Jelmyto®
(mitomycin) for pyelocalyceal solution

THE FIRST AND ONLY FDA-APPROVED TREATMENT FOR LOW-GRADE UPPER TRACT UROTHELIAL CANCER (LG-UTUC) IN ADULT PATIENTS[1]

CHEMOABLATE NOW, SPARE THE KIDNEY FOR TOMORROW[1]*

- Versatility
- Efficacy
- Flexibility
- Accessibility

*JELMYTO is instilled via the pyelocalyceal system in a procedure that spares the kidney.

Indications and Usage

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

Important Safety Information

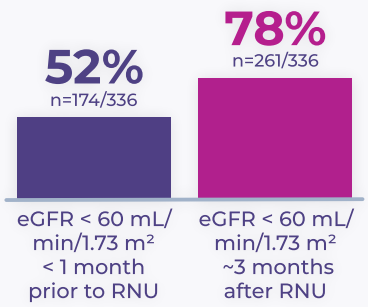
Contraindications

JELMYTO is contraindicated in patients with perforation of the bladder or upper urinary tract.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

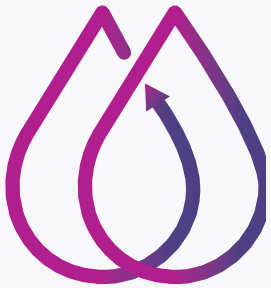
Why expose your patients to the consequences of an unnecessary RNU?

CONSIDER THE POTENTIAL LONG-TERM IMPACT OF RADICAL SURGERY[2-4]



PROGRESSIVE RENAL INSUFFICIENCY[2]*

Reduction in renal function and increase in CKD post RNU



KIDNEY FAILURE[3]

Potential for dialysis

FUTURE IMPACT[2]

Limits future chemotherapy options (due to RNU-related CKD)

ADDITIONAL HEALTH RISKS[4]

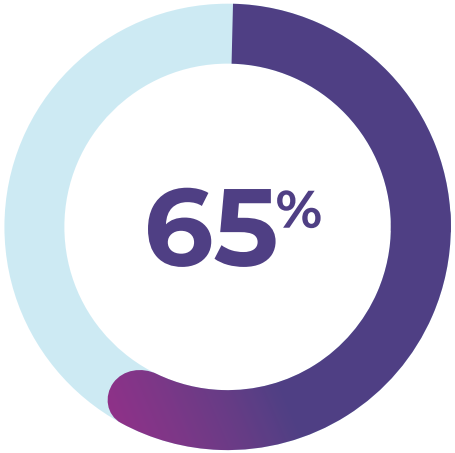
Exacerbation of cardiac comorbidities

*Retrospective analysis of 336 patients with UTUC treated by RNU at the Cleveland Clinic from 1992 to 2008.

CKD = chronic kidney disease; eGFR = estimated glomerular filtration rate; RNU = radical nephroureterectomy.

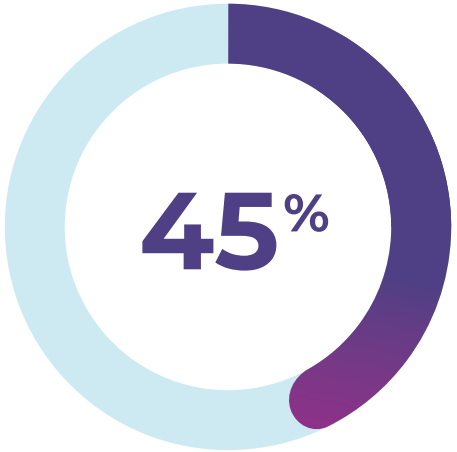
IN THE PRIMARY TREATMENT OF LOW-GRADE UTUC,

Kidney-sparing treatment shouldn't be considered a compromise



RECURRENCE RATE AFTER ENDOSCOPIC MANAGEMENT[5]*

- ≥ 2 procedures in the first year after diagnosis[6†]
- < 1 year progression to RNU[6†]



PATIENTS PRESENTING WITH ENDOSCOPICALLY UNREACHABLE TUMORS[7]

CAN WE OPTIMIZE TREATMENT TO BE KIDNEY-SPARING AND DURABLE FOR PATIENTS?

