

#### Commercial/Healthcare Exchange PA Criteria Effective: September 14, 2021

Prior Authorization: Rezurock

Products Affected: Rezurock (belumosudil) tablets

#### Medication Description:

Belumosudil is an inhibitor of rho-associated, coiled-coil containing protein kinase (ROCK) which inhibits ROCK2 and ROCK1. Belumosudil down-regulated proinflammatory responses via regulation of STAT3/STAT5 phosphorylation and shifting Th17/Treg balance in ex-vivo or in vitro-human T cell assays. Belumosudil also inhibited aberrant pro-fibrotic signaling, in vitro. In vivo, belumosudil demonstrated activity in animal models of chronic GVHD.

*Covered Uses:* Treatment of chronic graft-versus-host disease (chronic GVHD)

# **Exclusion Criteria:** N/A

## **Required Medical Information:**

- 1. Diagnosis
- 2. Previous medications tried and failed

Age Restrictions: 12 years of age and older

Prescriber Restrictions: None

Coverage Duration: 12 months

**Other Criteria**:

## I. Initial Approval Criteria

#### 1.Graft-versus-host disease, chronic

Patient must meet all the below criteria:

- A. Patient has a diagnosis of chronic graft-versus-host disease (chronic GVHD); AND
- B. Patient has tried and failed at least 2 prior lines of systemic therapy.

#### **II.** Continued Therapy

# 1. Graft-versus-host disease, chronic

- A. Member has responded positively to the treatment as determined by the prescribing physician; AND
- B. Member has not experienced unacceptable toxicity from the drug.



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## **Quantity Limit:**

30 tablets for 30 days \*60 tablets for 30 days, if used in combination with strong CYP3A inducers or Proton Pump Inhibitors

## **<u>References</u>**:

- 1. Rezurock [package insert]. Warrendale, PA. Kadmon Pharmaceuticals, LLC. Updated July 16, 2021. Accessed August 9, 2021.
- 2. Rezurock. IBM Micromedex® [database online]. Greenwood Village, CO. Truven Health Analytics. Available at: https://www.micromedexsolutions.com. Updated July 22, 2021. Accessed August 9, 2021.

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	9/14/2021
2	Update	Updated QL to allow approval for twice daily dosing if used in combination with strong CYP3A inducers or Proton Pump Inhibitors		12/16/2021

#### **Policy Revision history**

