HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use JELMYTO safely and effectively. See full prescribing information for JELMYTO.

JELMYTO™
(mitomycin) for pyelocalyceal solution

Initial U.S. Approval: 1974

----------INDICATIONS AND USAGE ----------

JELMYTO is an alkylating drug indicated for the treatment of adult patients with low-grade Upper Tract Urothelial Cancer (LG-UTUC). (1)

----------DOSAGE AND ADMINISTRATION ----------

- JELMYTO is for pyelocalyceal use only and not for intravenous use, topical use, or oral administration. (2.1)
- Administer 1.3 g of sodium bicarbonate orally the evening prior to, the morning of, and 30 minutes prior to instillation procedure (total of 3.9 g). (2.1)
- The dose of JELMYTO to be instilled is 4 mg per 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). (2.2)
- 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. (2.2)

----------DOSAGE FORMS AND STRENGTHS----------

- For pyelocalyceal solution: A carton containing the following:
  - Two 40 mg (each) single-dose vials of mitomycin for pyelocalyceal solution (3)
  - One vial of 20 mL sterile hydrogel for reconstitution (3)

---------- CONTRAINDICATIONS ----------

- Perforation of the bladder or upper urinary tract. (4)

----------WARNINGS AND PRECAUTIONS----------

- Ureteric Obstruction: Ureteric obstruction may occur. Monitor patients for signs and symptoms of ureteric obstruction. Transient or long-term ureteral stents or alternative procedures may be required. Withhold or permanently discontinue JELMYTO based on the severity of the ureteric obstruction. (5.1)
- Bone Marrow Suppression: Thrombocytopenia and neutropenia may occur. Monitor blood counts. Withhold or permanently discontinue JELMYTO based on the severity. (5.2)
- Embryo-Fetal Toxicity: Can cause fetal harm. Advise of potential risk to a fetus and to use effective contraception. (5.3, 8.1, 8.3)

----------ADVERSE REACTIONS ----------

The most common adverse reactions (≥ 20%) are ureteric obstruction, flank pain, urinary tract infection, hematuria, renal dysfunction, fatigue, nausea, abdominal pain, dysuria, and vomiting. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact UroGen Pharma at 1-855-987-6436 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch.*

----------USE IN SPECIFIC POPULATIONS ----------

Lactation: Advise not to breastfeed. (8.2)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 04/2020

FULL PRESCRIBING INFORMATION: CONTENTS*

*Sections or subsections omitted from the full prescribing information are not listed

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

JELMYTO™ is indicated for the treatment of adult patients with low-grade Upper Tract Urothelial Cancer (LG-UTUC).

2 DOSAGE AND ADMINISTRATION

2.1 Important Administration Instructions

See the Instructions for Administration provided separately.

JELMYTO is for pyelocalyceal use only. JELMYTO is not for intravenous use, topical use, or oral administration. Prior to every instillation, instruct the patient to take 1.3 g of sodium bicarbonate orally the evening prior to, the morning of, and 30 minutes prior to the instillation procedure (total of 3.9 g).

General anesthesia, local anesthesia, sedation, prophylactic antibiotics and/or antihistamines may be used at the discretion of the treating urologist. If the patient is to be anesthetized, advise the patient not to take sodium bicarbonate within 30 minutes prior to the treatment.

Consider withholding diuretics one day prior to instillation until 4 hours post-instillation.

When instilling JELMYTO, the entire syringe must be emptied within one minute.

Advise patients that JELMYTO may discolor urine to a violet to blue color following the instillation procedure. Advise patients to avoid contact with urine for at least six hours post-instillation, to void urine sitting on a toilet, and to flush the toilet several times after use.

2.2 Recommended Dosage

The dose of JELMYTO to be instilled is 4 mg per mL via ureteral catheter or a 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.

2.3 Preparation and Handling

See the Instructions for Pharmacy for preparation provided separately.