*Analysis of 15 studies (N=597, pooled). 78% of patients were low/intermediate grade. Median follow-up: 43 months (range 24-58).[5]
†A retrospective analysis that included 1,027 patients with low-grade UTUC. ~17% of patients underwent ≥ 2 procedures; the median time to RNU was ~36 days.[6]

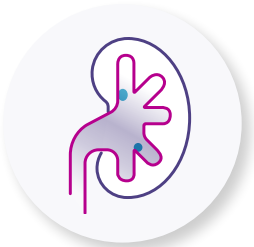
Rising to the challenge of the renal anatomy[1]

JELMYTO COMBINES MITOMYCIN WITH REVERSE-THERMAL TECHNOLOGY (RTGel®) TO MAKE CHEMOABLATION A POSSIBILITY IN THE UPPER TRACT

Jelmyto® (mitomycin) for pyelocalyceal solution

Instilled as a chilled liquid via nephrostomy tube or ureteral catheter into the renal pelvis

Fills and conforms to the renal collecting system



Treats both resectable and unresectable tumors as a semisolid gel

Delivers sustained exposure of mitomycin for up to 4 to 6 hours, and is excreted in normal urine flow

Click here or scan the QR code to watch the mechanism of delivery video

Important Safety Information (cont'd)

Ureteric Obstruction

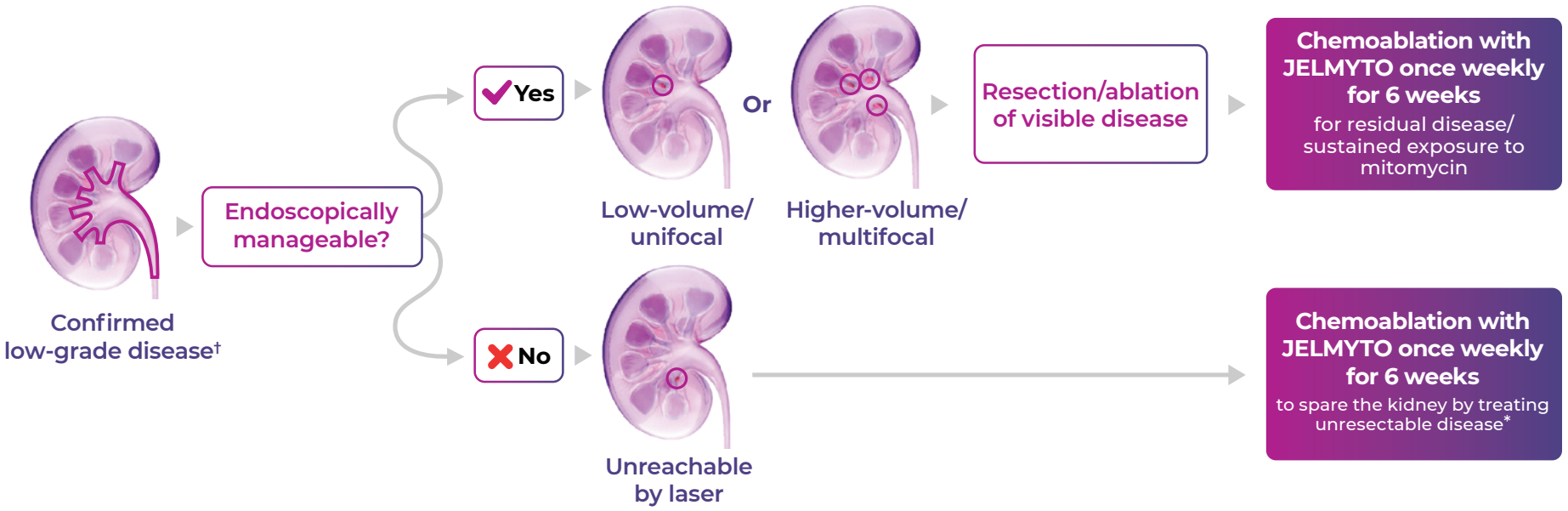
Ureteric obstruction, including ureteral stenosis and hydronephrosis, occurred in patients receiving JELMYTO. Monitor patients for signs and symptoms of ureteric obstruction, including flank pain, and fever, and for changes in renal function. Patients who experience obstruction may require transient or long-term ureteral stents or alternative procedures. Withhold or permanently discontinue JELMYTO based on the severity of ureteric obstruction.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

The versatility to give patients with low-grade UTUC the chance to spare their kidney[1*]

Jelmyto® (mitomycin) for pyelocalyceal solution

JELMYTO CAN BE USED ALONE OR AS PART OF A PRIMARY TREATMENT REGIMEN ACROSS DIVERSE PRESENTATIONS[1,3,8]



Mitomycin for pyelocalyceal solution (JELMYTO) should NOT be instilled immediately following resection or ablation. Please refer to the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) and the AUA/SUO Guideline for principles of instillation therapy.

