

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Reblozyl (luspatercept)

Override(s)	Approval Duration
Prior Authorization	For β -thalassemia, myelodysplastic syndromes with ring sideroblasts (MDS-RS), myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T): Initial Requests: 6 months Maintenance Requests: 1 year

Medications	Dosing Limit
Reblozyl 25 mg, 75 mg vial	1.75 mg/kg per 3 weeks

APPROVAL CRITERIA

Requests for Reblozyl (luspatercept) for β -thalassemia may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
 - II. Individual has a diagnosis of beta thalassemia or hemoglobin E beta (E/ β)-thalassemia; **AND**
 - III. Individual required regular red blood cell transfusions at initiation, defined as *both* of the following (NCT02604433):
 - A. Individual received six to twenty (6-20) RBC units in the last 24 weeks; **AND**
 - B. Individual had no transfusion-free period greater than 35 days in the last 24 weeks;
- AND**
- IV. Individual has a baseline hemoglobin (Hgb) level less than or equal to 11 g/dL.

Reblozyl (luspatercept) for β -thalassemia may not be approved for the following:

- I. Individual has a diagnosis of sickle beta thalassemia (S/ β -thalassemia); **OR**
- II. Individual has a diagnosis of alpha (α)-thalassemia; **OR**
- III. Individual has a platelet count greater than $1000 \times 10^9/L$; **OR**
- IV. History of deep vein thrombosis (DVT) or stroke within the last 24 weeks; **OR**

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

- V. Use beyond 9 weeks of treatment (i.e., administration of consecutive 3 doses) in the absence of response (response defined as decrease in transfusion burden from baseline) at maximum dose level (i.e., 1.25 mg/kg every 3 weeks)

Requests for Reblozyl (luspatercept) MDS-RS or MDS/MPN-RS-T may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has one of the following (A or B) (Label, NCCN 2A):
 - A. Individual has a diagnosis very low to intermediate risk MDS-RS greater than or equal to 15% (or ring sideroblasts 5% to 14% with an SF3B1 mutation); **AND**
 1. Individual meets *one* of the following criteria:
 - a. Serum erythropoietin (EPO) level of greater than 500 mU/mL; **OR**
 - b. Serum EPO level of less than or equal to 500 mU/mL following no response to combination treatment with erythropoiesis-stimulating agent (ESA) *and* granulocyte-colony stimulating factor (G-CSF); **OR**
 - B. Individual has a diagnosis of MDS/MPN-RS-T with *all* of the following:
 1. Ring sideroblasts greater than or equal to 15% (WHO 2017); **AND**
 2. Thrombocytosis (defined as platelets greater than or equal to 450 x10⁹/L) (WHO 2017); **AND**
 3. Insufficient response to ESAs; **AND**
- III. Individual has required regular red blood cell transfusions of two (2) or more RBC units over eight (8) weeks in the last 16 weeks; **AND**
- IV. Individual has a baseline hemoglobin (Hgb) level less than or equal to 11 g/dL.

Reblozyl (luspatercept) for MDS-RS or MDS/MPN-RS-T may not be approved for the following:

- I. Individual has unresolved iron deficiency (defined as serum ferritin less than or equal to 15µg/L, or transferrin saturation less than or equal to 20%) (NCT02631070); **OR**
- II. Use beyond 9 weeks of treatment (i.e., administration of consecutive 3 doses) in the absence of response (response defined as decrease in transfusion burden from baseline) at maximum dose level (i.e., 1.75 mg/kg every 3 weeks).

Requests for Reblozyl (luspatercept) may not be approved when the above criteria are not met and for all other indications.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Key References:

1. Arber DA, Orazi A, Hasserjian R, et al. The 2016 revision to the World Health Organization classification of myeloid neoplasms and acute leukemia. *Blood* 2016; 127-2391-2405.
2. Beta Thalassemia. National Organization for Rare Disorders. Available at <https://rarediseases.org/rare-diseases/thalassemia-major/>. 2019. Accessed on December 30, 2019
3. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
4. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 30, 2019.
5. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
6. Fenaux P, Platzbecker U, Mufti GJ, et al. Luspatercept in Patients with Lower-Risk Myelodysplastic Syndromes. *N Engl J Med*. 2020 Jan 9;382(2):140-151. doi: 10.1056/NEJMoa1908892. Accessed April 13, 2020.
7. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
8. Myelodysplastic Syndromes. American Cancer Society. Available at <https://www.cancer.org/cancer/myelodysplastic-syndrome.html>. Accessed April 8, 2020.
9. Myeloproliferative Neoplasms—Health Professional Version. National Cancer Institute. Available at <https://www.cancer.gov/types/myeloproliferative>. Accessed on April 8, 2020.
10. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on April 13, 2020.
 - a. Myelodysplastic Syndromes. Version 2.2020. Revised February 28, 2020.
11. NCT02604433. ClinicalTrials.gov. U.S. National Library of Medicine. Available at <https://clinicaltrials.gov/ct2/show/NCT02604433?term=nct02604433&draw=2&rank=1>. Accessed on December 30, 2019.
12. NCT02631070. ClinicalTrials.gov. U.S. National Library of Medicine. Available at <https://clinicaltrials.gov/ct2/show/NCT02631070?term=nct02631070&draw=2&rank=1>. Accessed on April 13, 2020.
13. Orazi A, et al. Myelodysplastic Syndromes/Myeloproliferative Neoplasms, Chapter 5, in Swerdlow S. Campo E, Harris NL, et al (Eds). *World Health Organization Classification and Tumours of Haematopoietic and Lymphoid Tissues, Revised 4th edition. Volume 2.* IARC Press, Lyon, 2017, 82-96.
14. Thalassemia. Cooley's Anemia Foundation. Available at <https://www.thalassemia.org/learn-about-thalassemia/about-thalassemia/>. 2019. Accessed on December 30, 2019.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.