A Guide to JEMPERLI

Jemperli (dostarlimab-gxly) Injection 500 mg

A Resource for Nurses, Pharmacists, and the Extended Care Team

As a member of the Care Team, we know that your main priority is your patients. Whether that includes educating them on their diagnosis, preparing their medication in the pharmacy, or administering their infusion, we've put this comprehensive JEMPERLI resource together, so you can focus on what's most important: taking the best care of your patients.

Please see Important Safety Information throughout and on pages 19 and 20, and full Prescribing Information, including Medication Guide.

Table of Contents

Please see Important Safety Information throughout and on pages 19 and 20, and full Prescribing Information, including Medication Guide.

Jemperli (dostarlimab-gxly) Injection 500 mg

What Is JEMPERLI?

JEMPERLI can be used in combination with carboplatin and paclitaxel, followed by JEMPERLI as a monotherapy, for the treatment of adult patients with primary advanced or recurrent endometrial cancer.[1]

It can be used as a monotherapy for the treatment of adult patients with mismatch repair deficient (dMMR) recurrent or advanced endometrial cancer, as determined by an FDA-approved test, that has progressed on or following prior treatment with a platinum-containing regimen in any setting and are not candidates for curative surgery or radiation.[1]

INDICATIONS

- JEMPERLI, in combination with carboplatin and paclitaxel, followed by JEMPERLI as a single agent, is indicated for the treatment of adult patients with primary advanced or recurrent endometrial cancer (EC).
- JEMPERLI, as a single agent, is indicated for the treatment of adult patients with mismatch repair deficient (dMMR) recurrent or advanced EC, as determined by an FDA-approved test, that has progressed on or following prior treatment with a platinum-containing regimen in any setting and are not candidates for curative surgery or radiation.

IMPORTANT SAFETY INFORMATION

Severe and Fatal Immune-Mediated Adverse Reactions

- Immune-mediated adverse reactions, which can be severe or fatal, can occur in any organ system or tissue and can occur at any time during or after treatment with a PD-1/PD-L1–blocking antibody, including JEMPERLI.
- Monitor closely for signs and symptoms of immune-mediated adverse reactions. Evaluate liver enzymes, creatinine, and thyroid function tests at baseline and periodically during treatment. For suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate.

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Jemperli (dostarlimab-gxly) Injection 500 mg

JEMPERLI is an immunotherapy: a treatment that is designed to work with the immune system to help fight cancer.[1,2]

- Cancer cells can hide from the immune system. These cells are then able to grow and spread[3-5]
- JEMPERLI may prevent cancer cells from hiding, so the immune system can find and attack them[1,3,4]
- JEMPERLI is not chemotherapy or radiation[1,2]

Check out the data from the RUBY trial

LEARN MORE ABOUT JEMPERLI →

IMPORTANT SAFETY INFORMATION (CONT'D)

Severe and Fatal Immune-Mediated Adverse Reactions (cont'd)

- Based on the severity of the adverse reaction, withhold or permanently discontinue JEMPERLI. In general, if JEMPERLI requires interruption or discontinuation, administer systemic corticosteroids (1 to 2 mg/kg/day prednisone or equivalent) until improvement to ≤Grade 1. Upon improvement to ≤Grade 1, initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reaction is not controlled with corticosteroids.

Immune-Mediated Pneumonitis

- JEMPERLI can cause immune-mediated pneumonitis, which can be fatal. In patients treated with other PD-1/PD-L1–blocking antibodies, the incidence of pneumonitis is higher in patients who have received prior thoracic radiation. Pneumonitis occurred in 2.3% (14/605) of patients, including Grade 2 (1.3%), Grade 3 (0.8%), and Grade 4 (0.2%) pneumonitis.

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Jemperli (dostarlimab-gxly) Injection 500 mg

How to Store JEMPERLI[1]

Store the unopened vial under refrigeration in the original carton until time of preparation in order to protect from light.

ONCE PREPARED, STORE:

At room temperature

Under refrigeration

at 2 °C to 8 °C (36 °F to 46 °F), and allow the diluted solution to come to **room temperature prior to administration**.

Discard prepared dose after 6 hours at room temperature or after 24 hours under refrigeration

from the time of preparation until the end of infusion.

Do not freeze.

How to Prepare & Administer JEMPERLI[1]

1 Visually inspect the solution.

DO NOT SHAKE

✓ Solution should be clear to slightly opalescent, colorless to yellow	✗ Particulate matter and discoloration

Discard the vial if visible particles are observed.

JEMPERLI is compatible with an infusion bag made of polyolefin, ethylene vinyl acetate, or polyvinyl chloride with di(2-ethylhexyl) phthalate (DEHP).

2 Prepare required dose:

Each vial contains 500 mg/10 mL (50 mg/mL) solution for intravenous infusion after dilution.

FOR THE 500 mg DOSE

Withdraw 10 mL of JEMPERLI from a vial using a disposable sterile syringe made of polypropylene and dilute into an intravenous infusion bag containing:

0.9% Sodium Chloride Injection, USP **OR** 5% Dextrose Injection, USP

to a final concentration between 2 to 10 mg/mL (maximum 250 mL).