*JELMYTO is instilled via the pyelocalyceal system in a procedure that spares the kidney.
†Also includes patients with bilateral disease. In the OLYMPUS Study, these patients were included if one side met the inclusion criteria and the other was treated or surgically removed prior to the beginning of the study.[3]
AUA = American Urological Association; SUO = Society of Urologic Oncology.

Important Safety Information (cont'd)

Bone Marrow Suppression

The use of JELMYTO can result in bone marrow suppression, particularly thrombocytopenia and neutropenia. 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.

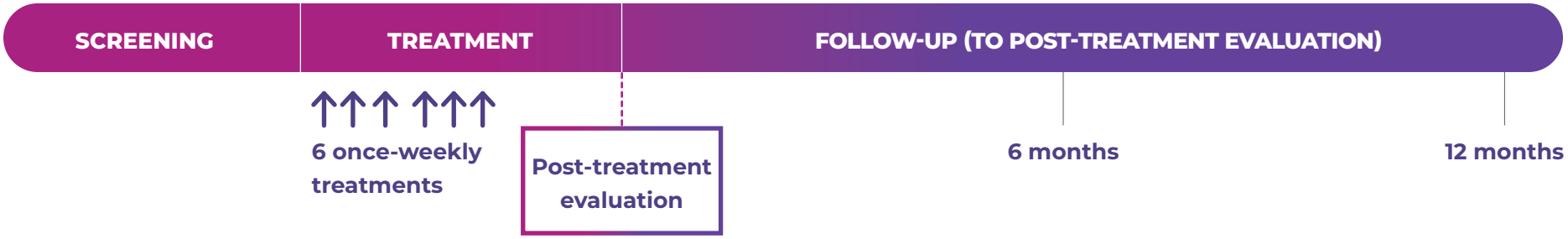
Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

STUDY DESIGN

The OLYMPUS Study (N=71) was a phase 3, open-label, single-arm, multicenter trial[1,3]

Jelmyto® (mitomycin) for pyelocalyceal solution

IN PATIENTS WITH TREATMENT-NAÏVE OR RECURRENT LOW-GRADE UTUC WITH ≥ 1 MEASURABLE PAPILLARY TUMOR



Primary endpoint: Complete response (CR)[1]
Secondary endpoint: Durability of response at 12-month follow-up of CR evaluation[3]

- CR was defined as a complete absence of tumor lesions in the ipsilateral pyelocalyceal system at 3 months after initiation of JELMYTO by urine cytology, ureteroscopy, and biopsy (if warranted)[1]
- Patients with larger tumors could have had tumor debulking prior to enrollment to meet the inclusion criteria (37% underwent tumor debulking prior to enrollment)[1]
- The trial allowed for the instillation of JELMYTO into the pyelocalyceal system nephrostomy tube or ureteral catheter[1]
- Patients received JELMYTO once weekly for 6 weeks and, if assessed as a CR, for up to 11 monthly maintenance treatments[1]
- 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[1]

Important Safety Information (cont'd)

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.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

PATIENT CHARACTERISTICS

JELMYTO was studied in a broad range of patients with low-grade UTUC[1,3]

Jelmyto® (mitomycin) for pyelocalyceal solution

PATIENT BASELINE CHARACTERISTICS IN THE OLYMPUS STUDY (N=71)		
Male Female	**68%** **32%**	
Age	Median **71 years**	Range **42-87 years**
Number of papillary tumors	Median **2***	Range **1-8**
Diameter of largest papillary tumor	Median **8 mm**	Range **5-15 mm**
Debulking prior to enrollment†	**37%**	
Unresectable tumors at baseline	**48%**	
Prior history of low-grade UTUC	**52%**	

- Patients enrolled had at least one measurable papillary tumor 5 to ≤ 15 mm[1]
- The median number of treatment instillations was 6 (range 3-6)[1]
- During the follow-up period, 29 patients received at least 1 dose of maintenance therapy[1]

Every patient deserves a chance to spare their kidney for tomorrow‡

*Median number of papillary lesions subsequent to debulking and/or biopsy, and prior to treatment, was 1 lesion (range 1-5).[1]
†During the 6 weeks prior to enrollment to meet the inclusion criteria.[1]
‡JELMYTO is instilled via the pyelocalyceal system in a procedure that spares the kidney.

