

# Belumosudil



**Included Products:** Rezurock (belumosudil)

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## Chronic Graft Versus Host Disease

Initial Criteria		If yes	If no
1.	Is the treatment being prescribed by a hematologist/ oncologist or transplant specialist for the treatment of chronic graft vs host disease?	Continue to #2.	Do not approve.
2.	Is the condition refractory to systemic corticosteroids?	Continue to #3.	Do not approve.
3.	Has the member tried and failed at least 1 other systemic immunosuppressant, such as a calcineurin inhibitor (see NCCN for list of supported 2nd line alternatives)?	Continue to #4.	Do not approve.
4.	Has the member tried and failed Jakafi?	Continue to #5	Do not approve.
5.	Is the requested dose 200mg once daily?	Continue to #6	Do not approve.
6.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Has treatment been effective and has discontinuation/ tapering been considered and deemed inappropriate by the specialist?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		