

Clinical Policy: Mitomycin Instillation Solution (Jelmyto, Zusduri)

Reference Number: PA.CP.PHAR.495

Effective Date: 07/2020

Last Review Date: 07/2026

Description

Mitomycin (for pyelocalyceal solution [Jelmyto[®]] and for intravesical solution [Zusduri[™]]) is an alkylating drug.

FDA Approved Indication(s)

Jelmyto is indicated for the treatment of adult patients with low-grade upper tract urothelial cancer (LG-UTUC).

Zusduri is indicated for the treatment of adult patients with recurrent low-grade intermediate-risk non-muscle invasive bladder cancer (LG-IR-NMIBC).

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness[®] that Jelmyto and Zusduri are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Low-Grade Upper Tract Urothelial Cancer (must meet all):

1. Request is for Jelmyto;
2. Newly diagnosed or recurrent LG-UTUC that is non-metastatic;
3. Prescribed by or in consultation with an oncologist or urologist;
4. Age $\geq$ 18 years;
5. Lesion(s) measure $\leq$ 15 mm;
6. Member is not a candidate for or not seeking nephroureterectomy as definitive treatment;
7. One of the following (a or b):
 - a. Member has had complete or near complete endoscopic resection or ablation;
 - b. Member is not a candidate for endoscopic/surgical intervention;
8. Prescribed as monotherapy;
9. Request meets one of the following (a or b):
 - a. Dose does not exceed 60 mg once weekly for 6 instillations per kidney;
 - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 3 months (6 instillations per kidney)

B. Non-Muscle Invasive Bladder Cancer (must meet all):

1. Request is for Zusduri;
2. Diagnosis of NMIBC characterized as one of the following (a or b; *see Appendix D*):
 - a. Intermediate-risk;

- b. High risk;
- 3. Prescribed by or in consultation with an oncologist or urologist;
- 4. Age $\geq$ 18 years;
- 5. Request meets one of the following (a or b):
 - a. Dose does not exceed 75 mg once weekly for 6 instillations into the bladder;
 - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 3 months (up to 6 total intravesical instillations)

C. Muscle Invasive Bladder Cancer (off-label) (must meet all):

- 1. Request is for Zuduri;
- 2. Diagnosis MIBC;
- 3. Prescribed by or in consultation with an oncologist or urologist;
- 4. Age $\geq$ 18 years;
- 5. Prescribed in one of the following ways (a or b):
 - a. In combination with transurethral resection of bladder tumor (TURBT) as subsequent treatment following (chemo)radiation therapy and characterized by both of the following (a and b):
 - i. Staging prior to (chemo)radiation therapy: stage II or IIIA;
 - ii. Staging upon reassessment after (chemo)radiation therapy: CIS, Ta, or T1;
 - b. For curative intent of recurrent or persistent disease that is CIS, Ta, or T1;
- 6. Request meets one of the following (a or b):
 - a. Dose does not exceed 75 mg once weekly for 6 instillations into the bladder;
 - b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration: 3 months (up to 6 total intravesical instillations)

D. Other diagnoses/indications

- 1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. All Indications in Section I (must meet all):

- 1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
- 2. For Jelmyto, both of the following (a and b):
 - a. If member has received 6 instillations, complete response (CR) has been achieved at 3 months after initiation of therapy as evidenced by complete absence of tumor lesions on urine cytology and ureteroscopy;
 - b. Member has not received more than 17 instillations;
- 3. For Zuduri, member has not received $\geq$ 6 instillations;
- 4. If request is for a dose increase, request meets one of the following (a, b, or c):*
 - a. For Jelmyto requests, one of the following (i or ii):
 - a. If member has completed $<$ 6 weekly instillations: New dose does not exceed 60 mg once weekly for up to 6 instillations per kidney;

- b. If member has completed ≥ 6 weekly instillations: New dose does not exceed 60 mg once monthly for up to 11 instillations per kidney;
- b. For ZUSDURI requests: New dose does not exceed 75 mg once weekly for 6 instillations into the bladder;
- c. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration:

Jelmyto – 12 months (up to 17 total instillations per kidney)

ZUSDURI – 3 months (up to 6 total intravesical instillations per lifetime)

B. Other diagnoses/indications (must meet 1 or 2):

- 1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.

