

<b>POLICY NAME</b>	Rezurock (belumosudil)	<b>POLICY #</b>	<b>3118P</b>
--------------------	------------------------	-----------------	--------------

## Criteria

### 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.)