

Clinical Oversight Review Board (CORB) Criteria for Prescribing Mitomycin gel (Jelmyto)

Non-Formulary **mitomycin gel (Jelmyto)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **mitomycin gel (Jelmyto)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is 18 years of age or older
- Does not have a perforation of the bladder or upper urinary tract*
- Diagnosis of low grade, upper tract urothelial cancer with at least one measurable papillary tumor above the ureteropelvic junction
- Patient has non-metastatic disease
- Undergone endoscopic resection or ablation with low volume residual disease (5-15 mm tumor)
- Not a candidate for or does not desire a nephroureterectomy
- Prescribed by an oncologist or urologist
- Recommended by genitourinary (GU) tumor board