JELMYTO is a cytotoxic drug. Follow applicable special handling and disposal procedures.[1]

JELMYTO must be prepared under chilled conditions. Once reconstituted, the admixture will have a concentration of 4 mg of mitomycin per mL and will appear as a viscous liquid for instillation. Reconstituted JELMYTO has reverse thermal properties with a gelation point of approximately 19°C (66°F). Reconstituted JELMYTO should be instilled as soon as possible after reconstitution. If immediate instillation is not possible store reconstituted JELMYTO at 20°C to 25°C (68°F to 77°F) for up to 8 hours. JELMYTO will appear as a semisolid gel when stored under these conditions. Protect reconstituted JELMYTO from light.

JELMYTO must be instilled as a chilled solution using a Uroject12 Lever, a Luer lock syringe, and a ureteral catheter with molded Luer lock connector. Once chilled at -3°C to 5°C (27°F to 41°F), JELMYTO will convert to a viscous liquid for instillation and is stable for up to 1 additional hour. Reconstituted JELMYTO must be instilled within 1 hour after it is converted to a viscous liquid.

3 DOSAGE FORMS AND STRENGTHS

For pyelocalyceal solution: A single-dose carton containing the following:

- Two 40 mg (each) single-dose vials of sterile, lyophilized, grey to greyish-purple, cake or powder of mitomycin for pyelocalyceal solution
- One single-dose vial of 20 mL of sterile, clear, colorless, gel with or without bubbles at room temperature or clear, colorless liquid at 2°C to 8°C (36°F to 46°F), to be used as a vehicle for reconstitution

4 CONTRAINDICATIONS

JELMYTO is contraindicated in patients with:

- perforation of the bladder or upper urinary tract.

5 WARNINGS AND PRECAUTIONS

5.1 Ureteric Obstruction

Ureteric obstruction, including ureteral stenosis and hydronephrosis, occurred in patients receiving JELMYTO.

In the OLYMPUS study, ureteric obstruction was reported in 58% (n=41) of patients receiving JELMYTO, including 17% (n=12) of patients who experienced Grade 3 obstruction. The median time to first onset was 72 days (range: 15-462). Interventions in the 41 patients experiencing ureteric obstruction included ureteral stent placement (88%), balloon dilatation (32%), and nephroureterectomy (4.9%). In the 36 patients who required ureteral stent placement, the median duration of indwelling stents was 51 days (range: 1-292). Ureteric obstruction did not resolve or resolved with sequelae in 51% (n=21) of these patients. Of the 41 patients who experienced ureteric obstruction, 17% (n=7) experienced Grades 1-2 increase in serum creatinine.

In the 42 patients who only received JELMYTO during the treatment phase (no maintenance therapy), ureteric obstruction was reported in 40% (n=17).

Monitor patients for signs and symptoms of ureteric obstruction, including flank pain, and fever, and for changes in renal function. Patients who experience obstruction may require transient or long-term ureteral stents or alternative procedures. Withhold or permanently

study, Grade 3 thrombocytopenia occurred in two patients and Grade 3 neutropenia in one patient. Gross extravasation of JELMYTO via urinary tract perforation or impaired mucosa was not observed in these patients. The following tests should be obtained prior to each treatment: Platelet count, white blood cell count differential and hemoglobin. Withhold JELMYTO for Grade 2 thrombocytopenia or neutropenia. Permanently discontinue for Grade 3 or greater thrombocytopenia or neutropenia.

5.3 Embryo-Fetal Toxicity

Based on findings in animals and mechanism of action, JELMYTO can cause fetal harm when administered to a pregnant woman. In animal reproduction studies, administration of mitomycin resulted in teratogenicity. Advise females of reproductive potential to use effective contraception during treatment with JELMYTO and for 6 months following the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with JELMYTO and for 3 months following the last dose *[see Use in Specific Populations (8.1, 8.3) and Clinical Pharmacology (12.1)]*.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are discussed in greater detail in other sections of the labeling:

- Ureteric Obstruction *[see Warnings and Precautions (5.1)]*
- Bone Marrow Suppression *[see Warnings and Precautions (5.2)]*

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect rates observed in practice.

The safety of JELMYTO was evaluated in OLYMPUS, an open-label, single-arm study in 71 patients with LG-UTUC *[see Clinical Studies (14)]*. For the 71 patients treated with JELMYTO during the treatment period, the median number of instillations was 6 (range: 3-6). Following initial treatment, 29 patients were treated with up to 11 doses of maintenance instillations, with a median of 6 instillations (range: 0-11).