FOR THE 1000 mg DOSE

Withdraw 10 mL of JEMPERLI from each of 2 vials (withdraw 20 mL total) using a disposable sterile syringe made of polypropylene and dilute into an intravenous infusion bag containing:

0.9% Sodium Chloride Injection, USP **OR** 5% Dextrose Injection, USP

to a final concentration between 4 to 10 mg/mL (maximum 250 mL).

3 Mix diluted solution by gentle inversion.

DO NOT SHAKE

How to Prepare & Administer JEMPERLI[1] (cont'd)

4 **Discard any unused portion left in the vial.**

5 **JEMPERLI infusion solution is administered intravenously over 30 minutes.**

JEMPERLI must not be administered as an intravenous push or bolus injection. JEMPERLI should be administered through an intravenous line using tubing made of polyvinyl chloride or platinum cured silicon; fittings made of polyvinyl chloride or polycarbonate; and a sterile, non-pyrogenic, low-protein binding, 0.2-micron, in-line or add-on filter.

Do not co-administer other drugs through the same infusion line.

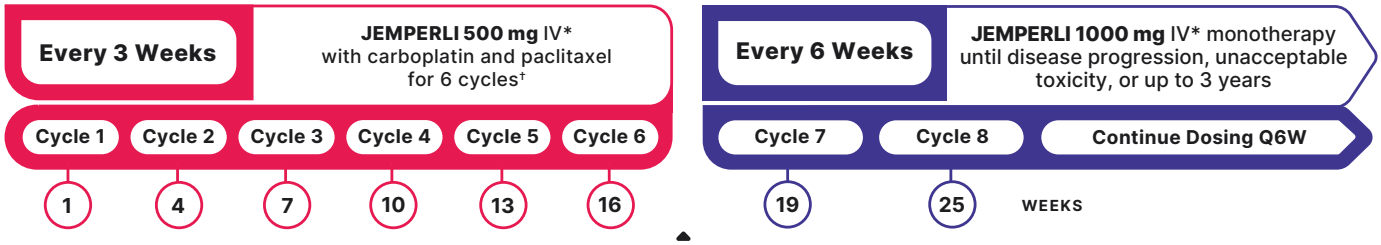
Need more details? You can find more in-depth information in the Dosing and Administration Guide.

ACCESS JEMPERLI RESOURCES →

JEMPERLI Dosing

JEMPERLI GIVEN IN COMBINATION[1]

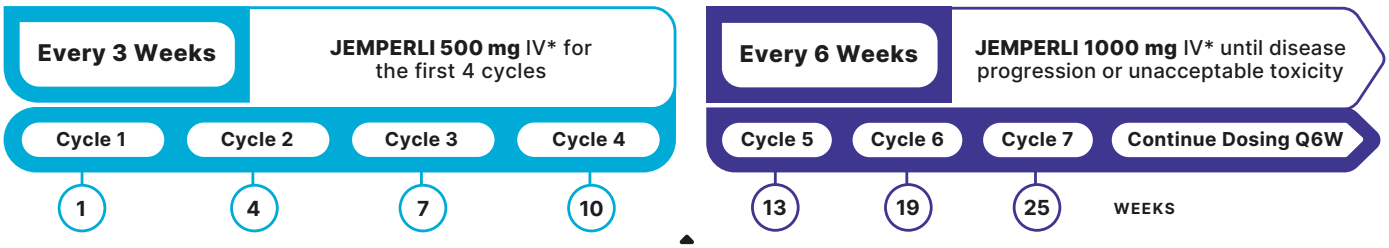
JEMPERLI + carboplatin and paclitaxel (CP) dosing established in the RUBY trial: Deliver a proven combination up front, then continue with JEMPERLI



Administer JEMPERLI prior to carboplatin and paclitaxel when given on the same day.

JEMPERLI GIVEN AS MONOTHERAPY[1]

JEMPERLI dosing established in the GARNET trial



*30-minute intravenous infusion. †First 6 doses are administered in combination with carboplatin and paclitaxel. Refer to the Prescribing Information for the agents administered in combination with JEMPERLI, as appropriate.
IV=intravenous; Q6W=every 6 weeks.

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Colitis

- Colitis occurred in 1.3% (8/605) of patients, including Grade 2 (0.7%) and Grade 3 (0.7%) adverse reactions. Cytomegalovirus infection/reactivation have occurred in patients with corticosteroid-refractory immune-mediated colitis. In such cases, consider repeating infectious workup to exclude alternative etiologies.

Immune-Mediated Hepatitis

- JEMPERLI can cause immune-mediated hepatitis, which can be fatal. Grade 3 hepatitis occurred in 0.5% (3/605) of patients.

