BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINE

REZUROCK™ (belumosudil) oral
Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):
- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope
- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance
- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the request form and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

➢ **Criteria for initial therapy:** Rezurock (belumosudil) and/or generic equivalent (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met:

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Transplant Specialist

2. Individual is 12 years of age (who weigh at least 40 kg) or older

3. Individual has a confirmed diagnosis of **ONE** of the following:
    a. Chronic graft-versus-host disease (chronic GVHD) after failure of at least 2 prior lines of systemic therapy (e.g., mycophenolate, tacrolimus, cyclosporine, sirolimus, ruxolitinib, ibrutinib, imatinib, methylprednisolone, etc.)

b. Other request for a specific oncologic direct treatment use that is found and listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A

4. There is evidence of persistent chronic GVHD manifestations

5. Individual received an allogeneic hematopoietic cell transplant

6. Individual is receiving stable dose of glucocorticoid therapy

7. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

8. Individual has completed **ALL** the following **baseline tests** before initiation of treatment and will have continued monitoring clinically appropriate:
   a. Negative pregnancy test in a woman of childbearing potential
   b. **ONE** of the following:
      i. **For individual 16 years of age or older**: Karnofsky Performance Score of greater than or equal to 60
      ii. **For individual between 12 years of age and less than 16 years of age**: Lansky Performance Score of greater than or equal to 60

9. Individual does not have moderate to severe hepatic impairment (Child-Pugh Class B or C) without liver GVHD

Initial approval duration: 6 months

- **Criteria for continuation of coverage (renewal request):** Rezurock (belumosudil) and/or generic equivalent (if available) is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met **(samples are not considered for continuation of therapy)**:

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Transplant Specialist

2. Individual has documentation of positive clinical response to therapy defined as **TWO** of the following:
   a. No evidence of disease progression
   b. No evidence individual has developed any significant unacceptable adverse drug reactions that may exclude continued use
   c. Achieved and maintains at least a 7-point reduction in Lee Chronic Graft-versus-Host Symptom Scale Score over baseline

3. Individual has been adherent with the medication

4. **If available:** Individual has failure after adequate trial, contraindication per FDA label, intolerance, or is not a candidate for a **generic equivalent** [Note: Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

5. Individual has not developed any significant adverse drug effects that may exclude continued use such as:
    a. Hepatotoxicity
    b. Other life-threatening adverse effects

6. Individual does not have moderate to severe hepatic impairment (Child-Pugh Class B or C) without liver GVHD

Renewal duration: 12 months

- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. **Off-Label Use of Non-Cancer Medications**

2. **Off-Label Use of Cancer Medications**

Description:

Rezurock (belumosudil) 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.

Belumosudil is an inhibitor of rho-associated, coiled-coil containing protein kinase (ROCK) which inhibits ROCK1 and ROCK2. Belumosudil down-regulates proinflammatory responses via regulation of signal transducer and activator transcription (STAT) 3 and STAT 5 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.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
MedWatch Forms for FDA Safety Reporting | FDA

Clinical manifestations of chronic GVHD include:
- Skin involvement (e.g., resembling lichen planus or cutaneous manifestations of scleroderma)
- Dry oral mucosa with ulcerations and sclerosis
- Gastrointestinal tract effects (e.g., exudates, erosions, ulceration)
- Lungs (e.g., bronchiolitis obliterans diagnosed by biopsy)

Acute GVHD commonly includes presence of a classic maculopapular rash; abdominal cramps with diarrhea; and arising serum bilirubin concentration

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Karnofsky Performance Scale:

Score	Description	
100	Normal, no complaints, no evidence of disease	Able to carry on normal activity and to work
90	Able to carry on normal activity, only minor signs or symptoms of disease present	
80	Normal activity with effort, some signs or symptoms of disease present	No special care needed
70	Cares for self, but unable to carry on normal activity or do active work	Unable to work but able to live at home and care for most personal needs
60	Requires occasional assistance from others, but is able to care for most of his/her needs	
50	Requires considerable assistance from others and needs frequent medical care	Various degrees of assistance may be needed
40	Disabled, requires special care and assistance	Unable to care for self
30	Severely disabled, hospitalization indicated, but death not imminent	
20	Very sick, hospitalization indicated, active support treatment is necessary but death not imminent	Requires equivalent of institutional or hospital care
10	Moribund, fatal process progressing rapidly	
0	Dead	

