



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 08/08/2024

Rytelo™ (imetelstat)

HCPCS: J0870

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Must have anemia requiring at least 4 units of red blood cells over an 8 week period
 - d. World Health Organization (WHO)/French American British (FAB) classification that meets IPSS classification of low or intermediate-1 risk disease
 - e. Must be refractory, intolerant, or ineligible to receive an erythropoietin stimulating agent (ESA) unless serum erythropoietin is greater than 500 mU/mL defined as at least one of the following:
 - i. Documentation of non-response or response that is no longer maintained to prior ESA-containing regimen of either recombinant human erythropoietin > 40,000 IU/week for at least 8 doses or equivalent OR darbepoetin alpha > 500 µg every 3 weeks for at least 4 doses or equivalent
 - ii. Documentation of discontinuation of prior ESA-containing regimen at any time after introduction due to intolerance or an adverse event
 - f. Must not have myelodysplastic syndrome (MDS) associated with del 5q cytogenetic abnormality
 - g. Must not have secondary MDS known to have arisen as the result of chemical injury or treatment with chemotherapy and/or radiation for other diseases
 - h. Trial and failure, contraindication, or intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing
 - b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time
 - c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Rytelo is an oligonucleotide telomerase inhibitor indicated for the treatment of adult patients with low- to intermediate-1 risk myelodysplastic syndromes (MDS) with transfusion-dependent anemia requiring 4 or more red blood cell (RBC) units over 8 weeks who have not responded to, have lost response to, or are ineligible for erythropoiesis-stimulating agents (ESA).
- MDS are a group of blood cancers that occur as a result of disordered development of blood cells within the bone marrow. The World Health Organization (WHO) has classified six types of MDS based on how many early cell types show dysplasia, the type of cytopenias a patient is experiencing, the portion of ring sideroblasts, the portion of blasts in the blood or bone marrow, and the type of genetic mutations in the bone marrow cells. Rytelo was only studied in patients without a del 5q cytogenetic abnormality. The classification system for MDS automatically classifies patients with the del 5q mutation as a separate unique subtype.
- One in three patients with MDS will progress to acute myeloid leukemia (AML). Risk of disease progression to AML and risk of mortality are assessed using the International Prognostic Scoring System (IPSS) or Revised International Prognostic Scoring System (IPSS-R). Both the IPSS and IPSS-R risk stratify patients with newly diagnosed MDS into risk categories based on blast percentage, number of cytopenias, and cytogenetic profile. The IPSS-R categorizes patients into 1 of 5 groups, from very low risk to very high risk using the patient's disease presentation including cytogenetic groups, percentage of medullary blasts, hemoglobin, platelets, and absolute neutrophil count. Very low, low, or intermediate risk on the IPSS-R are conventionally defined as a risk score in the low or intermediate-1 range on the IPSS scale. Rytelo was only studied in patients classified as low or intermediate-1 risk disease using the IPSS.
- Safety and efficacy of Rytelo were evaluated in the IMerge trial, a randomized, double-blind, placebo-controlled, phase III study of 178 patients with low- to intermediate-1 risk MDS. Subjects were enrolled in the trial if they met the following criteria: RBC transfusion-dependent, defined as requiring at least 4 RBC units transfused over an 8 week period during the 16 weeks prior to randomization; pre-transfusion hemoglobin (Hgb) less than or equal to 9.0 g/dL; relapsed or refractory to ESA treatment or have an erythropoietin level greater than 500 mU/mL; an absolute neutrophil count (ANC) greater than or equal to $1.5 \times 10^9/L$ independent of growth factor support; and platelets greater than or equal to $75 \times 10^9/L$ independent of platelet transfusion. Refractory to ESAs was defined as at least one of the following: non-response or response that is no longer maintained to a prior ESA-containing regimen of either recombinant human erythropoietin $> 40,000$ IU/week for at least 8 doses or equivalent OR darbepoetin alpha > 500 μ g every 3 weeks for at least 4 doses or equivalent. Patients were ineligible if they had del(5q) cytogenetic abnormality. The primary endpoint was 8 week and 24 week RBC transfusion independence (RBC-TI) defined as the proportion of subjects without any RBC transfusion during any consecutive 8 weeks or 24 weeks starting from study day 1 until subsequent anti-cancer therapy, if any. Median follow-up was 19.5 months (range: 12.0, 23.4) in the Rytelo group and 17.5 months (range: 12.1, 22.7) in the placebo group. Rytelo demonstrated significantly higher rates of RBC-TI versus placebo for at least eight consecutive weeks (Rytelo 39.8% [95% CI: 30.9, 49.3]; placebo 15.0% [95% CI: 7.1, 26.6]; p-value < 0.001) and for at least 24 weeks (Rytelo 28.0% [95% CI: 20.1, 37.0]; placebo 3.3% [95% CI: 0.4, 11.5]; p-value < 0.001). RBC-TI was durable and sustained in the Rytelo treated population, with a median RBC-TI duration for 8-week responders and 24-week responders of approximately 1 year and 1.5 years, respectively.

