JELMYTO Prior Authorization Checklist

Jelmyto® (mitomycin) for pyelocalyceal solution | UroGen Support™

Patient Name: _____ **Patient DOB:** _____

This form provides information that is generally used to determine medical necessity by payers. This is for reference only and does not guarantee prior authorization (PA) approval or reimbursement. Please verify each individual payer policy for clinical guidelines and policies prior to treatment.

- **Payer contract fee schedules must be verified prior to treatment to ensure separate and adequate JELMYTO (J9281) reimbursement for your place of service**
- **PA must be for patient's medical Part B benefit**

☐ **Drug: JELMYTO (J9281)**

☐ **Dose**

- ○ One dose of JELMYTO to be instilled via ureteral catheter or nephrostomy tube, not to exceed 60 mg of mitomycin (15 mL), dosed once weekly for 6 weeks *(80 billable units per dose for 6 weeks)*

☐ **HCPCS Code**

- ○ J9281 – Mitomycin for pyelocalyceal instillation

☐ **ICD-10 Diagnosis Code**

- ○ C65.1 ○ C65.2 ○ C65.9
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☐ **Universal Criteria**

- ○ Patient does not have a perforation of the bladder or upper urinary tract
- ○ Therapy will be used for intra-pyelocalyceal instillation only

☐ **Initial Treatment**

- ○ The patient has low-grade upper tract urothelial cancer (LG-UTUC)
- ○ Disease is nonmetastatic and noninvasive
- ○ Patient will receive 1 dose weekly for 6 weeks

☐ **Maintenance Treatment**

- ○ Patient has achieved a complete response at 3 months after the initiation of JELMYTO
- ○ Patient will receive no greater than 11 additional doses of JELMYTO at a frequency of 1 dose monthly

PA requirements vary by health plan and may require preapproval. Contact the patient's health plan for specific requirements, if any, to ensure efficient and timely review. Failure to obtain a PA can result in nonpayment by the plan. Prior to submission, please keep track of dates and methods of communication (phone, email, and written); record names of health plan contacts and reviewers with whom you speak; and summarize conversations and written documents from the health plan.

Please click here for Full Prescribing Information, Instructions for Pharmacy and Instructions for Administration.

UroGen Support™ is here for you and your patients

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