Serious adverse reactions occurred in 37% of patients who received JELMYTO. Serious adverse reactions in > 3% of patients included ureteric obstruction (including ureteric stenosis and hydronephrosis), flank pain, and urosepsis. Two deaths occurred due to a cerebrovascular accident and failure to thrive.

JELMYTO was permanently discontinued due to an adverse reaction in 16 (23%) patients, including 11 patients who discontinued during the treatment phase and 5 who discontinued during the maintenance phase. Adverse reactions resulting in study drug discontinuation of JELMYTO in > 3% of patients who received JELMYTO included ureteric obstruction.

Dosage interruptions due to an adverse reaction occurred in 34% of patients who received JELMYTO. Adverse reactions requiring dosage interruption in > 3% of patients who received JELMYTO included renal dysfunction, ureteric obstruction, urinary tract infection, and flank pain.

The most common adverse reactions (≥ 20%) reported were ureteric obstruction, flank pain, urinary tract infection, hematuria, renal dysfunction, fatigue, nausea, abdominal pain, dysuria, and vomiting.

Table 1 summarizes the adverse reactions in OLYMPUS.

Table 1: Adverse Reactions (≥ 10% All Grades) in Patients Who Received JELMYTO in OLYMPUS

Adverse Reaction	JELMYTO* (n=71)	
	All Grades (%)	Grade ≥ 3 (%)
Renal and urinary disorders		
Ureteric Obstruction [a]	58	17
Ureteric stenosis	44	8
Hydronephrosis	18	6
Pelvi-ureteric obstruction	6	1.4
Urinary tract obstruction	6	1.4
Ureteric obstruction	2.8	1.4
Obstructive uropathy	1.4	0
Flank pain [b]	39	2.8
Urinary tract infection [c]	34	4.2
Hematuria [d]	32	2.8
Renal dysfunction [e]	25	2.8
Dysuria	21	0
Pollakiuria	13	0
Gastrointestinal disorders		
Nausea	24	1.4
Abdominal pain [f]	23	1.4
Vomiting	20	4.2
General disorders and administration site conditions		
Fatigue [g]	24	1.4
Chills	11	0
Pyrexia	11	0
Blood and lymphatic system disorders		
Anemia	13	0
Skin and subcutaneous tissue disorders		
Pruritus	13	0

* Graded per National Cancer Institute Common Terminology Criteria for Adverse Events. Version 5.0 (NCI CTCAE v5)

[a] Includes urinary tract infection, pyelonephritis, and urinary tract infection fungal.
[b] Includes hematuria and hemorrhage urinary tract.
[c] Includes renal impairment, acute kidney injury, and renal failure.
[d] Includes abdominal pain and abdominal pain lower.
[e] Includes asthenia and fatigue.

Selected clinically relevant adverse reactions in < 10% and ≥ 2% of patients who received JELMYTO in OLYMPUS include urinary tract inflammation, bladder spasm, urosepsis, hypersensitivity, and instillation site pain.

Table 2 summarizes the laboratory abnormalities in OLYMPUS.

Table 2: Select Laboratory Abnormalities (> 10%) Worsening from Baseline in Patients Who Received JELMYTO in OLYMPUS

Laboratory Abnormality*	JELMYTO	
	All Grades (%)	Grades ≥ 3 (%)
Hematology		
Anemia	37	0
Lymphopenia	21	2.9
Thrombocytopenia	21	2.8
Chemistry		
Estimated Glomerular Filtration Rate	37	10
Creatinine Increased	32	0
Hypoalbuminemia	30	2.8
Hypocalcemia	17	0
Hyperuricemia	16	16
Hyperkalemia	13	1.4

* Each test incidence is based on the number of patients who had both baseline and at least one on-study laboratory measurement available.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Based on findings in animals and mechanism of action, JELMYTO can cause fetal harm when administered to a pregnant woman *[see Clinical Pharmacology (12.1)]*. There are no available data on JELMYTO use in pregnant women to inform the drug-associated risk. In animal reproduction studies, administration of mitomycin resulted in teratogenicity *(see Data)*. Advise pregnant women of the potential risk to a fetus.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% - 4% and 15% - 20%, respectively.