- The current NCCN guidelines recommend ESAs as the preferred treatment in all patients and Reblozyl® as an alternative unless their serum erythropoietin is greater than 500 mU/mL in those with ring sideroblasts less than 15% or ring sideroblasts less than 5% with an SF3B1 mutation. Reblozyl is recommended first-line in instances where a patient presents with an erythropoietin greater than 500 mU/mL or a patient has ring sideroblasts greater than or equal to 15% or ring sideroblasts greater than or equal to 5% with an SF3B1 mutation.

References:

1. Rytelo [prescribing information]. Foster City, CA: Geron Corporation; June 2024.
2. Clinicaltrials.gov. Study to evaluate imetelstat (GRN163L) in subjects with international prognostic scoring system (IPSS) low or intermediate-1 risk myelodysplastic syndrome (MDS) (NCT02598661). Available at: <https://classic.clinicaltrials.gov/ct2/show/NCT02598661>. Accessed on April 9, 2024.
3. Platzbecker U, Santini V, Fenaux P, et al. Imetelstat in patients with lower-risk myelodysplastic syndromes who have relapsed or are refractory to erythropoiesis-stimulating agents (IMerge): a multinational, randomised, double-blind, placebo-controlled, phase 3 trial. Lancet. 2024 Jan 20; 403 (10423): 249 – 60.
4. American Cancer Society. What are myelodysplastic syndromes. 2018 Jan 22. Available at: <https://www.cancer.org/cancer/myelodysplastic-syndrome/about/what-is-mds.html>. Accessed on June 9, 2024.
5. Leukemia and Lymphoma Society. Myelodysplastic syndromes. Available at: <https://www.lls.org/search?search=myelodysplastic+syndromes>. Accessed on June 9, 2024.
6. Greenberg P, Cox C, LeBeau MM, et al. International scoring system for evaluating prognosis in myelodysplastic syndromes. Blood. 1997; 89: 2079 – 88.
7. Greenberg PL, Tuechler H, Schanz J, et al. Revised international prognostic scoring system for myelodysplastic syndromes. Blood. 2012; 120: 2454 – 65.
8. National Comprehensive Cancer Network. Myelodysplastic syndromes (Version 2.2024). 2024 May 22. Available at: https://www.nccn.org/professionals/physician_gls/pdf/mds.pdf. Accessed on June 9, 2024.

Policy History												
#	Date	Change Description										
1.1	Effective Date: 08/08/2024	New policy. UM medical management system update for BCBS and BCN <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>Yes</td> </tr> <tr> <td>BCN</td> <td>Yes</td> </tr> <tr> <td>MAPPO</td> <td>No</td> </tr> <tr> <td>BCNA</td> <td>No</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
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1.0	Effective Date: 06/06/2024	Preliminary Drug Review <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>No</td> </tr> <tr> <td>BCN</td> <td>No</td> </tr> <tr> <td>MAPPO</td> <td>No</td> </tr> <tr> <td>BCNA</td> <td>No</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	No	BCN	No	MAPPO	No	BCNA	No
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* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

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Blue Cross Blue Shield/Blue Care Network of Michigan Medication Authorization Request Form



This form is to be used by participating physicians to obtain coverage for **drugs covered under the medical benefit**. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

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PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Diagnosis	City /State/Zip
Drug Name	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

1. Is this request for: Initiation Continuation *Date patient started therapy:* _____
2. Administered by patient or a medical professional? patient (self) health care professional (physician, nurse, etc.)
3. Site of administration? Provider office/Home infusion Other: _____
 Hospital outpatient facility (go to #4) *Reason for Hospital Outpatient administration:* _____
 Hospital inpatient facility for Car-T therapy only (for example: Kymriah, Yescarta, or Tecartus) (go to #5)
4. Please specify location of administration if hospital outpatient infusion: _____
5. Please specify location of administration if hospital inpatient infusion: _____
6. Please provide the NPI number for the place of administration: _____
7. **Initiation AND Continuation of therapy:**
 - a. What is the patient's diagnosis? _____
 - b. What other medication has the patient received for their condition? Please list _____
 - i. Please describe the response to previous therapies: _____
 - c. Will the patient be receiving any other treatment for the listed condition while on this medication? Please list: _____
 - d. Please list any labs values important for diagnosing or monitoring this patient's condition: _____
8. **Continuation of therapy:**
 - a. Has the patient progressed while on this medication? yes no
 - b. How has the patient's condition changed while on this medication?
 - Improved; Please describe: _____
 - Stable; please describe: _____
 - Worsened; Please describe: _____
 - Other; Please describe: _____

Chart notes are required for the processing of all requests. Please add any other supporting medical information necessary for our review (required)

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Provide chart notes	<input type="checkbox"/> Attach test results
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

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