UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1366-4
Program	Prior Authorization/Notification
Medication	Rezurock® (belumosudil)
P&T Approval Date	9/2021, 9/2022, 9/2023, 9/2024
Effective Date	11/17/2024

1. Background:

Rezurock is a kinase inhibitor indicated for the treatment of adult and pediatric patients 12 years and older with chronic graft-versus-host disease (chronic GVHD) after failure of at least two prior lines of systemic therapy.[1]

Members will be required to meet the coverage criteria below.

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Rezurock** will be approved based upon **both** of the following criteria:

   a. Diagnosis of chronic graft-versus-host disease (chronic GVHD)

   -AND-

   b. History of failure of at least two prior lines of systemic therapy [e.g., corticosteroids, mycophenolate, tacrolimus, etc.]

Authorization will be issued for 12 months.

B. Reauthorization

1. **Rezurock** will be approved based on the following criterion:

   a. Documentation of positive clinical response to Rezurock therapy

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Rezurock [Package Insert]. Warrendale, PA: Kadmon Pharmaceuticals, LLC; April 2024.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at www.nccn.org . Accessed August 1, 2024.

Program	Prior Authorization/Notification - Rezurock® (belumosudil)
Change Control	
9/2021	New program
9/2022	Annual review with no change to coverage criteria. Added state mandate footnote.
9/2023	Annual review with no change to clinical criteria. Updated references.
9/2024	Annual review. Removed age criteria. Updated references.