

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

### Coverage Criteria

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