

**Instructions:**

This sample letter of medical necessity is offered as an example that healthcare providers can refer to when a prior authorization for RYTELO® (imetelstat) is denied. Consider reviewing the patient's insurance plan medical policy criteria to identify which criteria the patient meets and which they do not. The patient's plan may require that you include certain documents with the letter of medical necessity, such as insurance plan forms, the full Prescribing Information, the FDA approval letter, and clinical publications. Check with the individual plan for more details.

When determining if treatment with RYTELO is medically appropriate for a patient, please refer to the full [Prescribing Information](#), including [Medication Guide](#).

**Use of this sample letter of medical necessity does not guarantee coverage and reimbursement for RYTELO, and this sample letter is not a substitute for the independent medical judgment of the treating physician. Text shown below is provided only as an example of the type of information that you may independently determine to include in a letter of medical necessity.**

**Sample Letter of Medical Necessity**

Date: \_\_\_\_\_

Name of Insurance Plan: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_  
Phone and Fax Number: \_\_\_\_\_

Re: Coverage of RYTELO® (imetelstat)

Patient Name: \_\_\_\_\_  
Patient Date of Birth: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Relationship to Policyholder: \_\_\_\_\_

To whom it may concern:

I am writing on behalf of my patient, \_\_\_\_\_, to provide information supporting the medical necessity of RYTELO® (imetelstat). In this letter, I am providing my patient's medical history, diagnosis, prior treatments and medications, and a clinically based treatment rationale.

**Patient History and Diagnosis**

Consider including the following:

- A brief description of the patient's medical condition and clinical status, including background on the patient's diagnosis and evidence of the diagnosis with clinical diagnostic tests.
- A short summary of the patient's medical history and previous treatment regimens, including duration of use and reason for discontinuation.
- Clinical justification supporting the choice of RYTELO, stating any reasons specific to the patient, citing any relevant literature, and a medical evaluation of potential disease progression if the patient does not receive treatment.
- If applicable, consider obtaining and attaching supporting letters from any other specialist(s) currently providing or previously providing care to the patient.
- Supporting information, including
  - RYTELO indication
  - Relevant guidelines
  - RYTELO clinical publications
  - List of articles and other documentation used to write the letter

To conclude, RYTELO® (imetelstat) is medically necessary for my patient's medical condition. Please contact me if any additional information is required to help ensure the prompt approval of RYTELO.

Sincerely,

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**Attachments**

Consider attaching

- RYTELO full Prescribing Information and Medication Guide
- RYTELO FDA approval letter
- Relevant guidelines

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