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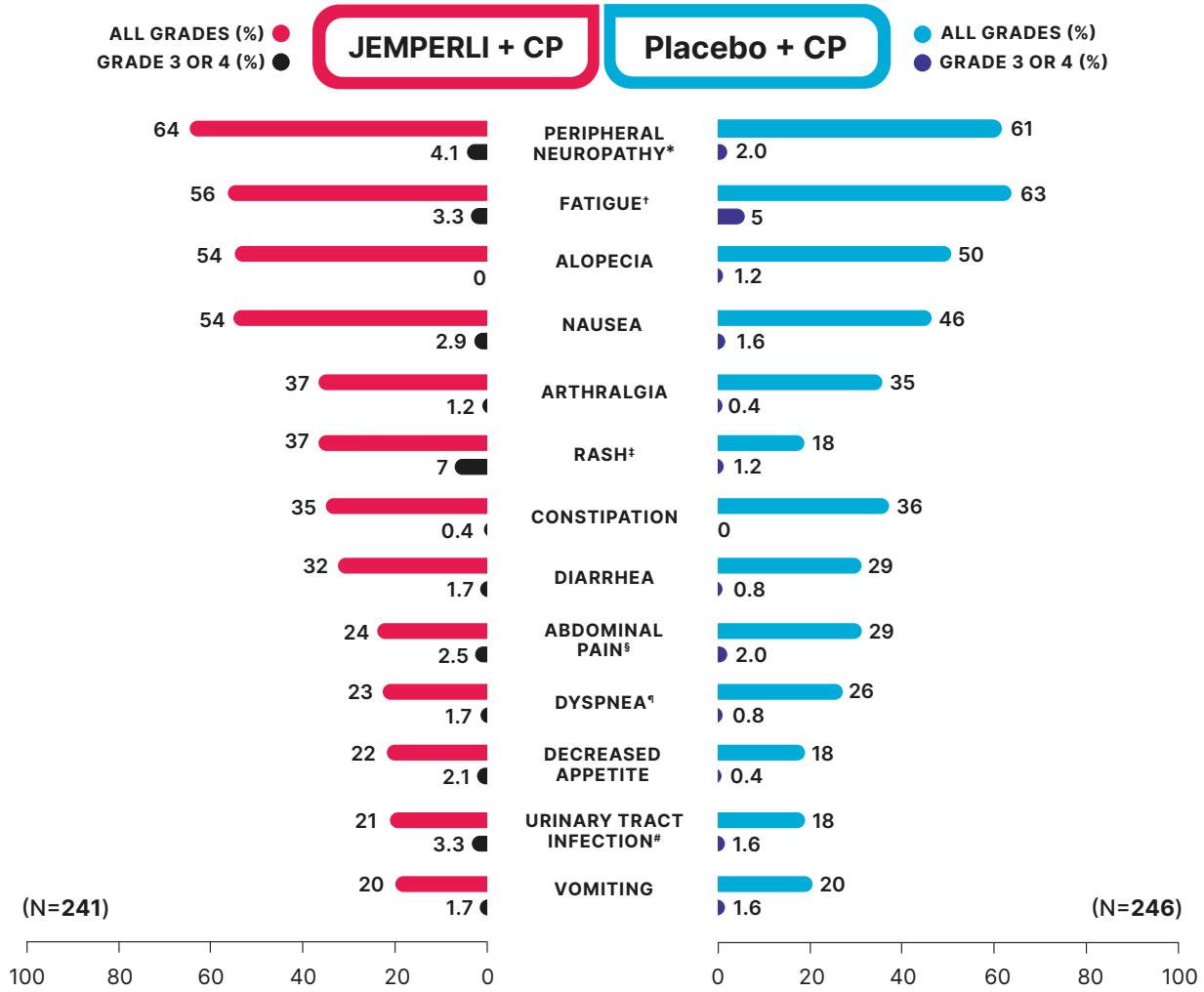
Jemperli (dostarlimab-gxly) Injection 500 mg

The Safety Profile of JEMPERLI + CP Has Been Well Established in the RUBY Part 1 Trial[1]

For purposes of prescription drug labeling, an adverse reaction is an undesirable effect, reasonably associated with the use of a drug, that may occur as part of the pharmacological action of the drug or may be unpredictable in its occurrence.[6]

Adverse reactions (≥20%) in patients who received JEMPERLI + CP in RUBY Part 1[1]



Graded per National Cancer Institute Common Terminology Criteria for Adverse Events Version 4.03.1.
*Includes neuropathy peripheral and peripheral sensory neuropathy. †Includes fatigue and asthenia. ‡Includes rash, rash maculo-papular, palmar-plantar erythrodysesthesia syndrome, rash pustular, skin exfoliation, and vulvovaginal rash. §Includes abdominal pain, abdominal pain upper, abdominal pain lower, gastrointestinal pain, abdominal discomfort, epigastric discomfort, and abdominal tenderness. ¶Includes dyspnea and dyspnea exertional. #Includes urinary tract infection, urinary tract infection bacterial, cystitis, and pyelonephritis.