Approval duration: Duration of request or 6 months (whichever is less); or

- 2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CIS: carcinoma in situ

FDA: Food and Drug Administration

LG-UTUC: low-grade upper tract

urothelial cancer

MIBC: muscle invasive bladder cancer

NCCN: National Comprehensive Cancer

Network

NMIBC: non-muscle invasive bladder cancer

TURBT: transurethral resection of bladder tumor

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
 - Jelmyto: perforation of the bladder or upper urinary tract
 - ZUSDURI: perforation of the bladder, prior hypersensitivity reaction to mitomycin or any component of the product
- Boxed warning(s): none reported

Appendix D: General Information

- NCCN Compendium currently recommends Jelmyto with a Category 2A recommendation for primary treatment for a non-metastatic, residual, low-grade, low

volume (5-15 mm), solitary tumor in the upper urinary tract for a patient who is not a candidate for or not seeking nephroureterectomy as a definitive treatment. Complete or near complete endoscopic resection or ablation is recommended prior to mitomycin ureteral gel application.

- Intermediate-risk NMIBC is defined as presence of one of the following:
 - Ta low grade tumor that is any one of the following: recurrent, multifocal, ≥ 3 cm
 - Any T1 low grade tumor (G1-G2) tumor
 - Any Ta G2 tumor, regardless of recurrence status
- High-risk NMIBC is defined as defined as having high grade urothelial carcinoma that is one of the following: CIS, T1, > 3 cm, or multifocal

V. Dosage and Administration

	Indication	Dosing Regimen	Maximum Dose
Mitomycin for pyelocalyceal solution (Jelmyto)	LG-UTUC	Jelmyto is for pyelocalyceal use only and not for intravenous use, topical use, or oral administration. The dose of Jelmyto to be instilled is 4 mg/mL via ureteral catheter or nephrostomy tube, with total instillation volume based on volumetric measurements using pyelography, not to exceed 15 mL (60 mg of mitomycin). Instill Jelmyto once weekly for six weeks. For patients with a complete response 3 months after Jelmyto initiation, Jelmyto instillations may be administered once a month for a maximum of 11 additional instillations.	60 mg; 17 instillations
Mitomycin for intravesical solution (Zusduri)	NMIBC	75 mg (56 mL) instilled once weekly for six weeks into the bladder via a urinary catheter	75 mg/instillation; 6 instillations

VI. Product Availability

Drug Name	Availability
Mitomycin for pyelocalyceal solution (Jelmyto)	Carton containing the following: • Two 40 mg (each) single-dose vials of mitomycin for pyelocalyceal solution • One vial of 20 mL sterile hydrogel for reconstitution
Mitomycin for intravesical solution (Zusduri)	Kit containing the following: • Two 40 mg (each) single-dose vials of mitomycin for intravesical solution • One vial of 60 mL sterile hydrogel for reconstitution

VII. References

1. Jelmyto Prescribing Information. Princeton, NJ: UroGen Pharma, Inc.; June 2025. Available at <https://www.jelmyto.com/hcp>. Accessed April 21, 2026.
2. Zusduri Prescribing Information. Princeton, NJ: UroGen Pharma; June 2025. Available at: https://www.urogen.com/download/pdf/zusduri_prescribing.pdf. Accessed April 21, 2026.
3. Kleinmann N, Matin S, Pierorazio P, 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. Published online April 29, 2020. Available at [https://doi.org/10.1016/S1470-2045\(20\)30147-9](https://doi.org/10.1016/S1470-2045(20)30147-9).
4. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed June 2, 2026.
5. National Comprehensive Cancer Network. Bladder Cancer Version 1.2026. Available at https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed June 2, 2026.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9281	Mitomycin pyelocalyceal instillation, 1 mg
J9282	Mitomycin, intravesical instillation, 1 mg

Reviews, Revisions, and Approvals	Date
Policy created	07/2020
3Q 2021 annual review: no significant changes; added HCPCS codes; references reviewed and updated.	07/2021
3Q 2022 annual review: updated initial approval criteria to include “member is not candidate for or seeking nephroureterectomy as definitive treatment” to mirror NCCN bladder cancer guidelines, added Appendix D for additional information from NCCN Compendium to support this addition; references reviewed and updated.	07/2022
3Q 2023 annual review: added criteria that LG-UTUC be non-metastatic; added requirement for endoscopic resection or ablation if member is a candidate per NCCN; references reviewed and updated.	07/2023
3Q 2024 annual review: no significant changes; references reviewed and updated.	07/2024
3Q 2025 annual review: removed requirement for cancer location above the ureteropelvic junction per NCCN; removed exclusion for “recent history of carcinoma in situ in the urinary tract, invasive urothelial carcinoma, or high-grade papillary urothelial carcinoma” as this is not excluded per NCCN or the FDA indication; added requirement for use as monotherapy per NCCN; references reviewed and updated.	07/2025
3Q 2026 annual review: for NMIBC, removed requirement for low-grade disease and TURBT and added option for high risk disease per NCCN;	07/2026

Reviews, Revisions, and Approvals	Date
added off-label indication of MIBC per NCCN; RT4: added criteria for newly approved Zuduri; policy renamed to “Mitomycin Instillation Solution.”; HCPCS code added [J9282]; references reviewed and updated.	