policy	--	08/11/2021