

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Luspatercept (Reblozyl) – PA Criteria

HCPC: J0896

Luspatercept (Reblozyl) is an activin receptor ligand trap hematopoietic agent indicated for the treatment of anemia in adults with beta thalassemia or myelodysplastic syndromes. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
 - Therapy is prescribed by or in consultation with a hematologist or oncologist
 - Individual has a diagnosis of **one** of the following:
 - Beta thalassemia
 - Myelodysplastic syndrome
 - Individual is anemic and transfusion dependent and documentation is provided indicating the frequency of transfusions
 - If using for myelodysplastic syndrome, documentation of **one** of the following is provided:
 - Individual has had inadequate response to prior treatment with an erythropoiesis stimulating agent (ESA)
 - Serum erythropoietin level >200U/L
 - Individual is ≥18 years of age
 - Individual has not previously received gene therapy for beta-thalassemia (Ex. Casgevy or Zynteglo)
 - Approval duration: 6 months
- **Continuation of Therapy (must meet all):**
 - Documentation is provided indicating decrease in transfusion burden compared to baseline
 - Approval duration: 1 year