

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Belumosudil (Rezurock)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **belumosudil (Rezurock)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an oncology/Hematology provider
- Patient has a diagnosis of refractory chronic graft-versus-host disease (cGVHD)
- Patient has failed an adequate trial[^] of two systemic treatments for GVHD or has intolerance to prior treatment options, such as ruxolitinib and steroids, or has intolerance to these treatment options

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **belumosudil (Rezurock)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an oncology/Hematology provider
- Patient has a diagnosis of chronic graft-versus-host disease (cGVHD)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **belumosudil (Rezurock)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an oncology/Hematology provider
- Patient has a diagnosis of chronic graft-versus-host disease (cGVHD)