

Rytelo™ (Imetelstat) Prior Authorization Form**Member Name:** _____**Date of Birth:** _____**Member ID#:** _____**Drug Information** **Physician billing (HCPCS code:** _____ **)** **Pharmacy billing (NDC:** _____ **)****Dose:** _____**Regimen:** _____**Start Date (or date of next dose):** _____**Billing Provider Information****Provider NPI:** _____ **Provider Name:** _____**Provider Phone:** _____ **Provider Fax:** _____**Prescriber Information****Prescriber NPI:** _____ **Prescriber Name:** _____**Prescriber Phone:** _____ **Prescriber Fax:** _____ **Specialty:** _____**Criteria****For Initial Authorization:**

1. Please indicate the diagnosis and information:

 Myelodysplastic Syndrome (MDS)A. Is diagnosis low-to intermediate-1 risk MDS? Yes No B. Is member experiencing transfusion-dependent anemia requiring 4 or more red blood cell units over 8 weeks? Yes No C. Has member not responded, lost response, or is ineligible for erythropoiesis-stimulating agents (ESAs)? Yes No **If diagnosis is not listed above, please indicate diagnosis:** _____

Additional Information: _____

For Continued Authorization:

1. Date of last dose: _____

2. Does member have any evidence of progressive disease while on imetelstat therapy? Yes No 3. Has the member experienced adverse drug reactions related to imetelstat therapy? Yes No

a. If yes, please specify adverse reactions: _____

Additional Information: _____

Prescriber Signature: _____ **Date:** _____***I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. Failure to complete this form in full will result in processing delays.***Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Pharmacy Coverage Guidelines are available at AetnaBetterHealth.com/Oklahoma.**CONFIDENTIALITY NOTICE***This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*