

# Mitomycin Gel



**Included Products:** Jelmyto (mitomycin gel)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 03/12/2020

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## All Diagnoses

Initial Criteria		If yes	If no
1.	Is the request from, or in consultation with, an oncologist?	Continue to #2.	Do not approve.
2.	Is the diagnosis non-metastatic upper urothelial carcinoma?	Continue to #3.	Do not approve. Not medically appropriate.
3.	Is the patient not a candidate for, or opting to not receive, a nephroureterectomy?	Continue to #4.	Do not approve. Not medically appropriate.
4.	Approve for 3 months		
Renewal Criteria		If yes	If no
1.	Has the patient demonstrated a complete response to the initial 6 weeks of Jelmyto?	Continue to #2.	Do not approve. Not medically appropriate.
2.	Approve for 11 months.		