Mass General Brigham
Health Plan

Reblozyl (luspatercept-aamt)
Effective 06/01/2020

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Luspatercept is a recombinant fusion protein that contains a modified form of the extracellular domain of human activin receptor type IIb and links to the human IgG1 Fc domain. It binds several endogenous transforming growth factor-beta (TGF-β) superfamily ligands, which results in reduced Smad2/3 signaling. Inhibition of TGF-β superfamily results in increased differentiation and proliferation of erythroid precursors and improves hematology parameters associated with ineffective erythropoiesis.
Luspatercept is indicated for treatment of anemia in adults with beta thalassemia who require regular red blood cell transfusions.

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with Reblozyl, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member has medical records and genetic testing supporting diagnosis of transfusion-dependent beta thalassemia
2. The member is ≥ 18 years of age
3. The provider is a hematologist or medication is being prescribed in consultation with a hematologist.

Continuation of Therapy
Reauthorization may be granted for members who have met the initial criteria and the physician has submitted clinical documentation of clinical response (e.g., decrease in transfusion requirements).

Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorization may be granted for 12 months

Dosing

Reblozyl Subcutaneous solution 25mg & 75mg	**Initial Dose:** 1 mg/kg once every 3 weeks May increase dose to 1.25 mg/kg once every 3 weeks **Maximum dose**: 1.25 mg/kg

References

1. Reblozyl (luspatercept) [prescribing information]. Summit, NJ: Celgene Corporation; November 2019.

Review History

03/18/2020 – Created and Reviewed P&T Mtg (effective 6/1/20)
11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.