Data

Animal Data

Teratological changes have been noted with mitomycin in animal studies.

8.2 Lactation

Risk Summary

There are no data on the presence of mitomycin in human milk, the effects on the breastfed child, or the effects on milk production. Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment with JELMYTO and for 1 week following the last dose.

8.3 Females and Males of Reproductive Potential

JELMYTO can cause fetal harm when administered to pregnant women *[see Use in Specific Populations (8.1)]*.

Pregnancy Testing

Verify pregnancy status in females of reproductive potential prior to initiating JELMYTO.

Contraception

Females

Advise females of reproductive potential to use effective contraception during treatment with JELMYTO and for 6 months following the last dose.

Males

Advise male patients with female partners of reproductive potential to use effective contraception during treatment with JELMYTO and for 3 months following the last dose.

8.4 Pediatric Use

Safety and efficacy in pediatric patients have not been established.

8.5 Geriatric Use

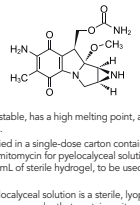
Of the total number of patients in the OLYMPUS trial, 75% (53 patients) were 65 years of age and over and 37% (26 patients) were 75 year of age and over. Clinical studies of JELMYTO did not include sufficient numbers of younger patients less than 65 years old to determine whether they respond differently from older patients.

8.6 Renal Impairment

No data are available in patients with severe renal impairment. Avoid use of JELMYTO in patients with a Glomerular Filtration Rate of < 30 mL/min.

11 DESCRIPTION

Mitomycin (also known as mitomycin-C) is an alkylating drug isolated from the broth of *Streptomyces caespitosus*. Mitomycin is a blue-violet crystalline powder with a molecular formula of $C_{15}H_{18}N_4O_5$, and a molecular weight of 334.33. Its chemical name is 7-amino-9α-methoxymitosane and it has the following structural formula:



Mitomycin is heat stable, has a high melting point, and is freely soluble in organic solvents.

JELMYTO is supplied in a single-dose carton containing two vials of sterile lyophilized mitomycin for pyelocalyceal solution, 40 mg each, and one vial of 20 mL of sterile hydrogel, to be used as a vehicle for reconstitution.

Mitomycin for pyelocalyceal solution is a sterile, lyophilized, grey to greyish-purple, cake or powder that contains mitomycin 40 mg and mannitol 80 mg in each vial.

Sterile hydrogel is a sterile, clear, colorless, gel with or without bubbles at room temperature or clear, colorless liquid at 2°C to 8°C (36°F to 46°F), which contains 0.04 g hydroxypropyl methylcellulose, 5.67 g poloxamer, 0.21 g polyethylene glycol, and water for injection in each vial.

Once reconstituted, JELMYTO is a clear, purple, viscous liquid at 2°C to 8°C (36°F to 46°F) or semisolid gel at room temperature with a concentration of 4 mg per mL of mitomycin, which may contain a few visible particles and have a pH between 6.0 and 8.0.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Mitomycin inhibits the synthesis of deoxyribonucleic acid (DNA). The guanine and cytosine content correlates with the degree of mitomycin-induced cross-linking. At high concentrations of the drug, cellular RNA and protein synthesis are also suppressed.

12.2 Pharmacodynamics

There is insufficient data to characterize an exposure-response relationship or time course of pharmacodynamic response for mitomycin.

12.3 Pharmacokinetics

Absorption

The systemic exposure of mitomycin following instillation of up to 60 mg of mitomycin as JELMYTO into the pyelocalyceal system was evaluated pre-instillation and hourly for up to six hours post-instillation in six patients. The concentrations of mitomycin in plasma were variable and ranged from 2.43 to 12.80 ng/mL over the course of treatment; the mean C_{max} was 6.24 ng/mL, which is estimated to be less than 1% of the expected C_{max} after intravenous administration.

