Medical Policy

Utilization Management and Clinical Medical Policy

Policy Name:	Policy Number:	Scope:	Origination Date:	Effective Date:
Mitomycin (Zusduri™)	**MP-RX-FP-176-25**	☒ **MMM MA** ☒ **MMM MultiHealth**	**8/8/2025** **Last Review Date:** **7/1/2026**	**7/1/2026** **Frequently Revision:** **Annual**

Service Category:

- ☐ Anesthesia
- ☐ Surgery
- ☐ Radiology Procedures
- ☐ Pathology and Laboratory Procedures
- ☐ Medicine Services and Procedures
- ☐ Evaluation and Management Services
- ☐ DME/Prosthetics or Supplies
- ☒ Other: Part B Drugs

Service Description:

This document addresses the use of Mitomycin (ZUSDURI™), a drug approved by the Food and Drug Administration (FDA) for the treatment of adult patients with recurrent low-grade intermediate-risk non-muscle invasive bladder cancer (LG-IR-NMIBC).

Background Information:

The efficacy of ZUSDURI was evaluated in ENVISION (NCT05243550), a single-arm, multicenter trial in 240 adults with recurrent low-grade intermediate-risk non-muscle invasive bladder cancer (LG-IRNMIBC), of whom 223 were evaluable for response.

LG-IR-NMIBC was defined as Ta disease, histologically confirmed by biopsy, having one or two of the following: the presence of multiple tumors, a solitary tumor > 3 cm, and/or early or frequent recurrence (≥ 1 occurrence of LG-NMIBC within 1 year of the current diagnosis). Patients were required to have a previous occurrence of LG-NMIBC (Ta) treated by TURBT. The trial excluded patients with T1 tumors, or history of high-grade NMIBC within the previous two years, and/or those with prior intravesical chemotherapy within the prior two years (except for a single dose of intravesical chemotherapy immediately after any previous TURBT) and/or Bacillus Calmette-Guerin treatment within the previous year.

Patients received 75 mg ZUSDURI via urinary catheter once a week for 6 weeks.

Assessment of tumor status was performed every 3 months by cystoscopy, for-cause biopsy, and urine cytology. The major efficacy outcome measures were complete response rate (CR) at 3 months (defined as no detectable disease in the bladder by cystoscopy, biopsy [if indicated], and urine cytology) and duration of response.

The median age of patients was 70 years (range, 30-92 years); 62% were male; race was White (97.8%), Black (0.9%), Asian (0.9%), or not reported (0.4%); 1.3% were Hispanic/Latino. Multiple tumors were present in 84% of patients, 6% had a tumor > 3 cm, 55% had a previous LG-NMIBC occurrence within 1 year of the current diagnosis, and all patients had a prior TURBT for LG-NMIBC.

Approved Indications

A. For the treatment of adult patients with recurrent low-grade intermediate-risk non-muscle invasive bladder cancer (LG-IR-NMIBC).

Other Uses

A. None.

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Medical Necessity Guidelines:

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Mitomycin (ZUSDURI™)

A. Criteria For Initial Approval (*Provider must submit documentation [such as office chart notes, lab results, pathology reports, imaging studies, and any other pertinent clinical information] supporting the patient's diagnosis for the drug and confirming that the patient has met **all** approval criteria.)*

Requests for Zusduri (mitomycin intravesical solution) may be approved if the following criteria are met:

i. Individual is 18 years of age or older; **AND**
ii. Individual is using for intravesical instillation; **AND**
iii. Individual meets one of the following:

A. Individual is diagnosed with recurrent low-grade intermediate-risk non-muscle invasive bladder cancer (LG-IR-NMIBC) [Label];

OR

A. Individual has non-muscle invasive bladder cancer; **AND**
B. Individual is using as a single dose for immediate intravesical chemotherapy within 24 hours of transurethral resection of bladder tumor (TURBT); [NCCN 1]

OR

A. Individual has non-muscle invasive bladder cancer; **AND**
B. Individual is using for initial management as intravesical chemotherapy for one of the following:
   1. Intermediate-risk disease as a single agent; **OR**
   2. Intermediate-risk disease as a component of sequential gemcitabine/mitomycin; **OR**
   3. High-risk disease as a component of sequential gemcitabine/mitomycin; [NCCN 2A];

OR

A. Individual has non-muscle invasive bladder cancer; **AND**
B. Individual is using as initial management or adjuvant intravesical chemotherapy for intermediate- or high-risk disease in the event of a BCG shortage, when BCG is completely unavailable; **AND**
C. Individual is using as one of the following:
   1. A single agent; **OR**
   2. A component of sequential gemcitabine/mitomycin; [NCCN 2A]

OR

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A. Individual has persistent or recurrent intermediate- or high-risk non-muscle invasive bladder cancer after intravesical BCG and is BCG-unresponsive or BCG-intolerant;
B. Individual has cytology-positive and bladder-biopsy positive disease; **AND**
C. Individual has imaging-negative and cystoscopy-negative disease; A**ND**
D. Individual is using as intravesical chemotherapy; [NCCN 2A]

