Pharmacy Policy Bulletin: J-1116 Rezurock (belumosudil) – Commercial and Healthcare Reform	
Number: J-1116	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.):** **1.** Miscellaneous Specialty Drugs Oral = Yes w/ Prior Authorization **Quantity Limits (1., 2., 3., or 4.):** **1.** Rx Mgmt Quantity Limits = Safety/Specialty **2.** Rx Mgmt Quantity Limits = Safety/Specialty + Dose Opt **3.** Rx Mgmt Quantity Limits = Safety/Specialty + Dose Opt + Watchful **4.** Quantity Limits = QPC = Yes **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-1116-004	**Original Date:** 10/06/2021
Effective Date: 08/23/2024	**Review Date:** 08/07/2024

Drugs Product(s):	• Rezurock (belumosudil)
FDA-Approved Indication(s):	• Treatment of adult and pediatric patients 12 years and older with chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy.

Background:	• Rezurock is a rho-associated, coiled-coil containing protein kinase 2 (ROCK2) inhibitor that inhibits pro-fibrotic signaling and leads to down regulation of proinflammatory responses via regulation of signal transducer and activator of transcription (STAT) 3 and STAT 5 phosphorylation that causes shifting Th17/Treg balance. • GVHD can be classified as acute or chronic; and classification depends on patient-specific factors. Acute GVHD is driven mostly by donor T-cells and inflammatory cytokines. cGVHD is driven by T-cells, B-cells, macrophages, dendritic cells, and neutrophils. • cGVHD is an immunologic complication of allogenic stem cell transplant in which transplanted stem cells attack healthy hosts cells, resulting in systemic complications, including fibrosis, and an increase in morbidity and mortality.

	• cGVHD generally occurs after the first 100 days post-transplant. Clinical manifestations of cGVHD include rash, abdominal swelling, dry eyes and/or mouth, difficulty swallowing, weight loss, fatigue, and bronchiolitis obliterans syndrome (BOS). • Other FDA-approved treatment options for cGVHD include Imbruvica (ibrutinib) and Jakafi (ruxolitinib), with corticosteroids and immunosuppressants being used off-label. National Comprehensive Cancer Network (NCCN) Hematopoietic Cell Transplantation (HCT) guidelines include the following suggested systemic agents for steroid-refractory cGVHD: ruxolitinib (category 1), abatacept, alemtuzumab, belumosudil, calcineurin inhibitors, etanercept, hydroxychloroquine, ibrutinib, imatinib, interleukin-2, low dose methotrexate, mTOR inhibitors, mycophenolate mofetil, pentostatin, and rituximab. • Prescribing Considerations: o Rezurock should be prescribed under the supervision of a hematologist/oncologist. o Rezurock carries a warning and precaution for embryo-fetal toxicity. o Monitoring of total bilirubin, aspartate aminotransferase (AST), and alanine aminotransferase (ALT) is required at least once monthly. o Co-administration with a strong CYP3A inducer (e.g., apalutamide, carbamazepine, enzalutamide, mitotane, phenytoin, rifampin, St. John's wort) or a proton pump inhibitor (PPI) requires Rezurock dose to be increased to 200 mg twice daily.

Approval Criteria

I. Initial Authorization

When a benefit, coverage of Rezurock may be approved when all of the following criteria are met **(A., B., and C.)**:

A. The member is 12 years of age or older.

B. The member has a diagnosis of cGVHD. (ICD-10: D89.811)

C. The member has experienced therapeutic failure or intolerance to two (2) lines of systemic therapy.

II. Reauthorization

When a benefit, reauthorization of Rezurock may be approved when the following criterion is met **(A.)**:

A. The prescriber attests that the member is tolerating therapy and has experienced a therapeutic response defined as one (1) of the following **(1. or 2.)**:

1. Disease improvement

2. Delayed disease progression

III. Quantity Limits

Coding of the Rezurock quantity limit is at one (1) tablet per day. When a benefit, additional quantities of Rezurock may be approved (up to two (2) tablets per day) when one (1) of the following criteria are met **(A. or B.)**:

A. The member is taking a strong CYP3A inducer.

B. The member is taking a proton pump inhibitor (PPI) and meets one (1) of the following criteria **(1. or 2.):**

1. The member has experienced therapeutic failure, contraindication, or intolerance to a histamine-2 receptor antagonist (H2RA).

2. The member has a diagnosis (e.g., *Helicobacter pylori*) where treatment with a PPI is necessary.

IV. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.
II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None

References:

1. Rezurock [package insert]. Warrendale, PA: Kadmon Pharmaceuticals; April 2024.
2. Zeiser R, Blazer BR. Pathophysiology of Chronic Graft-versus-Host Disease and Therapeutic Targets. *N Engl J Med*. 2017;377(26):2565-2579.
3. Leukemia and Lymphoma Society. Graft-versus-host disease. Available at: https://www.lls.org/treatment/types-treatment/stem-cell-transplantation/graft-versus-host-disease. Accessed July 1, 2024.
4. National Comprehensive Cancer Network. NCCN Guidelines Version 1.2024 Hematopoietic Cell Transplantation (HCT). Available at: https://www.nccn.org/professionals/physician_gls/pdf/hct.pdf. Accessed July 1, 2024.
5. U.S. Food & Drug Administration. Drug development and drug interactions – table of substrates, inhibitors, and inducers. Available at: https://www.fda.gov/drugs/drug-interactions-labeling/drug-development-and-drug-interactions-table-substrates-inhibitors-and-inducers#table3-3. Accessed July 1, 2024.