



SmartPA Criteria Proposal

Drug/Drug Class:	Reblozyl Clinical Edit
First Implementation Date:	November 19, 2020
Revised Date:	November 2, 2023
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of Reblozyl® (luspatercept-aamt)

Why Issue Selected: Reblozyl® (luspatercept-aamt) is the first and only FDA-approved erythroid maturation agent, representing a new class of therapy which works by regulating late-stage red blood cell maturation to help patients reduce their RBC transfusion burden. Reblozyl was FDA approved in November 2019, for the treatment of anemia in adult patients with beta thalassemia who require regular red blood cell (RBC) transfusions. Beta thalassemia is a rare, inherited blood disorder caused by a genetic defect in hemoglobin with an estimated incidence of symptomatic disease of 1 in 100,000 people. Beta thalassemia is associated with ineffective erythropoiesis, which results in the production of fewer and less healthy RBCs, often leading to severe anemia as well as other serious health issues. On April 3, 2020, Reblozyl received FDA approval for the treatment of anemia failing an erythropoiesis stimulating agent (ESA) and requiring 2 or more RBC units over 8 weeks in adults with very low to intermediate risk myelodysplastic syndrome with ring sideroblasts (MDS-RS) or myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T). Myelodysplastic syndromes (MDS) are a rare group of blood disorders in which dysfunctional blood cells fail to develop normally within the bone marrow and are released into the bloodstream. The most common symptom in MDS is anemia due to low levels of circulating red blood cells. The prevalence of MDS is unknown but is estimated at 10,000 to 20,000 people diagnosed each year in the United States. In MDS-RS at least 15% of the early red blood cells must be ring sideroblasts (or at least 5% if the cells also have a pathogenic variant in the *SF3B1* gene). MDS/MPN-RS-T is characterized by anemia, bone marrow dysplasia with ring sideroblasts and persistent thrombocytosis; it is a rare disorder, accounting for < 1% of all cases of MDS. Due to the possible adverse events and specific approved indications, MO HealthNet will impose clinical criteria to ensure appropriate utilization of Reblozyl.

Program-Specific Information:

Date Range FFS 4-1-2022 to 3-31-2023			
Drug	Claims	Spend	Avg Spend per Claim
REBLOZYL 25MG VIAL	0	-	-
REBLOZYL 75MG VIAL	19	\$157,928.36	\$8,312.02

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit

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Data Sources: Only Administrative Databases

Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Reblozyl® (luspatercept-aamt)
- Age range: All appropriate MO HealthNet participants aged 18 years or older

Approval Criteria

Initial Therapy:

- Participant aged ≥ 18 years or older **AND**
- Prescribed by or in consultation with an appropriate specialist for the disease state **AND**
- Participant is not currently pregnant **AND**
- Participant (of appropriate age) is utilizing concurrent birth control methods **AND**
- For Beta Thalassemia:
 - Documented diagnosis of Beta Thalassemia or Hemoglobin E-beta thalassemia **AND**
 - Documentation of regular RBC transfusions (defined as 6-20 RBC units per 24 weeks with no transfusion-free period greater than 35 days during that period)
- For MDS-RS or MDS/MPN-RS-T:
 - Documented diagnosis of MDS-RS or MDS/MPN-RS-T **AND**
 - For MDS-RS: Documented very low to intermediate risk Revised International Prognostic Scoring System (IPSS-R) score (≤ 4.5) **AND**
 - Documented ESA therapy for at least 6 to 8 weeks in the past year with an inadequate response or contraindication/ADE/ADR to ESA therapy **AND**
 - Documentation of at least 2 or more RBC transfusions in the past 8 weeks

Continuation of Therapy:

- Initial approval of prior authorization is 3 months
- Renewal of prior authorization may be up to 12 months following documentation of decrease in RBC transfusion burden

Denial Criteria

- Therapy will be denied if all approval criteria are not met.
- For Beta Thalassemia:
 - Documented diagnosis of deep vein thrombosis in the past 6 months
 - Documented diagnosis of a stroke in the past 6 months
 - Claim for an erythropoietin stimulating agent (ESA) in the past 6 months
- For MDS-RS or MDS/MPN-RS-T: none

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)
Rule Type: CE

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Default Approval Period

3 months

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