Important Safety Information (cont'd)

Common Adverse Reactions

The most common adverse reactions in ≥ 20% of patients treated with JELMYTO were ureteric obstruction, flank pain, urinary tract infection, hematuria, abdominal pain, fatigue, renal dysfunction, nausea, dysuria, and vomiting.

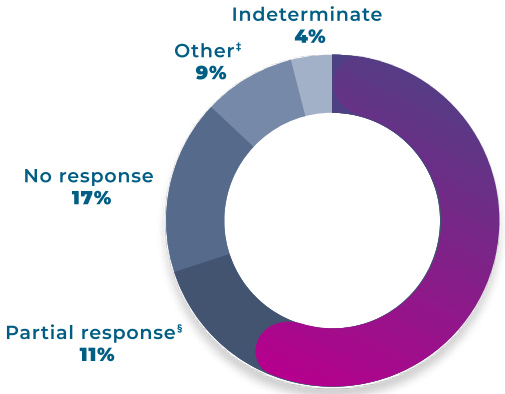
Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

IN PATIENTS WITH LOW-GRADE UTUC,

Chemoablate now to deliver a complete response, while sparing the kidney for tomorrow[1]*

Jelmyto® (mitomycin) for pyelocalyceal solution

Dichotomous primary endpoint: Complete response (CR) vs no CR[9]



58%

of patients achieved CR with JELMYTO†

N=71 (95% CI: 45, 69)

- As OLYMPUS was a single-arm trial intended to demonstrate the effect of chemoablation, patients had to have a remaining index lesion for inclusion criteria[1]

JELMYTO ACHIEVED SIMILAR CR RATES IN THE UNRESECTABLE POPULATION[3]

- Nearly half (48%) of patients in the OLYMPUS Study had endoscopically unresectable tumors, and the rate of complete response was 59% (n=20/34)

*JELMYTO is instilled via the pyelocalyceal system in a procedure that spares the kidney.
†Forty-two patients achieved CR at primary disease evaluation; however, 1 patient withdrew consent.[3]
‡Emergence of high-grade disease (not detected at baseline).[9]
§Defined as any decrease in tumor size or number of tumors that was not a complete response.[3]

Important Safety Information (cont'd)

Additional Adverse Reactions Information

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

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

IN PATIENTS WITH LOW-GRADE UTUC,

Complete response with JELMYTO has proven durable over time[1,10]

Jelmyto® (mitomycin) for pyelocalyceal solution

DURATION OF RESPONSE (DoR) ASSESSED AT 12 MONTHS

OLYMPUS Study[1]

- **23** (56%) patients remained in CR
- **8** patients had disease recurrence
- **10** patients were inevaluable

Median DoR was not reached (range 0-18.8+ months)

A separate noninterventional study

LONG-TERM OUTCOMES IN ELIGIBLE PATIENTS PREVIOUSLY ENROLLED IN THE OLYMPUS STUDY

Long-term follow-up study[10]*

In a subset of 16 patients who had previously achieved CR at the OLYMPUS 12-month assessment

- **29 months median DoR** (range 14.6-47.6 months)
  - 81% (n=13/16) continued CR beyond 12 months
  - 2 patients had a recurrence
  - 1 patient had an RNU following ureteral stricture

***Long-term follow-up study:** Interim results from an ongoing rollover study. The primary objective was to obtain long-term results from participating patients in the OLYMPUS Study, including those who had achieved CR at the 12-month assessment of durability. This study is in accordance with UroGen's postmarketing commitment to provide annual updates for consenting patients with ongoing CR who were enrolled in the OLYMPUS Study.[10]

The limitations of this study and the DoR analysis include the following: (1) The sample size of the subpopulation for the DoR analysis was small (n=16); (2) This study did not enroll nor follow 7 of the 23 patients (30%) who had remained in CR at the end of the OLYMPUS Study; and (3) The methodology for evaluating patient outcomes differed from the one used in the OLYMPUS trial.[10]

RNU = radical nephroureterectomy.

