Rezurock (belumosudil)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Rezurock (belumosudil) 200 mg	1 tablet per day*

***Increase of dosage of Rezurock to 200 mg twice daily may be approved when co-administered with proton pump inhibitors or strong CYP3A inducers**
(including, but not limited to: apalutamide, carbamazepine, enzalutamide, fosphenytoin, lumacaftor/lumacaftor-ivacaftor, mitotane, phenobarbital, phenytoin, primidone, rifampin).

APPROVAL CRITERIA

Requests for Rezurock (belumosudil) may be approved if the following criteria are met:

I. Individual is 12 years of age or older; **AND**
II. Individual has a diagnosis of relapsed or refractory chronic Graft versus Host Disease (cGVHD); **AND**
III. Individual has failed at least two prior lines of systemic therapy.

Requests for Rezurock may not be approved for the following:

I. Individual has severe hepatoxicity (Grade 4 AST or ALT (more than 20x ULN) or Grade ≥ 3 bilirubin (more than 3x ULN).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.