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Hematopoietic Agents: Erythroid Maturation Agents (Reblozyl)

WA.PHAR.90 Hematopoietic Agents: Erythroid Maturation Agents (Reblozyl)

Effective Date: July 1, 2020

Background:

Luspatercept-aamt (Reblozyl) is an erythroid maturation agent managed and paid by the Health Care Authority for Medicaid members.

All requests for authorization or payment must be referred to the Health Care Authority.

Coding:

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Code	Description
J0896	INJECTION LUSPATERCEPT-AAMT 0.25 MG

History

Date	Action and Summary of Changes
06/24/2020	<ul style="list-style-type: none"> New Policy Created