

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Rezurock (Belumosdil)

This criteria was recommended for review by the Vendor Drug Program to ensure appropriate and safe utilization

Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and presentation to the DUR Board



Rezurock (Belumosudil)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
REZUROCK 200 MG TABLET	49982



Rezurock (Belumosudil)

Clinical Criteria Logic

Initial Approval Criteria:

1. Is the client greater than or equal to (\geq) 12 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of **chronic graft-versus-host disease (chronic GVHD)** in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Has the client had trials with 30 days therapy of at least 2 prior lines of **systemic therapy** in the last 365 days?
 Yes (Go to #4)
 No (Deny)
4. Will the client have concurrent therapy with a **strong CYP3A inducer or a proton pump inhibitor**?
 Yes (Go to #5)
 No (Go to #6)
5. Is the requested dose less than or equal to (\leq) 400mg daily?
 Yes (Approve – 90 days)
 No (Deny)
6. Is the requested dose less than or equal to (\leq) 1 tablet daily?
 Yes (Approve – 90 days)
 No (Deny)

Renewal Criteria:

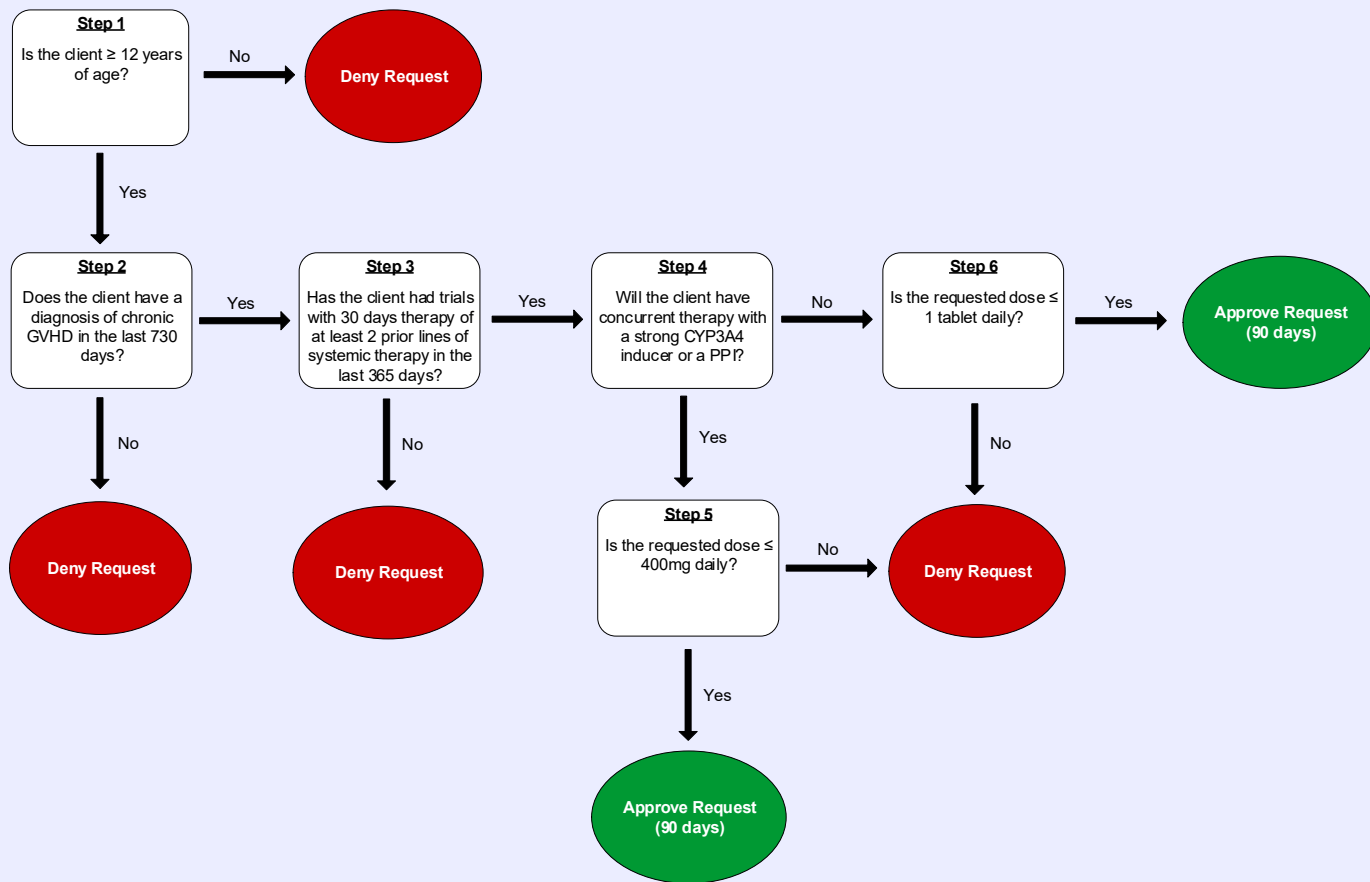
1. Will the client have concurrent therapy with a **strong CYP3A inducer or a proton pump inhibitor**?
 Yes (Go to #2)
 No (Go to #3)
2. Is the requested dose less than or equal to (\leq) 400mg daily?
 Yes (Approve – 365 days)
 No (Deny)
3. Is the requested dose less than or equal to (\leq) 1 tablet daily?
 Yes (Approve – 365 days)
 No (Deny)