Elimination

Following instillation into the pyelocalyceal system, JELMYTO forms a semisolid gel which dissolves from normal kidney urine flow releasing mitomycin for up to 4 to 6 hours. Mitomycin is eliminated unchanged in the urine. Systemically absorbed mitomycin is rapidly cleared from the serum and approximately 10% is excreted unchanged in the urine.

Metabolism

Mitomycin is metabolized primarily in the liver, but metabolism occurs

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Adequate long-term studies in animals to evaluate carcinogenic potential from instillation of mitomycin into the pyelocalyceal system have not been conducted. Mitomycin has been found to be carcinogenic in rats and mice. At doses approximating the recommended intravenous clinical dose in humans, mitomycin produced a greater than 100% increase in tumor incidence in male Sprague-Dawley rats, and a greater than 50% increase in tumor incidence in female Swiss mice.

The effect of JELMYTO on fertility is unknown.

14 CLINICAL STUDIES

The efficacy of JELMYTO is based on the results of the ongoing study OLYMPUS (NCT02793128), an open-label, single-arm, multicenter trial that enrolled 71 patients with treatment-naïve or recurrent non-invasive low-grade upper tract urothelial cancer (LG-UTUC) with at least one measurable papillary tumor 5 to ≤ 15 mm located above the ureteropelvic junction; patients who had larger tumors could have had tumor debulking prior to treatment, in order to meet the criteria. Patients were excluded from the trial for a history of carcinoma in situ (CIS) in the urinary tract, invasive urothelial carcinoma within 5 years, high grade papillary urothelial carcinoma within 2 years; or for BCG treatment within 6 months of JELMYTO treatment. Following biopsy and prior to treatment, patients were required to have at least one remaining visible tumor with a diameter of at least 5 mm.

Patients received JELMYTO 4 mg per mL via ureteral catheter or nephrostomy tube with total instillation volume based on individualized volumetric measurements using pyelography with the intent to fill the renal pelvis. Patients were treated with 6 instillations once a week. Patients who maintained a complete response (CR) after the initial treatment period were allowed to proceed to the follow-up period. During the initial treatment period, 71 patients were treated with JELMYTO, of whom 41 were subsequently continued in the follow-up period. During the follow-up period, 29 patients received at least one dose of maintenance therapy.

The baseline demographic and disease characteristics for the trial population were: median age 71 years (range: 42-87 years); 68% male; 87% White; 90% Eastern Cooperative Oncology Group Performance Status (ECOG PS) 0 or 1 and 10% ECOG PS 2. The median number of papillary lesions subsequent to debulking and/or biopsy and prior to treatment was 1 lesion (range: 1, 5), the median diameter of the largest lesion was 8.0 mm (range: 5.0, 15.0), and the median total visible tumor burden was 10.0 mm (range: 5.0, 25.0). Twenty-six (37%) patients underwent tumor debulking during the six weeks preceding enrollment. Of 71 enrolled patients, 48% had tumors located in regions not amenable to endoscopic resection. General anesthesia was used in 37% of patients for at least one instillation during the treatment period and for 61% of patients for at least one instillation during the follow-up period.

The major efficacy outcome measures were CR and durability of CR at 12 months after determination of CR based on ureteroscopic and local pathology assessment. CR was defined as complete absence of tumor lesions at 3 months after initiation of JELMYTO by urine cytology and ureteroscopy. Biopsy was performed if warranted. Durability of response in patients with a CR was evaluated at 3, 6, 9 and 12 months following the initial assessment. Assessment of durability of CR subsequent to these evaluations was performed per local standards of care.

Forty-one patients achieved CR in the study. At the 12-month time point for assessment of durability, 19 remained in CR, 7 had experienced recurrence of disease, and 9 patients continued to be followed for the 12-month duration of response. Efficacy results are provided in Table 3.

Table 3: Efficacy Results for OLYMPUS

Efficacy Parameter	JELMYTO N=71
Complete Response (CR)[a], n (%) (95% CI)	41 (58%) (45%, 69%)
Duration of Response	N=41
Median duration of response in months (range)	NR (0, 18.8+)
Patients remaining in CR at 12-month visit[b]	19 (46%)

NR = not reached

[a] CR = Complete absence of tumor lesions at 3 months after initiation of treatment.
[b] 12 months ± 2 weeks from CR evaluation.
+ denotes ongoing response.