Lansky Performance Scale:

Score	Description
100	Fully active, normal
90	Minor restrictions in physical strenuous activity
80	Active, but tires more quickly
70	Both greater restriction of, and less time spent in, play activity
60	Up and around, but minimal active play; keeps busy with quieter activities
50	Gets dressed, but lies around much of the day; no active play; able to participate in all quiet play and activities
40	Mostly in bed, participates in quiet activities
30	In bed, needs assistance even for quiet play
20	Often sleeping, play entirely limited to very passive activities
10	No play, does not get out of bed
0	Dead

Lee Chronic Graft-versus-Host Symptom Scale:

Lee chronic graft versus host symptom scale	
Have you been bothered by any of the following problems in the last month	0 = not at all 1 = slightly 2 = moderately 3 = quite a bit 4 = extremely
Skin: a. Abnormal skin color b. Rashes c. Thickened skin d. Sores on skin e. Itchy skin	 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4

Eyes and mouth:	
f. Dry eyes	0 1 2 3 4
g. Need to use eyedrops frequently	0 1 2 3 4
h. Difficulty seeing clearly	0 1 2 3 4
i. Need to avoid certain foods due to mouth pain	0 1 2 3 4
j. Ulcers in mouth	0 1 2 3 4
k. Receiving nutrition from an intravenous line or feeding tube	0 1 2 3 4
Breathing:	
l. Frequent cough	0 1 2 3 4
m. Colored sputum	0 1 2 3 4
n. Shortness of breath with exercise	0 1 2 3 4
o. Shortness of breath at rest	0 1 2 3 4
p. Need to use oxygen	0 1 2 3 4
Eating and digestion:	
q. Difficulty swallowing solid foods	0 1 2 3 4
r. Difficulty swallowing liquids	0 1 2 3 4
s. Vomiting	0 1 2 3 4
t. Weight loss	0 1 2 3 4
Muscles and joints:	
u. Joint and muscle aches	0 1 2 3 4
v. Limited joint movement	0 1 2 3 4
w. Muscle cramps	0 1 2 3 4
x. Weak muscles	0 1 2 3 4
Energy:	
y. Loss of energy	0 1 2 3 4
z. Need to sleep more/take naps	0 1 2 3 4
aa. Fevers	0 1 2 3 4
Mental health and emotional:	
bb. Depression	0 1 2 3 4
cc. Anxiety	0 1 2 3 4
dd. Difficulty sleeping	0 1 2 3 4

Resources:

Rezurock (belumosudil) product information, revised by Kadmon Pharmaceuticals, LLC. 04-2024. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed May 13, 2025.

Zeiser R. Clinical manifestations and diagnosis chronic graft-versus-host disease. In: UpToDate, Negrin RS, Chao NJ, Rosmarin AG (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through May 2025.. Topic last updated February 27, 2024. Accessed June 24, 2025

Zeiser R. Treatment of chronic graft-versus-host disease. In: UpToDate, Negrin RS, Chao NJ, Rosmarin AG (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through May 2025.Topic last updated September 25, 2024.Accessed June 24, 2025.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Hematopoietic Cell Transplantation Version 2.2025– Updated June 03, 2025Available at https://www.nccn.org. Accessed June 24, 2025.

Cutler C, Lee SJ, Arai S, et al.: Belumosudil for chronic graft-versus-host disease after 2 or more prior lines of therapy: the ROCKstar Study. Blood 2021 Dec 2; 138(22): 2278–2289. Accessed July 16, 2024.

ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). Identifier NCT03640481. A Phase 2, Randomized Multicenter Study to Evaluate the Efficacy and Safety of KD025 in Subjects with Chronic Graft Versus Host Disease (cGVHD) After At Least 2 Prior Lines of Therapy (The ROCKstar Study). Last Update Posted Aug 03, 2021. Available from: http://clinicaltrials.gov. Accessed August 08, 2021. Re-reviewed on July 16, 2024.

Lee SJ, Cook EF, Soiffer R, Antin JH.: Development and validation of a scale to measure symptoms of chronic graft-versus-host disease. Biology of Blood and Marrow Transplantation 2002; 8:444-452. Accessed August 09, 2021. Re-reviewed on July 16, 2024.

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.