

POLICY NAME

Reblozyl (luspatercept)

POLICY #

2733P

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **3.1** Hemoglobin (sickle) S/beta thalassemia or alpha thalassemia (e.g. Hemoglobin H)
- ☐ **3.2** Use as a substitute for red blood cell transfusion in patients who require immediate correction of anemia

Coverage Criteria for Anemia due to Beta-Thalassemia

- ☐ **1.1** Documented diagnosis of anemia due to beta thalassemia
- ☐ **1.2** Age 18 years or older
- ☐ **1.3** Prescribed by or in consultation with a hematologist (blood doctor)
- ☐ **1.4** Documentation that the patient has had at least 6 red blood cell units transfused within the past 24 weeks

Coverage Criteria for Anemia due to Myelodysplastic Syndrome

- ☐ **2.1** Documented diagnosis of anemia due to myelodysplastic syndrome with ring sideroblasts or myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis

- ☐ **2.2** Documentation that the patient has had at least 2 red blood cell units transfused over the past 8 weeks if patient is NOT erythropoiesis-stimulating agent-naïve

- ☐ **2.3** Age 18 years or older

- ☐ **2.4** Prescribed by or in consultation with a hematologist (blood doctor)

- ☐ **2.5** Documentation of very low to intermediate risk disease as defined by one of the following tools:
 - Revised International Prognostic Scoring System (IPSS-R): Very low, low, intermediate (score of 0 to less than or equal to 4.5)
 - International Prognostic Scoring System (IPSS): Low/Intermediate-1 (Score 0 to 1)
 - WHO-Based Prognostic Scoring System (WPSS): Very low, low, intermediate (Score of 0 to 2)

- ☐ **2.6** Hemoglobin level less than (<) 10g/dL