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Jemperli (dostarlimab-gxly) Injection 500 mg

JEMPERLI + CP Safety Profile

- In patients receiving JEMPERLI + CP, 19% (n=46) of patients permanently discontinued JEMPERLI due to adverse reactions[1]
- Adverse reactions that required permanent discontinuation in ≥2 patients included 3 cases (1.2%) of rash maculo-papular, and 2 cases (0.8%) each of increased alanine aminotransferase (ALT), increased aspartate aminotransferase (AST), diarrhea, pancreatitis, fatigue, pneumonitis, and arthralgia[1]
- The most common adverse reactions, including laboratory abnormalities (≥20%), were decreased hemoglobin, increased creatinine, peripheral neuropathy, decreased white blood cell count, fatigue, nausea, alopecia, decreased platelets, increased glucose, decreased lymphocytes, decreased magnesium, decreased neutrophils, increased AST, arthralgia, rash, constipation, diarrhea, increased ALT, decreased potassium, decreased albumin, decreased sodium, increased alkaline phosphatase, abdominal pain, dyspnea, decreased appetite, increased amylase, decreased phosphate, urinary tract infection, and vomiting[1]
- Serious adverse reactions occurred in 39% of patients receiving JEMPERLI + CP; the most common serious adverse reactions were sepsis, including urosepsis (3.7%), and pulmonary embolism (3.3%)[1]
- Fatal adverse reactions occurred in 1.2% of patients receiving JEMPERLI, including septic shock (0.8%) and myelosuppression (0.4%)[1]

It can be hard to find the time to address all of your patients' concerns in one appointment, but as you partner with them throughout their treatment journey,

even a short visit can mean so much to them.

By connecting with your patients and fostering open communication, you're helping to build their confidence and ease any concerns they may have about their treatment plan.

Please see Important Safety Information throughout and on pages 19 and 20, and full Prescribing Information, including Medication Guide.

Jemperli (dostarlimab-gxly) Injection 500 mg

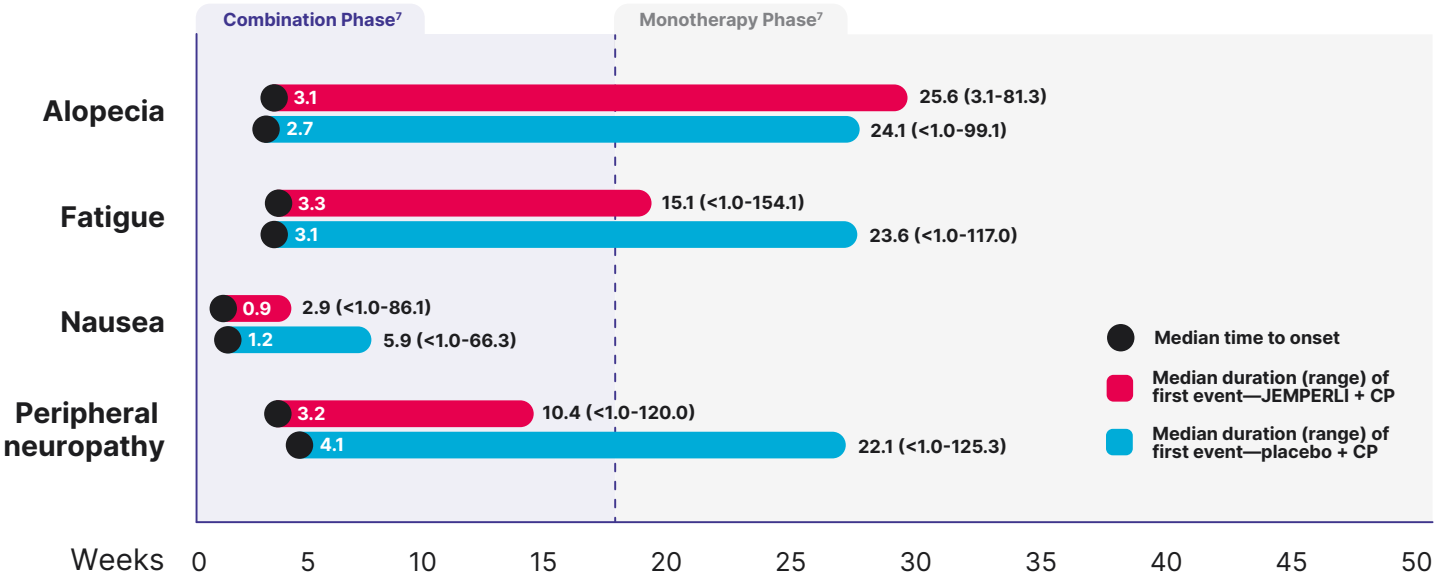
Treatment-Related Adverse Events With JEMPERLI + CP

Treatment-related adverse events (TRAEs) were defined by the investigator as adverse events for which a causal relationship between any study treatment, like JEMPERLI, carboplatin, or paclitaxel, and the adverse event was a reasonable possibility.[7]

- Grade ≥3 TRAEs in the RUBY Part 1 trial occurred in 53% of patients receiving JEMPERLI + CP (n=128/241) vs 47% of patients receiving placebo + CP (n=115/246)[7]