Important Safety Information (cont'd)

Use in Specific Populations

Lactation

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.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

Most frequent adverse events were renal and urinary[1]

ADVERSE REACTIONS REPORTED IN ≥ 10% (ANY GRADE; N=71)*

Jelmyto® (mitomycin) for pyelocalyceal solution

	ALL GRADES (%)	GRADES ≥ 3 (%)
Ureteric obstruction	58	17
Ureteric stenosis	44	9
Hydronephrosis	18	6
Urinary tract obstruction	7	1.4
Pelvi-ureteric obstruction	6	1.4
Ureteric obstruction	2.8	1.4
Obstructive uropathy	1.4	0
Flank pain†	41	2.8
Hematuria‡	34	2.8
Urinary tract infection§	34	4.2
Renal dysfunction‖	25	2.8

	ALL GRADES (%)	GRADES ≥ 3 (%)
Dysuria	23	0
Pollakiuria	14	0
Abdominal pain¶	28	1.4
Nausea	25	1.4
Vomiting	20	4.2
Fatigue#	27	1.4
Pyrexia	13	1.4
Chills	11	0
Anemia	14	1.4
Pruritus	13	0
Decreased appetite	10	0
Hypertension	10	4.2

- 24% of the overall population discontinued treatment due to an adverse reaction

*Graded per National Cancer Institute Common Terminology Criteria for Adverse Events. Version 5.0 (NCI CTCAE v5).
†Includes flank pain and back pain.
‡Includes hematuria and hemorrhage urinary tract.
§Includes urinary tract infection, pyelonephritis, and urinary tract infection fungal.
‖Includes renal impairment, acute kidney injury, and renal failure.
¶Includes abdominal pain and abdominal pain lower.
#Includes asthenia and fatigue.

Important Safety Information (cont'd)

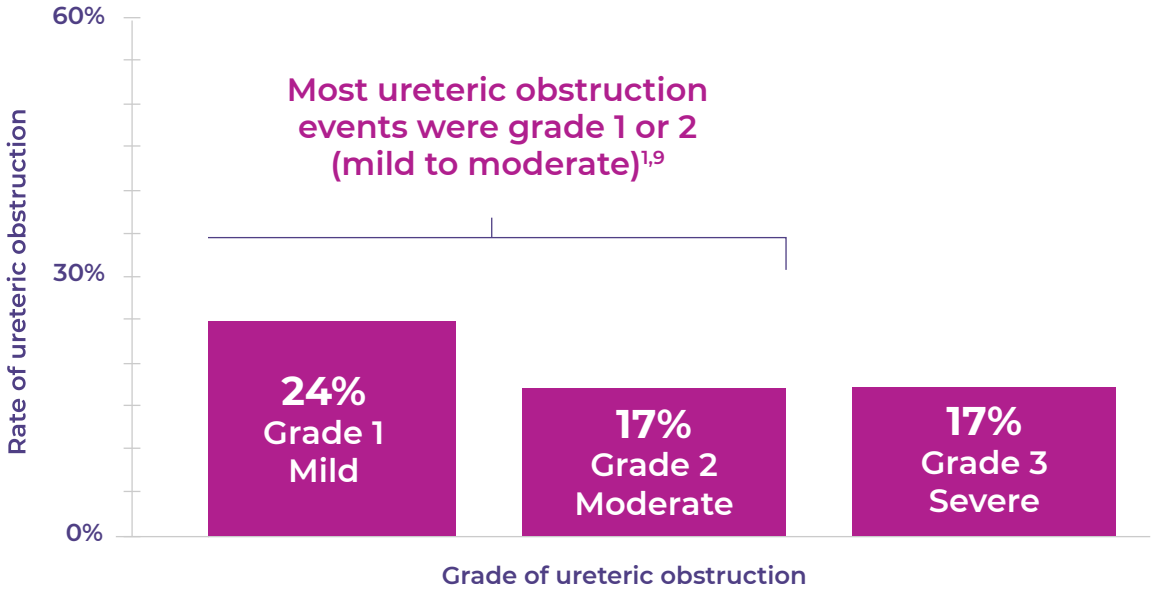
Preparation and Administration Information

JELMYTO is for pyelocalyceal use only and not for intravenous use, topical use, or oral administration. JELMYTO must be prepared and administered by a healthcare provider. To ensure proper dosing, it is important to follow the preparation instructions found in the JELMYTO Instructions for Pharmacy and administration instructions found in the JELMYTO Instructions for Administration.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

