

REBLOZYL
(luspatercept-aamt)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Anemia associated with beta thalassemia
 - a. Patient requires regular red blood cell (RBC) transfusions
2. Anemia with very low- to intermediate-risk myelodysplastic syndromes (MDS)
 - a. **NO** previous erythropoiesis stimulating agent use (ESA-naïve)
3. Anemia associated with **ONE** of the following disorders:
 - a. Very low- to intermediate-risk myelodysplastic syndromes with ring sideroblasts (MDS-RS)
 - b. Myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T)

AND ALL of the following:

 - a. Patient requires 2 or more RBC units over 8 weeks
 - b. Patient has failed an erythropoiesis stimulating agent

AND ALL of the following for **ALL** diagnoses:

- a. Hemoglobin will be assessed and reviewed prior to each administration
- b. Blood pressure will be monitored prior to each administration

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above