The 4 most frequent TRAEs of any severity in RUBY Part 1 (≥40% in either arm) were **alopecia**, **fatigue**, **nausea**, and **peripheral neuropathy**.[7]

- The median time to onset of these TRAEs occurred within the first 5 weeks[7]
- The median duration of the first occurrence of these TRAEs in those receiving JEMPERLI + CP was similar to or shorter than the median duration in those receiving placebo + CP and occurred within the first 30 weeks[7]



IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies

- Adrenal Insufficiency
  - Adrenal insufficiency occurred in 1.2% (7/605) of patients, including Grade 2 (0.5%) and Grade 3 (0.7%). For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment per institutional guidelines, including hormone replacement as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.
- Hypophysitis
  - JEMPERLI can cause immune-mediated hypophysitis. Grade 3 hypophysitis occurred in 0.4% (1/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel. Grade 2 hypophysitis occurred in 0.2% (1/605) of patients receiving JEMPERLI as a single agent. Initiate hormone replacement as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.

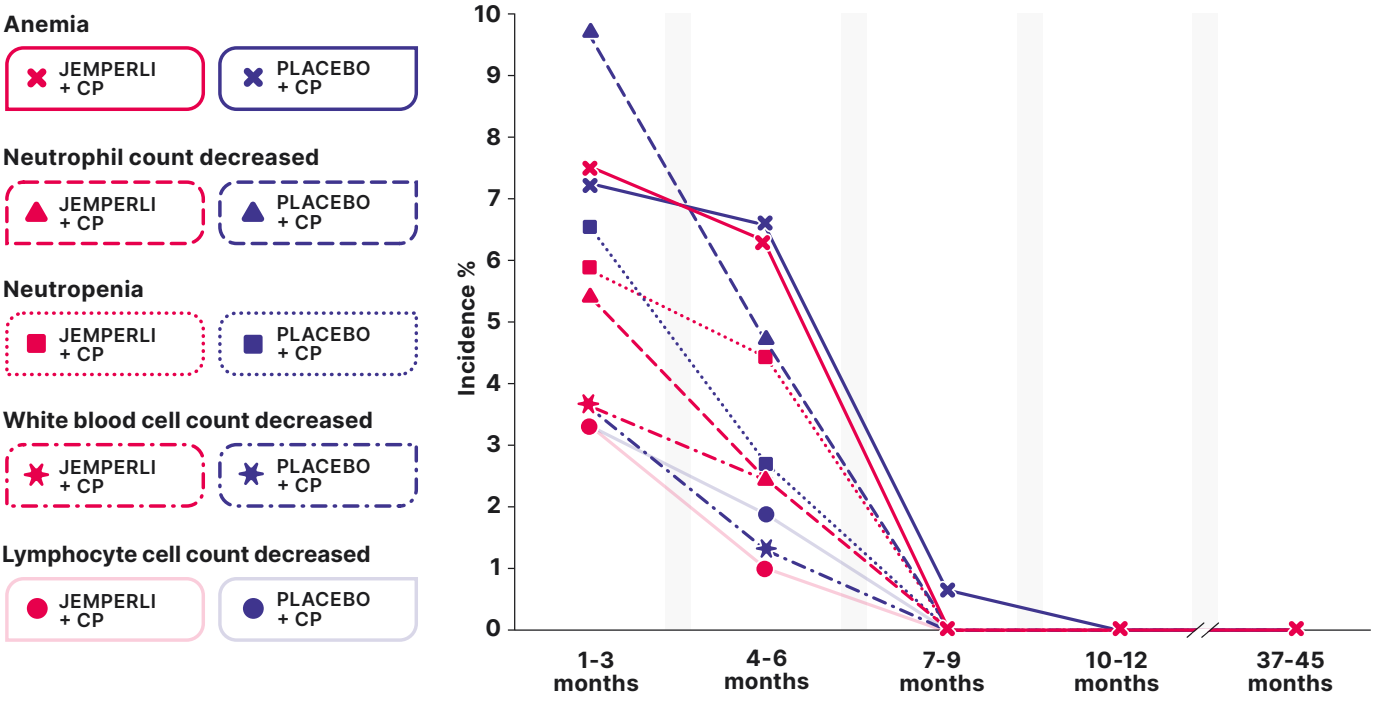
Please see additional Important Safety Information throughout and on pages 19 and 20, and full Prescribing Information, including Medication Guide.

Jemperli (dostarlimab-gxly) Injection 500 mg

In the RUBY Part 1 Trial, the 5 Most Common Grade ≥3 TRAEs Were Observed Primarily During the First 3-6 Months[8]

- The most common Grade ≥3 TRAEs (>4% in either arm) were anemia, decreased neutrophil count, neutropenia, decreased white blood cell count, and decreased lymphocyte cell count[8]
- Patients received CP in combination with JEMPERLI during the first ~4 months of RUBY Part 1 (Q3W for 6 cycles)[1]

Time to onset for the most common Grade ≥3 TRAEs (>4% in either arm)[8]



Q3W=every 3 weeks.