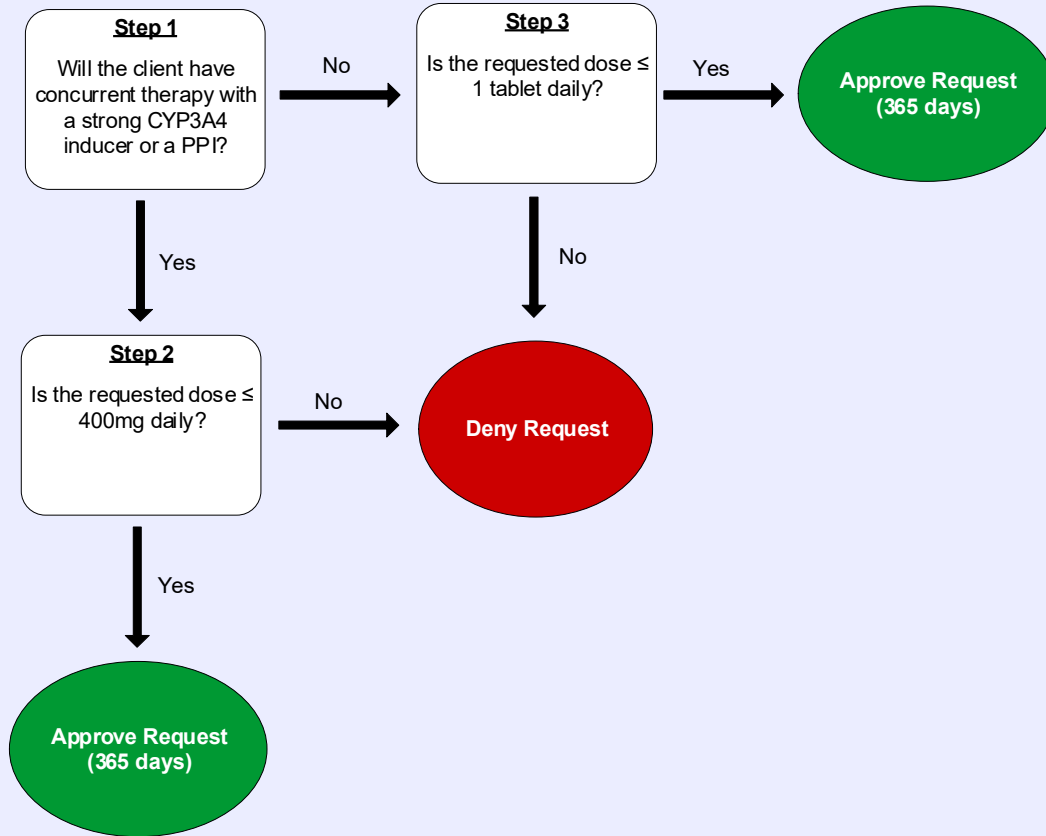
Rezurock (Belumosudil)

Clinical Criteria Logic Diagram

Initial Criteria:



Renewal Criteria:





Rezurock (Belumosudil)

Clinical Criteria Supporting Tables

Step 2 (diagnosis of chronic GVHD) Required quantity: 1 Look back timeframe: 730	
ICD-10 Code	Description
D89811	CHRONIC GRAFT-VERSUS-HOST DISEASE

