



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

BELUMOSUDIL

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
BELUMOSUDIL MESYLATE	REZUROCK	47503		GPI-10 (9939851050)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of chronic graft-versus-host-disease (cGVHD) and meet ALL of the following criteria?
 - The patient is 12 years of age or older
 - The patient had failure of at least two prior lines of systemic therapies

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **BELUMOSUDIL (Rezurock)** requires the following rule(s) be met for approval:

- A. You have chronic graft-versus-host-disease (cGVHD: a long-term type of immune disorder)
- B. You are 12 years of age or older
- C. You had failure of at least two prior lines of systemic therapies (treatment that spreads throughout the body)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Rezurock.

REFERENCES

- Rezurock [Prescribing Information]. Warrendale, PA: Kadmon Pharmaceuticals, LLC, July 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/16/22

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P&T Approval: 07/21