OR

A. Individual has muscle-invasive bladder cancer, stage II (cT2, N0) disease or stage IIIA (cT3, N0; cT4a, N0; cT1-T4a, N1) disease; **AND**
B. Individual is using as subsequent treatment in combination with transurethral resection of bladder tumor (TURBT) as one of the following:
    1. A single agent; **OR**
    2. A component of sequential gemcitabine/mitomycin; **AND**
C. Individual has one of the following:
    1. CIS, Ta, or T1 disease upon reassessment of tumor status after primary treatment with bladder-preserving concurrent chemoradiotherapy and TURBT; **OR**
    2. CIS, Ta, or T1 disease upon reassessment of tumor status after primary treatment with radiotherapy; [NCCN 2A]

OR

A. Individual has CIS, Ta, or T1 local recurrence or persistent disease in a preserved bladder after treatment with curative intent; **AND**
B. Individual is using as one of the following:
    1. A single agent; **OR**
    2. A component of sequential gemcitabine/mitomycin; [NCCN 2A]; **AND**

iv. Requested dose, frequency, duration, and route of administration are consistent with FDA-approved prescribing information, accepted compendia, or NCCN-supported use.

B. Criteria For Continuation of Therapy

i. MMM considers continuation of *Mitomycin (ZUSDURI)* therapy medically necessary in members requesting reauthorization for an indication listed in Section A above (Criteria for Initial Approval) when there is no evidence of unacceptable toxicity or disease progression while on the current regimen, and the recommended duration of therapy has not been exceeded. The following information should be submitted for reauthorization:
    A. A current oncology note documenting the patient's response to treatment showing no progression of disease.
    B. Current cystoscopy findings, urine cytology, biopsy results, imaging studies, or other objective measures, as clinically appropriate, showing no progression of disease when compared with previous results.

C. Authorization Duration

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i. Initial Approval Duration: Approval per cycle
ii. Reauthorization Approval Duration: Approval per cycle

D. Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive):

Requests for Zusduri (mitomycin intravesical solution) may not be approved for the following:

i. Individual with perforation of the bladder; **OR**
ii. Individual has compromised integrity of the bladder mucosa until bladder integrity has been restored; **OR**
iii. When the above criteria are not met and for all other indications.

Limits or Restrictions:

A. Therapeutic Alternatives

The list below includes preferred alternative therapies recommended in the approval criteria and may be subject to prior authorization.

i. N/A

B. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Drug	Limit
ZUSDURI (mitomycin) for intravesical solution	• Recommended dose: 75 mg (56 mL) intravesical once weekly for six weeks. • Maximum quantity of 6 kits per 6-week cycle
Intravesical solution kit	
• Two 40 mg (each) single-dose vials of mitomycin for intravesical solution. • One vial of 60 mL sterile hydrogel for reconstitution.	

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Codes Information:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

ICD-10 Diagnostic Codes:

Codes	Description
C67.0–C67.9	Malignant neoplasm of bladder
D09.0	Carcinoma in situ of bladder
Z85.51	Personal history of malignant neoplasm of bladder

HCPCS Codes:

Codes	Description
J9282	Mitomycin, intravesical instillation, 1 mg [Zusduri]

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Reference Information:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. 2.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically. 3.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically. 4.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2026 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on July 7, 2025.
    a. Bladder Cancer. V1.2026. Revised March 16, 2026.
5. Prasad, S. M., Shishkov, D., Mihaylov, N. V., Khuskivadze, A., Genov, P., Terzi, V., … Schoenberg, M. (2025). Primary Chemoablation of Recurrent Low-Grade Intermediate-Risk Nonmuscle-Invasive Bladder Cancer With UGN-102: A Single-Arm, Open-Label, Phase 3 Trial (ENVISION). Journal of Urology, 213(2), 205–216. https://doi.org/10.1097/JU.0000000000004296 (Original work published February 1, 2025)
6. UroGen Pharma, Inc. (2025). ZUSDURI™ (mitomycin) for intravesical solution prescribing information. Accessed April 29, 2026. https://www.urogen.com/download/pdf/zusduri_prescribing.pdf

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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Policy History:

Type of Review	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Annual Review	Updated criteria for Mitomycin (ZUSDURI™) to align with the FDA-approved indication for adult patients with recurrent low-grade intermediate-risk non-muscle invasive bladder cancer (LG-IR-NMIBC) and incorporated NCCN Category 1 and 2A recommended uses for intravesical mitomycin in bladder cancer. Updated continuation criteria and Conditions Not Covered to include compromised bladder mucosal integrity. Updated quantity limitations table to add the recommended dosage. Coding reviewed: added ICD-10-CM code C67.0–C67.9 description, added codes: D09.0, and Z85.51. Wording and formatting changes. Updated references and incorporated new policy template.	6/19/2026	7/1/2026
Select Review	Coding reviewed: J9282 added.	N/A	N/A
Policy Inception	MMM developed Medical Policy.	7/21/2025	8/8/2025