Step 3 (prior systemic therapy) Required quantity: 2 Look back timeframe: 365 days	
Label Name	GCN
ASTAGRAF XL 0.5 MG CAPSULE	98662
ASTAGRAF XL 1 MG CAPSULE	98663
ASTAGRAF XL 5 MG CAPSULE	98664
AZATHIOPRINE 50 MG TABLET	46771
CELLCEPT 200 MG/ML ORAL SUSP	47563
CELLCEPT 250 MG CAPSULE	47560
CELLCEPT 500 MG TABLET	47561
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 100 MG/ML	13917
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE MODIFIED 100 MG	13919
CYCLOSPORINE MODIFIED 25 MG	13918
CYCLOSPORINE MODIFIED 50 MG	13916
ENVARUSUS XR 0.75 MG TABLET	39120
ENVARUSUS XR 1 MG TABLET	39123
ENVARUSUS XR 4 MG TABLET	39124
GENGRAF 100 MG/ML SOLN	13917
GENGRAF 25 MG CAPSULE	13918
GENGRAF 50 MG CAPSULE	13916
HYDROXYCHLOROQUINE 200 MG TABLET	42940
IMBRUVICA 140 MG TABLET	44465
IMBRUVICA 280 MG TABLET	44466
IMBRUVICA 420 MG TABLET	44467

Step 3 (prior systemic therapy)	
Required quantity: 2	
Look back timeframe: 365 days	
IMBRUVICA 560 MG TABLET	44468
IMBRUVICA 70 MG CAPSULE	44475
IMURAN 50 MG TABLET	46771
JAKAFI 10 MG TABLET	30893
JAKAFI 15 MG TABLET	30894
JAKAFI 20 MG TABLET	30895
JAKAFI 25 MG TABLET	30896
JAKAFI 5 MG TABLET	30892
MYCOPHENOLATE 200 MG/ML SUSP	47563
MYCOPHENOLATE 250 MG CAPSULE	47560
MYCOPHENOLATE 500 MG TABLET	47561
MYCOPHENOLIC ACID DR 180 MG TAB	19646
MYCOPHENOLIC ACID DR 360 MG TAB	19647
MYFORTIC 180 MG TABLET	19646
MYFORTIC 360 MG TABLET	19647
NEORAL 100 MG CAPSULE	13919
NEORAL 100 MG/ML SOLN	13917
NEORAL 25 MG CAPSULE	13918
PREDNISONONE 1 MG TABLET	27171
PREDNISONONE 10 MG TABLET	27172
PREDNISONONE 2.5 MG TABLET	27173
PREDNISONONE 20 MG TABLET	27174
PREDNISONONE 5 MG TABLET	27176
PREDNISONONE 5 MG/5 ML SOLUTION	27160
PREDNISONONE 5 MG/5 ML SOLUTION	27161
PREDNISONONE 50 MG TABLET	27177
PROGRAF 0.2 MG GRANULE PACKET	28251
PROGRAF 0.5 MG CAPSULE	28495
PROGRAF 1 MG CAPSULE	28491
PROGRAF 1 MG GRANULE PACKET	28249
PROGRAF 5 MG CAPSULE	28492
SANDIMMUNE 100 MG CAPSULE	13910
SANDIMMUNE 100 MG/ML SOLN	08220
SANDIMMUNE 25 MG CAPSULE	13911
TACROLIMUS 0.5 MG CAPSULE	28495
TACROLIMUS 1 MG CAPSULE	28491
TACROLIMUS 5 MG CAPSULE	28492

Step 4 (concurrent therapy with a strong CYP3A4 inducer or PPI)	
Label Name	GCN
ACIPHEX DR 20 MG TABLET	94639
ACIPHEX SPRINKLE DR 10 MG CAP	34468
ACIPHEX SPRINKLE DR 5 MG CAP	34467
BEXAROTENE 75 MG CAPSULE	92373
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE ER 100 MG CAP	23934
CARBAMAZEPINE ER 100 MG TAB	27820
CARBAMAZEPINE ER 200 MG CAP	23932
CARBAMAZEPINE ER 200 MG TABLET	27821
CARBAMAZEPINE ER 300 MG CAP	23933
CARBAMAZEPINE ER 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
DEXILANT DR 30 MG CAPSULE	16305
DEXILANT DR 60 MG CAPSULE	16306
DEXLANSOPRAZOLE DR 30 MG CAP	16305
DEXLANSOPRAZOLE DR 60 MG CAP	16306
DILANTIN 100 MG CAPSULE	17700
DILANTIN 125 MG/5 ML SUSP	17241
DILANTIN 30 MG CAPSULE	17701
DILANTIN 50 MG INFATAB	17250
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
ESOMEPRAZOLE DR 10 MG PACKET	99389
ESOMEPRAZOLE DR 20 MG PACKET	98030
ESOMEPRAZOLE DR 40 MG PACKET	98031
ESOMEPRAZOLE MAG DR 20 MG CAP	12867
ESOMEPRAZOLE MAG DR 20 MG TAB	26111
ESOMEPRAZOLE MAG DR 40 MG CAP	12868
ESOMEPRAZOLE SODIUM 20 MG VIAL	24483
LANSOPRAZOLE DR 15 MG CAPSULE	01697