15 REFERENCES

1. "OSHA Hazardous Drugs." OSHA. http://www.osha.gov/SLTC/hazardousdrugs/index.html

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

JELMYTO single-dose carton – NDC 72493-103-03

A carton containing the following:

- Two 40 mg (each) single-dose vials of mitomycin for pyelocalyceal solution supplied as a sterile, lyophilized, grey to greyish-purple, cake or powder. (NDC 72493-101-40)
- One 20 mL single-dose vial of sterile hydrogel supplied as a sterile, clear, colorless, gel with or without bubbles at room temperature or clear, colorless liquid at 2°C to 8°C (36°F to 46°F), to be used as a vehicle for reconstitution. (NDC 72493-102-20)

16.2 Storage and Handling

Store the JELMYTO carton at 20°C to 25°C (68°F to 77°F); excursions permitted between 15°C and 30°C (59°F and 86°F) [see USP Controlled Room Temperature]. Avoid excessive heat over 40°C (104°F).

JELMYTO is a cytotoxic drug. Follow applicable special handling and disposal procedures.[1]

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Ureteric Obstruction

Inform patients that ureteric obstruction may occur, and ureteral stents or alternative procedures may be required during treatment with JELMYTO. Advise patients to contact their healthcare provider immediately if signs and symptoms of ureteric obstruction, including flank pain and/or fever, occur *[see Warnings and Precautions (5.1)]*.

Bone Marrow Suppression

Inform patients that JELMYTO may decrease blood counts such as white blood cells and platelets. Thus, it is important that periodic assessment of their blood count be performed to detect the development of neutropenia and thrombocytopenia *[see Warnings and Precautions (5.2)]*.

Embryo-Fetal Toxicity

Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females to inform their healthcare providers of a known or suspected pregnancy *[see Warnings and Precautions (5.3) and Use in Specific Population (8.1)]*.

Advise females of reproductive potential to use effective contraception during treatment with JELMYTO and for 6 months following the last dose *[see Use in Specific Populations (8.3)]*.

Advise male patients with female partners of reproductive potential to use effective contraception during treatment with JELMYTO and for 3 months following the last dose *[see Use in Specific Populations (8.3)]*.

Lactation

Advise women not to breastfeed during treatment with JELMYTO and for 1 week following the last dose *[see Use in Specific Populations (8.2)]*.

Important Post-Treatment Instructions *[see Dosage and Administration (2.1)]*.

Advise patients that JELMYTO contains mitomycin which is a violet to blue color and may discolor urine following the instillation procedure.

Advise patients to avoid contact with urine for at least six hours post-instillation.

Advise patients to void sitting on a toilet, flush the toilet several times after use, and to wash hands, perineum or glans with soap and water after each instillation procedure.

Advise patients to wash clothing soiled with urine promptly and separately from other clothing.

Distributed by:

UroGen Pharma, Inc.
Princeton, NJ 08540

U.S. Patent Nos. 9,040,074 and 9,950,069

Patient Information

JELMYTO™ (jel-MYE-toe)

(mitomycin) for pyelocalyceal solution

What is JELMYTO?

JELMYTO is a prescription medicine used to treat adults with a type of cancer of the lining of the upper urinary tract including the kidney called low-grade Upper Tract Urothelial Cancer (LG-UTUC).

It is not known if JELMYTO is safe and effective for use in children.

Who should not receive JELMYTO?

Do not receive JELMYTO if you have a hole or tear (perforation) of your bladder or upper urinary tract.

Before receiving JELMYTO, tell your healthcare provider about all your medical conditions, including if you:

- are pregnant or plan to become pregnant. JELMYTO can harm your unborn baby. You should not become pregnant during treatment with JELMYTO. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with JELMYTO.

  Females who are able to become pregnant:

  - o Your healthcare provider will check to see if you are pregnant before starting treatment with JELMYTO.
  - o You should use effective birth control (contraception) during treatment with JELMYTO and for 6 months after the last dose.
  - o Talk to your healthcare provider if you have questions about birth control options that are right for you.

