

# Clinical Oversight Review Board (CORB) Criteria for Prescribing Luspatercept-aamt (Reblozyl)

Non-Formulary **luspatercept-aamt (Reblozyl)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

**Initiation (new start) criteria, criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **luspatercept-aamt (Reblozyl)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Hematology/ Oncology provider
  - Patient is at least 18 years of age
  - Either of the following clinical conditions (1 or 2):
    - 1) Diagnosed with anemia secondary to beta-thalassemia or hemoglobin E/beta thalassemia
      - Requiring regular red blood cell (RBC) transfusions (defined as: 6-20 RBC units in the 24 weeks prior to treatment initiation and no transfusion-free period for 35 days or more during that period)
- OR-**
- 2) Diagnosed with anemia secondary to very low- to intermediate-risk myelodysplastic syndromes with ring sideroblasts (MDS-RS) or with myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T)
    - Failure or confirmed intolerance to erythropoiesis-stimulating agents (ESA) (endogenous erythropoietin greater than 200 units/L)
    - Requiring 2 or more RBC units over 8 weeks