Step 4 (concurrent therapy with a strong CYP3A4 inducer or PPI)	
LANSOPRAZOLE DR 30 MG CAPSULE	01698
LANSOPRAZOLE ODT 15 MG TABLET	18992
LANSOPRAZOLE ODT 30 MG TABLET	18993
LYSODREN 500 MG TABLET	37810
MYSOLINE 250 MG TABLET	17321
MYSOLINE 50 MG TABLET	17322
NEXIUM DR 10 MG PACKET	99389
NEXIUM DR 2.5 MG PACKET	33128
NEXIUM DR 20 MG CAPSULE	12867
NEXIUM DR 20 MG PACKET	98030
NEXIUM DR 40 MG CAPSULE	12868
NEXIUM DR 40 MG PACKET	98031
NEXIUM DR 5 MG PACKET	33135
OMEPRAZOLE DR 10 MG CAPSULE	92989
OMEPRAZOLE DR 20 MG CAPSULE	04348
OMEPRAZOLE DR 20 MG TABLET	22228
OMEPRAZOLE DR 40 MG CAPSULE	92999
OMEPRAZOLE MAG DR 20 MG TABLET	08454
OMEPRAZOLE MAG DR 20.6 MG CAP	28664
OMEPRAZOLE-BICARB 20-1100 CAP	26632
OMEPRAZOLE-BICARB 20-1680 PKT	26634
OMEPRAZOLE-BICARB 40-1100 CAP	26633
OMEPRAZOLE-BICARB 40-1680 PKT	26635
ORKAMBI 100-125 MG GRANULE PKT	36937
ORKAMBI 100-125 MG TABLET	42366
ORKAMBI 150-188 MG GRANULE PKT	42848
ORKAMBI 200-125 MG TABLET	39008
PANTOPRAZOLE SOD DR 20 MG TAB	95976
PANTOPRAZOLE SOD DR 40 MG TAB	40120
PANTOPRAZOLE SODIUM 40 MG VIAL	13025
PHENOBARBITAL 100 MG TABLET	12975
PHENOBARBITAL 130 MG/ML VIAL	12892
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972

Step 4 (concurrent therapy with a strong CYP3A4 inducer or PPI)	
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 65 MG/ML VIAL	12894
PHENOBARBITAL 97.2 MG TABLET	97967
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 50 MG TABLET CHEW	17250
PHENYTOIN 50 MG/ML VIAL	17200
PHENYTOIN SOD EXT 100 MG CAP	17700
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037
PREVACID 15 MG SOLUTAB	18992
PREVACID 30 MG SOLUTAB	18993
PREVACID DR 15 MG CAPSULE	01697
PREVACID DR 30 MG CAPSULE	01698
PRIMIDONE 250 MG TABLET	17321
PRIMIDONE 50 MG TABLET	17322
PROTONIX 40 MG SUSPENSION	99418
PROTONIX DR 20 MG TABLET	95976
PROTONIX DR 40 MG TABLET	40120
PROTONIX IV 40 MG VIAL	13025
RABEPRAZOLE SOD DR 20 MG TAB	94639
RIFADIN IV 600 MG VIAL	41470
RIFAMPIN 150 MG CAPSULE	41260
RIFAMPIN 300 MG CAPSULE	41261
RIFAMPIN IV 600 MG VIAL	41470
TEGRETOL 100 MG/5 ML SUSP	47500
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
XTANDI 40 MG CAPSULE	33183
XTANDI 40 MG TABLET	46626
XTANDI 80 MG TABLET	48452
ZEGERID 20 MG CAPSULE	26632
ZEGERID 20 MG PACKET	26634
ZEGERID 40 MG CAPSULE	26633
ZEGERID 40 MG PACKET	26635



Rezurock (Belumosudil)

Clinical Criteria References

1. 2023 ICD-10-CM Diagnosis Codes. 2023. Available at www.icd10data.com. Accessed on October 13, 2023.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2023. Available at www.clinicalpharmacology.com. Accessed on October 13, 2023.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on October 13, 2023.
4. Rezurock Prescribing Information. Bridgewater, NJ. Kadmon Pharmaceuticals, LLC. April 2023.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
10/13/2023	<ul style="list-style-type: none">• Initial publication and presentation to the DUR Board