

**Note to physician: This template may be used to create your own institution's independent letter of medical necessity to be sent to a patient's health plan to obtain a prior authorization decision from a health plan and/or in the event that there is a denial of coverage for JELMYTO® (mitomycin) for pyelocalyceal solution.**

RE: JELMYTO

Patient Name: [Patient Name]  
Patient DOB: [mm/dd/yyyy]  
Patient Insurance ID: [Patient ID]  
Provider ID: [Provider ID]

Dear [Utilization Review Staff],

I am the prescribing physician for patient [Patient Name]. This patient has been diagnosed with low-grade upper tract urothelial cancer (UTUC) and requires JELMYTO as the most suitable therapy, based on the patient's unique clinical needs. Important clinical factors such as my patient's [tailor to inclusion criteria addressed in specific patient profile, including but not limited to: renal function, tumor location, tumor grade, tumor size, absence of high-grade disease, staging, molecular marker status, and/or the presence of co-morbidities like chronic kidney disease, hypertension, type 2 diabetes or dyslipidemia] have led me to consider a less invasive, kidney-sparing management strategy.<sup>1</sup> For the reasons stated, as well as those listed below, neither radical surgery nor endoscopic management alone is a suitable treatment for this patient in my medical judgment.

[Provide specific information regarding the workup leading to a confirmed diagnosis of low-grade UTUC.]

[If applicable, provide specific information regarding the treatments this patient has already received.]

[Provide specific information regarding the patient's current state of health, and why JELMYTO is the most appropriate treatment option.]

In my medical judgment, this patient is an appropriate candidate for treatment with JELMYTO.

I appreciate your consideration to approve my request for [Patient Name].

Please contact me at [XXX-XXX-XXXX] or [Physician Email] if I can provide any further information.

Sincerely,

[Physician Name]  
[Physician Signature]

**Reference: 1.** Kleinmann N, Matin SF, Pierorazio PM, et al. Primary chemoablation of low-grade upper tract urothelial carcinoma using UGN-101, a mitomycin-containing reverse thermal gel (OLYMPUS): an open-label, single-arm, phase 3 trial. *Lancet Oncol.* 2020;21(6):776-785.

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