Ureteric obstruction: What you need to know

IN THE OLYMPUS STUDY, URETERIC OBSTRUCTION WAS REPORTED IN 58% OF PATIENTS (n=41)[1]*



- In patients receiving JELMYTO, median time to onset was 2.4 months (range 0.5-15.4 months). This was after the period of the primary 6 instillations
  - Ureteric obstruction was reported in 17 of the 42 patients who only received JELMYTO during the treatment period (no maintenance therapy)
- Monitor patients for signs and symptoms of ureteric obstruction
- JELMYTO is approved for instillation via nephrostomy tube; this may be considered as an alternative administration option

*Includes hydronephrosis, obstructive uropathy, pelvi-ureteric obstruction, ureteric obstruction, ureteric stenosis, and urinary tract obstruction.

Important Safety Information (cont'd)

Preparation and Administration Information (cont'd)

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.

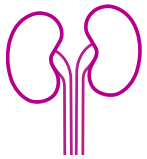
Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

The American Urological Association (AUA) in collaboration with the Society of Urologic Oncology (SUO) recognizes JELMYTO as part of a kidney-sparing approach to low-grade UTUC management[11]

Jelmyto® (mitomycin) for pyelocalyceal solution

AUA/SUO RECOMMENDED

The AUA/SUO Guideline recommends tumor ablation for the initial management of low-risk,* favorable† UTUC (Strong Recommendation‡; Evidence Level: Grade B§). In certain clinical situations, chemoablation with JELMYTO® (mitomycin) for pyelocalyceal solution is recommended[11]



JELMYTO is included as part of kidney-sparing management, particularly in scenarios involving

- Location and focality challenges
- Patients for whom age, comorbidities, baseline renal function, and/or procedural risk are considerations

The benefits of JELMYTO must be balanced against the risk of ureteral stricture‖

"The advent of new therapies such as reverse thermo-hydrogel preparation of mitomycin have provided an important new means of treating low-risk tumors."

– Coleman et al[11]

*Low-grade tumors.
†Includes negative cytology, no invasion, no obstruction, normal nodes, unifocal, papillary, no involvement.
‡Strong recommendation: Net benefit or harm substantial.
§Moderate certainty.
‖In the OLYMPUS Study, ureteric obstruction events were reported in 58% of patients, which included ureteric stenosis in 44% of patients. Most events were grade 1 or 2.

Important Safety Information (cont'd)

Preparation and Administration Information (cont'd)

JELMYTO is a hazardous drug. Follow applicable special handling and disposal procedures.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

NCCN Guidelines® for Upper GU Tract Tumors

NCCN RECOMMENDED*

National Comprehensive Cancer Network® (NCCN®) recommends mitomycin for pyelocalyceal solution (JELMYTO) following complete or near complete endoscopic resection as a primary therapy option for upper tract tumors[8†]

MOST SUITABLY INDICATED FOR

a residual, low-grade, low volume (5-15 mm), solitary tumor in the upper urinary tract

a patient not a candidate for or not seeking nephroureterectomy as a definitive treatment

Mitomycin for pyelocalyceal solution may be administered via ureteral catheter or a nephrostomy tube. Complete or near complete endoscopic resection or ablation is recommended prior to mitomycin ureteral gel application.

Mitomycin for pyelocalyceal solution (JELMYTO) should NOT be instilled immediately following resection or ablation. Please refer to the NCCN Guidelines and AUA/SUO Guideline for principles of instillation therapy.
*Category 2A recommendation. **Category 2A:** Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate. All recommendations are Category 2A unless otherwise indicated.
†See NCCN Guidelines Bladder Cancer (Version 3.2023) Intrapelvic and Intravesical Therapy for Upper Tract Tumors and NCCN Guidelines for Upper GU Tract Tumors (Version 3.2023) for detailed recommendations.

To view the most recent and complete version of the guidelines, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

Important Safety Information (cont'd)

Contraindications

JELMYTO is contraindicated in patients with perforation of the bladder or upper urinary tract.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

Flexibility to meet the needs of patients and practices

PHYSICIAN-PATIENT CHOICE IS AT THE FOREFRONT OF THE JELMYTO TREATMENT APPROACH[1,3]

Jelmyto® (mitomycin) for pyelocalyceal solution

CHOICE OF INSTILLATION

ANTEGRADE OR RETROGRADE INSTILLATION AVAILABLE[1]

- Instilled with the Uroject12 Syringe Lever and a nephrostomy tube or 5- or 7-French ureteral catheter
- General anesthesia is not required*

