

Included Products: Reblozyl (luspatercept-aamt)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 03/12/2020

Revised: 07/09/2020

Reviewed: 07/09/2020

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Beta-Thalassemia Major

Initial Criteria		If yes	If no
1.	Is request for an adult member with beta-thalassemia major?	Continue to #2.	Do not approve.
2.	Is requested by a hematologist?	Continue to #3.	Do not approve.
3.	Is the member transfusion-dependent and has required 7-20 units of RBC's in the last 6 months?	Continue to #4.	Do not approve.
4.	Is the patient's hemoglobin >10 g/dL?	Do not approve.	Continue to #5.
5.	Does the patient meet any of the following exclusions? a. Therapeutic anticoagulation in the last 28 days? Aspirin or prophylactic LMWH acceptable. b. Use of erythropoiesis-stimulating agent (ESA) in last 6 months? c. Previously unresponsive to Reblozyl therapy.	Do not approve.	Continue to #6.
6.	Approve for 12 weeks: one dose every 3 weeks.		
Renewal Criteria		If yes	If no
1.	Has the patient demonstrated a reduction in transfusion requirements by at least 33% since starting Reblozyl?	Continue to #2.	Do not approve, not medically appropriate.
2.	Approve for 12 weeks.		

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Myelodysplastic Syndrome

Initial Criteria		If yes	If no
1.	Is requested by an oncologist or hematologist?	Continue to #2.	Do not approve.
2.	Did the provider provide serum EPO labs, history of ESA use, and evidence of lower risk disease as defined by NCCN?	Continue to #3.	Pend for this information.
3.	Does the patient have serum EPO level > 500 mU/mL?	Continue to #5.	Continue to #4.
4.	Has the patient failed at least 8 weeks of Epoetin Alfa or 12 weeks of darbepoetin?	Continue to #5.	Do not approve.
5.	Approve for 3 doses in 9 weeks.		
Renewal Criteria		If yes	If no
1.	Has the patient demonstrated a 1.5 gm/dL increase in hemoglobin levels OR a decrease in transfusion burden compared to pre-Reblozyl baseline?	Continue to #2.	Do not approve.
2.	Approve for 6 months.		