

Policy Name: Rezero (belumosudil)

Policy #: 3118P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Rezero.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Rezero under the specialty pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Documented diagnosis of chronic Graft-Versus-Host-Disease
- 1.2 Prescribed by or in consultation with an oncologist (cancer doctor), hematologist (doctor of blood disorders), or transplant specialist
- 1.3 Age 12 years or older
- 1.4 Documentation that patient has tried and failed TWO or more lines of systemic therapy (e.g. corticosteroids, cyclosporine, tacrolimus, sirolimus, mycophenolate mofetil, etc.)

2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Subsequent Approvals: 12 months with documentation of positive response to therapy

CPT Codes

HCPCS Codes

References

1. Rezero (belumosudil) [prescribing information]. Bridgewater, NJ: Kadmon Pharmaceuticals LLC; December 2024.
2. Przepiorka D, Le RQ, Ionan A, et al. FDA Approval Summary: Belumosudil for adult and pediatric patients 12 years and older with chronic GVHD after two or more prior lines of systemic therapy. Clin Cancer Res. Published online February 8, 2022.
3. Cutler CS, Lee SJ, Arai S, et al. Belumosudil for chronic graft-versus-host disease (cGVHD) after 2 or more prior lines of therapy: the ROCKstar study. Blood. Published online July 15, 2021.
4. Hematopoietic Cell Transplantation (HCT). NCCN Clinical Practice Guidelines in Oncology. Version 3.2023; published October 9, 2023.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.