JELMYTO Prior Authorization and Appeals Checklists

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

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

Utilize these checklists to streamline the prior authorization (PA) process and/or the filing of an appeal.*

PA Checklist

The items below are commonly requested to receive a PA decision from a health plan. Ensure all the information is available before the PA is submitted.

- ☐ **Completed PA request form.**† Include the following:
  - ○ Patient name, insurance policy number, and date of birth
  - ○ Physician name and tax ID number
  - ○ PTAN
  - ○ Facility name and tax ID number
  - ○ Date of service
  - ○ Patient diagnosis (ICD-10 code[s])
  - ○ Relevant procedure and HCPCS codes for services/products to be performed/provided
  - ○ Product NDC
  - ○ Site of care
- ☐ **Letter of medical necessity and relevant clinical support**
  - ○ Include the Provider ID number in the letter
  - ○ Documentation to support treatment decision, such as:
    - ○ Previous treatments/therapies
    - ○ Patient-specific clinical notes detailing the relevant diagnosis
    - ○ Relevant laboratory results
    - ○ Product Prescribing Information

PA requirements vary by health plan and may require pre-approval. 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 non-payment 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.

Denial/Appeals Checklist

If the health plan denies a PA for JELMYTO:

- ☐ **Review the denial notification** to understand the reason and circumstances that need to be outlined in the appeal/letter of medical necessity.
- ☐ **Review the plan's most recent explanation of benefits** or contact a representative at the health plan.
- ☐ **Verify where the appeal/letter of medical necessity should be sent** and any deadlines.
- ☐ **Write an appeal/letter of medical necessity.** If you need assistance, please contact UroGen Support™ for a sample.

If you or your patient have not received a decision within 30 days:

- ☐ **Contact the health plan.** Confirm that the appeal/letter of medical necessity was received and check its status. If the coverage denial was upheld, you may resubmit the appeal/letter of medical necessity with new information or ask for assistance from a supervisor or manager.

If the denial is upheld again:

- ☐ **Ask for a one-time exception** or consider filing a complaint with your State's Insurance Commissioner.
- ☐ **If the health plan continues to deny the claim:** Your patient may request an external appeal, in which an independent third-party will review the claim and make a final, binding decision.‡
- ☐ Please contact your Field Reimbursement Manager or UroGen Support for assistance.

*Providers and patients are encouraged to contact the patient's health plan for detailed instructions on completing a PA or appealing/overturning a denial.

† PA requirements vary by health plan. Review your patients' health plan to ensure the correct documentation is submitted.

‡ The external appeal process varies by state law.

UroGen Support is here for you and your patients

855-JELMYTO (855-535-6986) | 833-664-7216 | www.JELMYTO.com/hcp/support | Contact@UroGenSupport.com

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