



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 17, 2021

Rezurock™ (belumosudil)

LENGTH OF AUTHORIZATION: Up to 6 months

INITIAL REVIEW CRITERIA:

- Patient must be ≥ 12 years of age.
- Patient is post-allogeneic stem cell transplant.
- Patient must have a diagnosis of chronic graft-versus-host disease (cGVHD).
- Patient has failed ≥ 2 previous lines of systemic therapy for the treatment of cGVHD (e.g., corticosteroids, immunosuppressants).
- Therapy to be administered in combination with systemic therapies for GVHD.
- Patient must be monitored for bilirubin, aspartate aminotransferase (AST), and alanine aminotransferase (ALT) at least monthly.

CONTINUATION OF THERAPY:

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as: 200 mg tablet.