

POLICY NAME	Rezurock (belumosudil)	POLICY #	3118P
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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.)