

POLICY NAME	Reblozyl (luspatercept)	POLICY #	2733P
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Criteria

Coverage Criteria for Anemia due to Beta-Thalassemia

- ☐ Documented diagnosis of anemia due to beta thalassemia
- ☐ Age 18 years or older
- ☐ Prescribed by or in consultation with a hematologist (blood doctor)
- ☐ 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

- ☐ Documented diagnosis of anemia due to myelodysplastic syndrome with ring sideroblasts or myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis
- ☐ 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
- ☐ Age 18 years or older
- ☐ Prescribed by or in consultation with a hematologist (blood doctor)
- ☐ 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)
- ☐ Hemoglobin level less than (<) 10g/dL

Exclusion Criteria – Any of the following prevents coverage

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