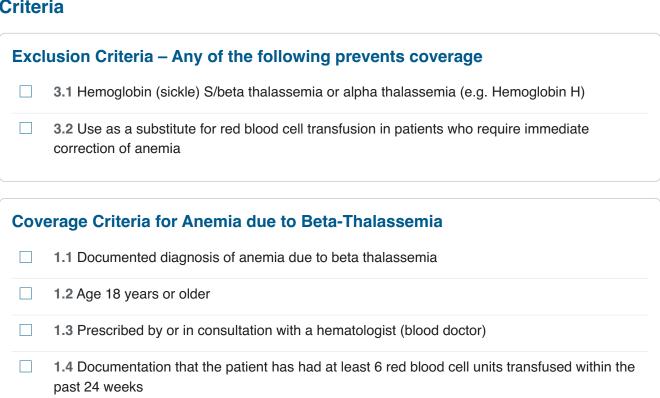


## **Pharmacy Drug Policy Checklist**

| POLICY NAME Reblozyl (luspatercept | POLICY # | 2733P |
|------------------------------------|----------|-------|
|------------------------------------|----------|-------|

## Criteria



| 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—naive               |  |
|  | 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:   |  |
|  | <ul> <li>Revised International Prognostic Scoring System (IPSS-R): Very low, low, intermediate<br/>(score of 0 to less than or equal to 4.5)</li> </ul>                            |  |
|  | • International Prognostic Scoring System (IPSS): Low/Intermediate-1 (Score 0 to 1)  |  |
|  | <ul> <li>WHO-Based Prognostic Scoring System (WPSS): Very low, low, intermediate (Score of 0 to<br/>2)</li> </ul>  |  |
|  | 2.6 Hemoglobin level less than (<) 10g/dL  |  |