

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Reblozyl is an erythroid maturation agent (EMA) indicated for the treatment of anemia in adults with beta thalassemia and myelodysplastic syndromes (MDS) who require red blood cell (RBC) infusions.						
Exclusion Criteria	Must not be used in combination with imetelstat (Reblozyl has not been studied and there is no data to support use in combination with imetelstat [Rytelo]).						
Required Medical Information	<p>For Beta Thalassemia initial coverage, documentation to support the following is required:</p> <ol style="list-style-type: none"> 1. Use of Reblozyl for the treatment of anemia in an adult with beta thalassemia who requires regular blood transfusions defined as at least six red blood cell (RBC) units in the previous 24 weeks (six months) prior to Reblozyl 2. The patient's current weight. <p>For Myelodysplastic Syndrome initial coverage, documentation to support the following is also required:</p> <ol style="list-style-type: none"> 1. Use of Reblozyl for very low- to intermediate-risk myelodysplastic syndromes as defined by IPSS-R risk score 2. The patient's current weight 3. Use of Reblozyl follows current National Comprehensive Cancer Network (NCCN) Guidelines. 						
Age Restriction	Patient is at least 18 years of age.						
Prescriber Restrictions	Must be prescribed by or in consultation with a hematologist or oncologist.						
Coverage Duration	Initial and reauthorization: one year. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1285 1511 1430"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0896</td> <td>Reblozyl (Iuspatercept)</td> <td>Billing unit: 0.25 mg 25 mg, 75 mg SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0896	Reblozyl (Iuspatercept)	Billing unit: 0.25 mg 25 mg, 75 mg SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025