

<b>POLICY NAME</b>	Reblozyl (luspatercept)	<b>POLICY #</b>	2733P
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## Criteria

### 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

### 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