CHOICE OF LOCATION

ADMINISTERED IN THE CLINIC, HOSPITAL, OR ASC[3]

- Can be performed as an outpatient procedure — patients can go home soon after instillation

6 ONCE-WEEKLY INSTILLATIONS WITH THE CHOICE FOR MAINTENANCE THERAPY†

INSTILLED AS A CHILLED LIQUID[1‡]

- 4 mg per mL, with total instillation volume based on volumetric measurements using pyelography (not to exceed 15 mL)

Mitomycin for pyelocalyceal solution (JELMYTO) should NOT be instilled immediately following resection or ablation. Please refer to the NCCN Guidelines and AUA/SUO Guideline for principles of instillation therapy.

*Used in 37% of patients in the OLYMPUS Study for at least one instillation during the treatment period. Local anesthesia or sedation was used at the discretion of the physician.[1,3]
†For patients with a complete response, a maximum of 11 instillations can be administered once a month for maintenance therapy.[1]
‡Prior to administration, JELMYTO must be reconstituted by the pharmacy. On average, pharmacy partners report 45-60 minutes for the reconstitution of JELMYTO. (Individual times may vary.) It can then be stored for up to 96 hours (4 days) at room temperature.[1]
ASC = ambulatory surgery center.

Important Safety Information (cont'd)

Ureteric Obstruction

Ureteric obstruction, including ureteral stenosis and hydronephrosis, occurred in patients receiving JELMYTO. 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 discontinue JELMYTO based on the severity of ureteric obstruction.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

Accessing JELMYTO with confidence: Coverage

PATIENTS HAVE ACCESS TO JELMYTO ACROSS ALL PAYER CHANNELS

Jelmyto® (mitomycin) for pyelocalyceal solution

PAYER COVERAGE[9]*

100% Medicare Fee-for-Service

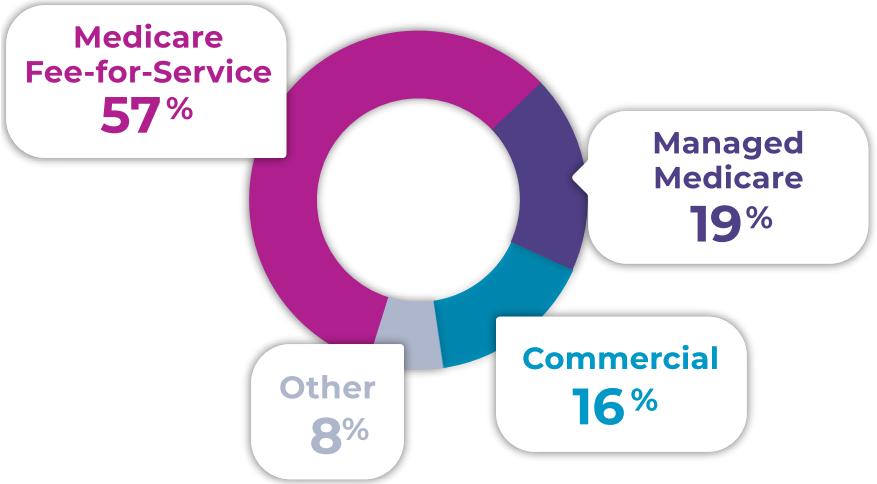
98% Managed Medicare

97% Commercial

PASS-THROUGH STATUS CONTINUES FOR UP TO 3 YEARS[12]

- JELMYTO continues to have pass-through status in the HOPD and ASC settings for Medicare fee-for-service beneficiaries

PAYER MIX[9]*



UROGEN SUPPORT™ PROVIDES ACCESS AND REIMBURSEMENT RESOURCES TO SUPPORT PATIENTS PRESCRIBED JELMYTO

*Based on total JELMYTO patient enrollment from May 1, 2020 to February 1, 2022. Data on file.

ASC = ambulatory surgery center; HOPD = hospital outpatient department.

This content is informational only and does not constitute medical, legal, or reimbursement advice and represents no statement, promise, or guarantee of payment/reimbursement. The provider is solely responsible for determining appropriate treatment for the patient based on the unique medical needs of each patient and the independent judgment of the provider. Contact payers directly as necessary for additional coverage and reimbursement information. All information presented may be subject to change at the local, regional, or national level.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

Accessing JELMYTO with confidence

UroGen Support™

Jelmyto® (mitomycin) for pyelocalyceal solution

OUR COMPREHENSIVE SUITE OF SUPPORT OFFERINGS*

Conduct **Benefits Investigation** to confirm patient coverage details

Determine **patient affordability and financial assistance for eligible patients**

Facilitate communications when **prior authorization and coverage appeal process assistance** are needed

Coordinate with you and the pharmacy on **product acquisition, preparation, and delivery**

*Additional restrictions and limitations may apply.