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies (cont'd)

- Thyroid Disorders
  - Grade 2 thyroiditis occurred in 0.5% (3/605) of patients. Grade 2 hypothyroidism occurred in 12% (30/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel. Grade 2 hypothyroidism occurred in 8% (46/605) of patients receiving JEMPERLI as a single agent. Hyperthyroidism occurred in 3.3% (8/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel, including Grade 2 (2.9%) and Grade 3 (0.4%). Hyperthyroidism occurred in 2.3% (14/605) of patients receiving JEMPERLI as a single agent, including Grade 2 (2.1%) and Grade 3 (0.2%). Initiate thyroid hormone replacement or medical management of hyperthyroidism as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.

Please see additional Important Safety Information throughout and on pages 19 and 20, and full Prescribing Information, including Medication Guide.

Jemperli (dostarlimab-gxly) Injection 500 mg

Monitoring for Immune-Mediated ARs With JEMPERLI

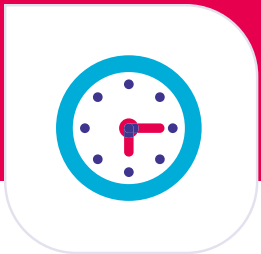
Immune-mediated adverse reaction (imAR) refers to adverse reactions (ARs) that occurred in the context of exposure to an immunotherapy and are consistent with the development of an autoimmune reaction, and are not attributable to another cause (eg, infection, trauma, other drugs).[6]

Early identification and management of immune-mediated adverse reactions are essential to ensure safe use of PD-1/PD-L1–blocking antibodies like JEMPERLI[1]

Monitor closely for symptoms and signs of underlying immune-mediated adverse reactions.

Evaluate liver enzymes, creatinine, and thyroid function tests at baseline and periodically during treatment.

If an immune-mediated adverse reaction is suspected, initiate appropriate workup and exclude any alternative causes, such as infection.



Institute medical management promptly, including specialty consultation as appropriate.

Advise patients[1]:

- That immune-mediated adverse reactions can occur and may involve any organ system, and to contact their doctor immediately for any new signs or symptoms
- Of the risk of solid organ transplant rejection and to contact their doctor immediately for signs or symptoms of organ transplant rejection

Please refer to Section 17 of the Prescribing Information for additional patient counseling information regarding other potential adverse reactions such as infusion-related reactions, complications of allogeneic hematopoietic stem cell transplantation, and embryo-fetal toxicity.

PD-1=program death receptor 1; PD-L1=program death ligand 1.

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Jemperli (dostarlimab-gxly) Injection 500 mg

How to Manage Immune-Mediated ARs With JEMPERLI[1]

No dose modifications of JEMPERLI are recommended

- In general, withhold JEMPERLI for severe (Grade 3) immune-mediated ARs
- Permanently discontinue for:
  - Life-threatening (Grade 4) immune-mediated ARs
  - Recurrent severe (Grade 3) immune-mediated reactions that require systemic immunosuppressive treatment, or an inability to reduce corticosteroid dose to 10 mg or less of prednisone equivalent per day within 12 weeks of initiating steroids

Dosage modifications for JEMPERLI for adverse reactions that require management different from these general guidelines are summarized on pages 15-18.

In general:

- If JEMPERLI requires interruption or discontinuation, administer systemic corticosteroids (1 to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less
- Upon improvement to Grade 1 or less, initiate corticosteroid taper and continue to taper over at least 1 month
- Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reaction is not controlled with corticosteroids

Make sure patients who are receiving JEMPERLI are informed that even if adverse reactions do not occur within the timelines observed on pages 11-12, there is a risk that adverse reactions may occur anytime during or after discontinuation of treatment and may require corticosteroid or other treatment and interruption or discontinuation of JEMPERLI.

Monitoring and Dosage Modifications for Immune-Mediated ARs and Infusion-Related Reactions

Advise patients to call your office immediately if they experience any of the following. All adverse reactions are immune-mediated unless otherwise noted

Pneumonitis[1]

ADVISE PATIENTS TO LOOK OUT FOR:
New or worsening cough, chest pain, or shortness of breath

SEVERITY*	RECOMMENDED DOSAGE MODIFICATIONS
Grade 2	Withhold†
Grade 3 or 4 or recurrent Grade 2	Permanently discontinue

Colitis[1]

ADVISE PATIENTS TO LOOK OUT FOR:
Diarrhea or severe abdominal pain

SEVERITY*	RECOMMENDED DOSAGE MODIFICATIONS
Grade 2 or 3	Withhold†
Grade 4	Permanently discontinue

Dosage Modifications (cont'd)

Hepatitis[1]

ADVISE PATIENTS TO LOOK OUT FOR:
Jaundice, severe nausea or vomiting, or easy bruising or bleeding