  Males being treated with JELMYTO:

  - o If you have a female partner who is able to become pregnant, you should use effective birth control (contraception) during treatment with JELMYTO and for 3 months after the last dose.
- are breastfeeding or plan to breastfeed. It is not known if JELMYTO passes into your breast milk. Do not breastfeed during treatment with JELMYTO and for 1 week after the last dose.

Tell your healthcare provider about all the medicines your take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Know the medicines you take. Keep a list of them to show to your healthcare provider and pharmacist when you get a new medicine.

Especially tell your healthcare provider if you take water pills (diuretic).

How will I receive JELMYTO?

- Your healthcare provider will tell you to take a medicine called sodium bicarbonate before each JELMYTO treatment. Your healthcare provider will provide instructions about how and when to take this.
- JELMYTO will be given to you by your healthcare provider.
- You will receive JELMYTO 1 time a week for 6 weeks. It is important that you receive all 6 doses of JELMYTO according to your healthcare provider's instructions. If you miss any appointments, call your healthcare provider as soon as possible to reschedule your appointment. Your healthcare provider may recommend up to an additional 11 monthly doses.
- JELMYTO is given to your kidney through a tube called a catheter.
- During treatment with JELMYTO, your healthcare provider may tell you to take additional medicines or change how you take your current medicines. Ask your healthcare provider if you have any questions.

After receiving JELMYTO:

- JELMYTO may cause your urine color to change to a violet to blue color.
- Avoid contact between your skin and urine for at least 6 hours.
- To urinate, **males and females should sit** on a toilet and flush the toilet several times after you use it.
- After going to the bathroom, wash your hands, your inner thighs, and genital area well with soap and water.
- Clothing that comes in contact with urine should be washed right away and

What are the possible side effects of JELMYTO?

JELMYTO may cause serious side effects, including:

- **Swelling and narrowing of the tube that carries urine from the kidney to the bladder (ureteric obstruction).** If you develop swelling and narrowing, and to protect your kidney from damage, your healthcare provider may recommend the placement of a small plastic tube (stent) in the ureter to help the kidney drain. Tell your healthcare provider right away if you develop side pain or fever during treatment with JELMYTO.
- **Bone marrow problems.** JELMYTO can affect your bone marrow and can cause a decrease in your white blood cell, red blood cell, and platelet counts. Your healthcare provider will do blood tests prior to each treatment to check your blood cell counts during treatment with JELMYTO. Your healthcare provider may need to temporarily or permanently stop JELMYTO if you develop bone marrow problems during treatment with JELMYTO.

The most common side effects of JELMYTO include:

- side pain
- urinary tract infection
- blood in your urine
- kidney problems
- tiredness
- nausea
- stomach pain
- trouble with urination
- vomiting
- low red blood cell count
- frequent urination
- itching
- chills
- fever

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

You can also report side effects to UroGen Pharma at 1-855-987-6436.

General information about JELMYTO.

Medicines are sometimes prescribed for purposes other than those listed in this Patient Information leaflet. You can ask your pharmacist or healthcare provider for information about JELMYTO that is written for healthcare professionals.

What are the ingredients of JELMYTO?

Active ingredient: mitomycin

Inactive ingredients: hydroxypropyl methylcellulose, mannitol, poloxamer, polyethylene glycol, and water for injection

Distributed by:
UroGen Pharma, Inc.
Princeton, NJ 08540

UroGen Pharma

JEL-PPI-001

For more information go to www.JELMYTO.com or call 1-855-987-6436.

This Patient Information has been approved by the U.S. Food and Drug Administration.

Issued: April 2020

Date:	**18-APR-2020**		
Title	29381 Jelmyto PIL JEL-PI-001 size: 11" x 17"		
Component Type	Leaflet		
Proof Nº	v3	**Perigord Nº**	29381
Item Nº	N/A	**Barcode Nº**	N/A
Country	N/A	**Size (mm)**	11" x 17"
Client	UroGen	**Min point size**	6 pt
Printing Colours (1)	Pro Black		
Technical colors			