GET RESOURCES, BENEFITS INVESTIGATION SUPPORT, AFFORDABILITY OPTIONS, AND CUSTOMIZED ONLINE SUPPORT BY ENROLLING IN THE ONLINE PORTAL AT UROGENSUPPORT.COM/ENROLLMENTS/NEW

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

References

1. JELMYTO [package insert]. Princeton, NJ: UroGen Pharma, Inc.; 2022.
2. Lane BR, Smith AK, Larson BT, et al. Chronic kidney disease after nephroureterectomy for upper tract urothelial carcinoma and implications for the administration of perioperative chemotherapy. *Cancer*. 2010;116(12):2967-2973.
3. Kleinmann N, Matin SF, Pierorazio PM, 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;21(6):776-785.
4. Raman JD, Lin Y-K, Kaag M, et al. High rates of advanced disease, complications, and decline of renal function after radical nephroureterectomy. *Urol Oncol*. 2014;32(1):47e9-47e14.
5. Petros FG, Li R, Matin SF. Endoscopic approaches to upper tract urothelial carcinoma. *Urol Clin North Am*. 2018;45(2):267-286.
6. Fero KE, Shan Y, Lec PM, et al. Treatment patterns, outcomes, and costs associated with localized upper tract urothelial carcinoma. *JNCI Cancer Spectr*. 2021;5(6):pkab085.
7. Tasca A, Zattoni F, Garbeglio A, Villi G, Bassi P, Meneghini A. Endourologic treatment of transitional cell carcinoma of the upper urinary tract. *J Endourol*. 1992;6(3):253-256.
8. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Bladder Cancer V.3.2023. © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed May 25, 2023. To view the most recent and complete version of the guidelines, go online to NCCN.org.
9. Data on file. UroGen Pharma, Inc., Princeton, NJ.
10. Pierorazio PM, Kleinmann N, Shabsigh A, et al. Long-term outcomes of treatment with UGN-101, a mitomycin-containing reverse thermal gel, for primary chemoablation of low-grade upper tract urothelial carcinoma (LG UTUC). Poster presented at: Annual Meeting of the Society of Urologic Oncology; November 30-December 2, 2022; San Diego, CA. Poster 158.
11. Coleman JA, Clark PE, Bixler BR, et al. Diagnosis and management of non-metastatic upper tract urothelial carcinoma: AUA/SUO guideline. *J Urol*. 2023;209(6):1071-1081.
12. Centers for Medicare & Medicaid Services. Council for technology and innovation. Accessed February 1, 2022. http://www.cms.gov/Medicare/Coverage/CouncilonTechInnov

RETHINK RNU. GO BEYOND RESECTION.

GIVE PATIENTS WITH LOW-GRADE UTUC THE CHANCE TO SPARE THEIR KIDNEY WITH JELMYTO[1]*

Jelmyto® (mitomycin) for pyelocalyceal solution

JELMYTO is the first FDA-approved primary approach that offers

Versatility

- Appropriate across diverse presentations, including patients with unreachable tumors, higher tumor burden, and multifocal disease[1,3]

Efficacy

- Complete response in 58% of patients[1]
- Durability demonstrated at 12 months and in a long-term follow-up study[1,10]

Flexibility

- Instilled at multiple sites of care: ASC, hospital, clinic[3]
- Antegrade and retrograde approaches are both approved options[1]

Accessibility

- Access across all payer channels with a comprehensive suite of offerings and financial aid

*JELMYTO is instilled via the pyelocalyceal system in a procedure that spares the kidney.
ASC = ambulatory surgery center; RNU = radical nephroureterectomy.

Important Safety Information (cont'd)

Common Adverse Reactions

The most common adverse reactions in ≥ 20% of patients treated with JELMYTO were ureteric obstruction, flank pain, urinary tract infection, hematuria, abdominal pain, fatigue, renal dysfunction, nausea, dysuria, and vomiting.

Please see additional Important Safety Information throughout and click here for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

UroGen Pharma