Hepatitis with NO tumor involvement of the liver		Hepatitis WITH tumor involvement of the liver‡	
SEVERITY*	**RECOMMENDED DOSAGE MODIFICATIONS**	**SEVERITY***	**RECOMMENDED DOSAGE MODIFICATIONS**
AST or ALT increases to >3x and up to 8x ULN or total bilirubin increases to >1.5x and up to 3x ULN	Withhold†	**Baseline AST or ALT is >1x and up to 3x ULN and increases to >5x and up to 10x ULN or baseline AST or ALT is >3x and up to 5x ULN and increases to >8x and up to 10x ULN**	Withhold†
AST or ALT increases to >8x ULN or total bilirubin increases to >3x ULN	Permanently discontinue	**AST or ALT increases to >10x ULN or total bilirubin increases to >3x ULN**	Permanently discontinue

*Based on National Cancer Institute Common Terminology Criteria for Adverse Events, Version 5.0.[1] †Resume in patients with complete or partial resolution (Grade 0 to 1) after corticosteroid taper. Permanently discontinue if no complete or partial resolution within 12 weeks of initiating steroids or inability to reduce prednisone to less than 10 mg/day (or equivalent) within 12 weeks of initiating steroids.[1] ‡If AST and ALT are ≤ULN at baseline in patients with liver involvement, withhold or permanently discontinue JEMPERLI based on recommendations for hepatitis with no liver involvement.[1]
ULN=upper limit of normal.

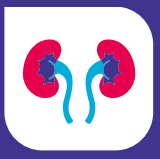
Dosage Modifications (cont'd)

Endocrinopathies[1]

ADVISE PATIENTS TO LOOK OUT FOR:
Hormone gland problems like headaches that will not go away or unusual headaches, eye sensitivity to light, rapid heartbeat, increased sweating, weight gain or weight loss, feeling cold, or changes in mood or behavior

SEVERITY*	RECOMMENDED DOSAGE MODIFICATIONS
Grade 2, 3, or 4	Withhold until clinically stable or permanently discontinue, depending on severity†

Nephritis with renal dysfunction[1]



ADVISE PATIENTS TO LOOK OUT FOR:
Changes in urination, blood in their urine, swelling in their ankles, or loss of appetite

SEVERITY*	RECOMMENDED DOSAGE MODIFICATIONS
Grade 2 or 3 increased blood creatinine	Withhold†
Grade 4 increased blood creatinine	Permanently discontinue

Exfoliative dermatologic conditions[1]

ADVISE PATIENTS TO LOOK OUT FOR:
Rash, itching, skin blistering or peeling, swollen lymph nodes, painful sores or ulcers in their mouth or nose, throat, or genital area, or fever or flu-like symptoms

SEVERITY*	RECOMMENDED DOSAGE MODIFICATIONS
Suspected SJS, TEN, or DRESS	Withhold†
Confirmed SJS, TEN, or DRESS	Permanently discontinue

DRESS=drug with eosinophilia and systemic symptoms; SJS=Stevens-Johnson syndrome; TEN=toxic epidermal necrolysis.

Please see Important Safety Information throughout and on pages 19 and 20, and full Prescribing Information, including Medication Guide.

Dosage Modifications (cont'd)

Myocarditis[1]

ADVISE PATIENTS TO LOOK OUT FOR:
Chest pain, shortness of breath, or irregular heartbeat

SEVERITY*	RECOMMENDED DOSAGE MODIFICATIONS
Grade 2, 3, or 4	Permanently discontinue

Neurological toxicities[1]

ADVISE PATIENTS TO LOOK OUT FOR:
Confusion, sleepiness, memory problems, changes in mood or behavior, numbness or tingling, vision changes, or persistent or severe muscle pain or weakness

SEVERITY*	RECOMMENDED DOSAGE MODIFICATIONS
Grade 2	Withhold†
Grade 3 or 4	Permanently discontinue

Infusion-related reactions (not immune-mediated)[1]

ADVISE PATIENTS TO LOOK OUT FOR:
Chills or shaking, itching or rash, flushing, shortness of breath or wheezing, dizziness, feeling like passing out, fever, or back or neck pain

SEVERITY*	RECOMMENDED DOSAGE MODIFICATIONS
Grade 1 or 2	Interrupt or slow the rate of infusion
Grade 3 or 4	Permanently discontinue

*Based on National Cancer Institute Common Terminology Criteria for Adverse Events, Version 5.0.[1] †Resume in patients with complete or partial resolution (Grade 0 to 1) after corticosteroid taper. Permanently discontinue if no complete or partial resolution within 12 weeks of initiating steroids or inability to reduce prednisone to less than 10 mg/day (or equivalent) within 12 weeks of initiating steroids.[1]

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IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies (cont'd)

- Type 1 Diabetes Mellitus, Which Can Present with Diabetic Ketoacidosis
  - JEMPERLI can cause type 1 diabetes mellitus, which can present with diabetic ketoacidosis. Grade 3 type 1 diabetes mellitus occurred in 0.4% (1/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel. Grade 3 type 1 diabetes mellitus occurred in 0.2% (1/605) of patients receiving JEMPERLI as a single agent. Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.

