

Field Name	Field Description
Prior Authorization Group Description	Rytelo
Drugs	Rytelo (imetelstat)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See “Other Criteria”
Age Restrictions	Member must be 18 years of age and older
Prescriber Restrictions	Prescriber must be a hematologist or oncologist
Coverage Duration	If all of the criteria are met, the initial request will be approved for 6 months. For continuation of therapy, the request will be approved for 6 months.
Other Criteria	<u>Initial Authorization:</u> • Diagnosis of myelodysplastic syndromes (MDS) with transfusion-dependent anemia • Myelodysplastic Syndrome Revised International Prognostic Scoring System (IPSS-R) categorization as low or intermediate-1 risk of progression • Member has transfusion burden of 4 or more red blood cell (RBC) units within an 8-week period over the last 4 months • Prescriber attestation that complete blood cell count (CBC) will be obtained prior to initiation, weekly for first two cycles, and prior to each cycle thereafter • Member’s weight has been provided with request • Medication is prescribed at an FDA approved dose <u>Re-Authorization:</u> • Documentation or provider attestation of reduction in RBC transfusion burden as compared with baseline • Provider attestation that patient is tolerating the medication and is not experiencing any serious adverse reactions • Member’s weight has been provided with request • Medication is prescribed at an FDA approved dose If all of the above criteria are not met, the request is referred to a Medical Director/Clinical Reviewer for medical necessity review.
Revision/ Review Date: 11/2024	