Immune-Mediated Nephritis with Renal Dysfunction

- JEMPERLI can cause immune-mediated nephritis, which can be fatal. Grade 2 nephritis, including tubulointerstitial nephritis, occurred in 0.5% (3/605) of patients.

Immune-Mediated Dermatologic Adverse Reactions

- JEMPERLI can cause immune-mediated rash or dermatitis. Bullous and exfoliative dermatitis, including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and drug rash with eosinophilia and systemic symptoms (DRESS), have occurred with PD-1/PD-L1–blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-bullous/exfoliative rashes. Withhold or permanently discontinue JEMPERLI depending on severity.

Other Immune-Mediated Adverse Reactions

- The following clinically significant immune-mediated adverse reactions occurred in <1% of the 605 patients treated with JEMPERLI or were reported with the use of other PD-1/PD-L1–blocking antibodies. Severe or fatal cases have been reported for some of these adverse reactions.
  - *Nervous System*: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis, Guillain-Barré syndrome, nerve paresis, autoimmune neuropathy
  - *Cardiac/Vascular*: Myocarditis, pericarditis, vasculitis
  - *Ocular*: Uveitis, iritis, other ocular inflammatory toxicities. Some cases can be associated with retinal detachment. Various grades of visual impairment to include blindness can occur
  - *Gastrointestinal*: Pancreatitis, including increases in serum amylase and lipase levels, gastritis, duodenitis
  - *Musculoskeletal and Connective Tissue*: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatica
  - *Endocrine*: Hypoparathyroidism
  - *Other (Hematologic/Immune)*: Autoimmune hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenia, solid organ transplant rejection, other transplant (including corneal graft) rejection

Infusion-Related Reactions

- Severe or life-threatening infusion-related reactions have been reported with PD-1/PD-L1–blocking antibodies. Severe infusion-related reactions (Grade 3) occurred in 0.2% (1/605) of patients receiving JEMPERLI. Monitor patients for signs and symptoms of infusion-related reactions. Interrupt or slow the rate of infusion or permanently discontinue JEMPERLI based on severity of reaction.

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Jemperli (dostarlimab-gxly) Injection 500 mg

IMPORTANT SAFETY INFORMATION (CONT'D)

Complications of Allogeneic HSCT

- Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after treatment with a PD-1/PD-L1–blocking antibody, which may occur despite intervening therapy. Monitor patients closely for transplant-related complications and intervene promptly.

Embryo-Fetal Toxicity and Lactation

- Based on its mechanism of action, JEMPERLI can cause fetal harm. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with JEMPERLI and for 4 months after their last dose. Because of the potential for serious adverse reactions from JEMPERLI in a breastfed child, advise women not to breastfeed during treatment with JEMPERLI and for 4 months after their last dose.

Common Adverse Reactions

The most common adverse reactions (≥20%), including laboratory abnormalities, in patients with EC who received JEMPERLI in combination with carboplatin and paclitaxel were decreased hemoglobin, increased creatinine, peripheral neuropathy, decreased white blood cell count, fatigue, nausea, alopecia, decreased platelets, increased glucose, decreased lymphocytes, decreased magnesium, decreased neutrophils, increased AST, arthralgia, rash, constipation, diarrhea, increased ALT, decreased potassium, decreased albumin, decreased sodium, increased alkaline phosphatase, abdominal pain, dyspnea, decreased appetite, increased amylase, decreased phosphate, urinary tract infection, and vomiting.

The most common adverse reactions (≥20%) in patients with dMMR EC who received JEMPERLI as a single agent were fatigue/asthenia, anemia, nausea, diarrhea, constipation, vomiting, and rash. The most common Grade 3 or 4 laboratory abnormalities (>2%) were decreased lymphocytes, decreased sodium, increased alanine aminotransferase, increased creatinine, decreased neutrophils, decreased albumin, and increased alkaline phosphatase.

References:

1. JEMPERLI. Prescribing Information. GSK; 2025.
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Please see additional Important Safety Information throughout and full Prescribing Information, including Medication Guide.

Jemperli (dostarlimab-gxly) Injection 500 mg

Thank you for all you do for your patients and your practice!

Jemperli (dostarlimab-gxly) Injection 500 mg

We know you deal with intense, emotional situations every day. At GSK, we recognize it's important for you to take care of yourself so you're able to take the best care of others. We encourage you to take some time to check in with yourself and see if you can find a bright spot even on your heaviest days.

Here are some ways to manage stress and boost your mood:

- Practice self care to show up for yourself and your patients
- Take breaks (mental and physical) throughout the day to check in with yourself
- Reach out to colleagues, friends and family, or mental health professionals for help if you find yourself in a stressful situation

JEMPERLI RESOURCES

PATIENT RESOURCES →

Access resources for your JEMPERLI patients and their care partners,

like the Patient Brochure or Wellness Guide.

CARE TEAM RESOURCES →

Find further JEMPERLI resources for you,

including the Core Summary Brochure and Adverse Reactions Guide.

TOGETHER WITH JEMPERLI →

Discover Together With JEMPERLI—

a dedicated resource hub designed to support you and your patients.

File Name: Office Education Guide