

PHARMACY
— OF —

POSSIBILITIES

BROUGHT TO YOU BY

Jemperli 
(dostarlimab-gxly) Injection 500 mg

Dispense the Possibility of More Time

WITH JEMPERLI + CP^{1,2}

STILL the ONLY* FDA-approved IO combination with
a proven 16-month survival benefit vs CP alone in
primary advanced or recurrent endometrial cancer¹⁻⁶

RUBY Part 1: A phase 3, randomized, double-blind trial of patients with primary advanced or recurrent EC (N=494, all-comers) who were randomized 1:1 to JEMPERLI® + CP or placebo + CP Q3W for 6 cycles, followed by JEMPERLI or placebo Q6W, respectively, until disease progression, unacceptable toxicity, or up to 3 years. Major efficacy endpoints were investigator-assessed PFS by RECIST v1.1 in the dMMR/MSI-H and all-comers populations, and overall survival in all-comers.^{1,2}

*All-comers (overall population) overall survival analysis: HR=0.69, 95% CI: 0.54-0.89, $P=0.002$; HR based on stratified Cox regression model and one-sided P -value based on stratified log-rank test was statistically significant. Median overall survival with JEMPERLI + CP was 44.6 months (95% CI: 32.6-NR) vs 28.2 months (95% CI: 22.1-35.6) with CP alone.¹

CI=confidence interval; CP=carboplatin + paclitaxel; dMMR=mismatch repair deficient; EC=endometrial cancer; FDA=US Food and Drug Administration; HR=hazard ratio; IO=immuno-oncology; MSI-H=microsatellite instability-high; NR=not reached; PFS=progression-free survival; Q3W=every 3 weeks; Q6W=every 6 weeks; RECIST v1.1=Response Evaluation Criteria in Solid Tumors v1.1.

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.

**Please see additional Important Safety Information throughout, and full
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As a pharmacist,
your role within the
care team is critical.

Each patient is unique. Your input can make a difference to patients and help impact their outcomes.

By recommending JEMPERLI + CP for appropriate patients, you're giving them the opportunity for more time and the possibilities that time may bring.

IMPORTANT SAFETY INFORMATION (CONT'D)

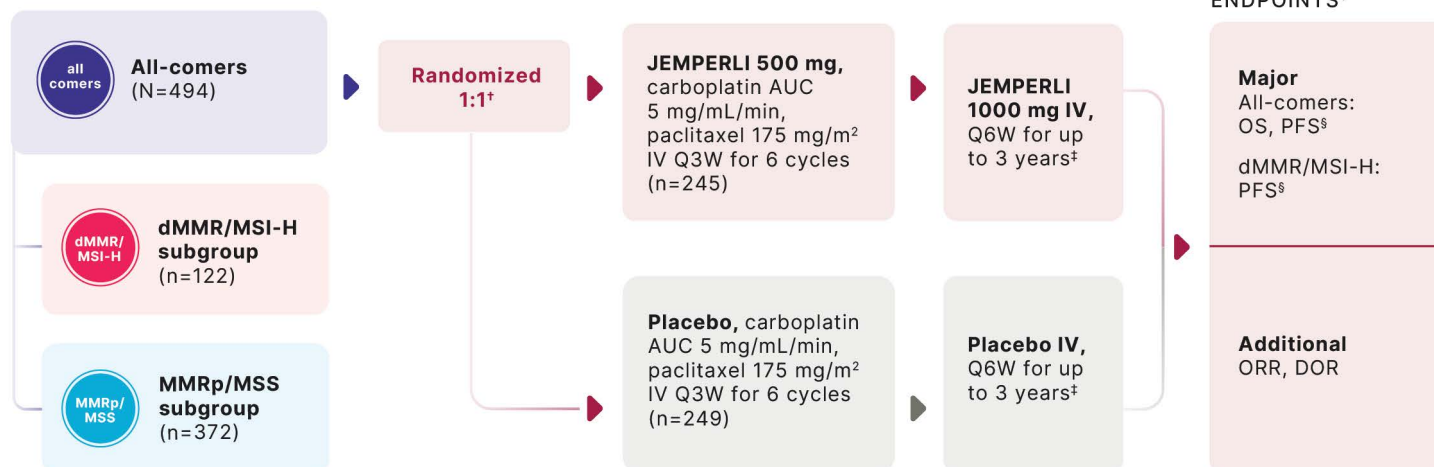
Severe and Fatal Immune-Mediated Adverse Reactions (cont'd)

- 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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At 3+ Years, JEMPERLI + CP Has the Longest Median Follow-Up for an FDA-Approved Immunotherapy Combination to Date^{1-6*}

PATIENT POPULATION¹



*Median duration of follow-up, defined as time from randomization to data cutoff, was 37.2 months (cutoff date September 22, 2023).²

[†]Randomization was stratified by MMR/MSI status, prior external pelvic radiotherapy, and disease status (recurrent, primary Stage III, or primary Stage IV).¹ [‡]Treatment continued until disease progression, unacceptable toxicity, or a maximum of 3 years.¹

[§]PFS assessed by the investigator according to RECIST v1.1.¹

AUC=area under the curve; DOR=duration of response; IV=intravenous; MMR=mismatch repair; MMRp=mismatch repair proficient; MSI=microsatellite instability; MSS=microsatellite stable; ORR=objective response rate; OS=overall survival.

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.

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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RUBY Part 1 Included Patients With Broad Disease Characteristics^{1,7}

Primary FIGO Stage III or Stage IV disease, including patients with more aggressive histologies such as carcinosarcoma and serous adenocarcinoma^{1,7-9}

Measurable Disease ^{1,7-9*}	Measurable* or Non-Measurable Disease ^{1,7-9}
Stage IIIA-IIIC1	Stage IIIC1 with carcinosarcoma, clear cell, serous, or mixed histology (≥10% carcinosarcoma, clear cell, or serous histology)
	Stage IIIC2 or IV

First recurrent endometrial cancer with a low potential for cure by radiation therapy or surgery alone or in combination, including those¹:

- Naïve to systemic anticancer therapy
- Who had received prior neoadjuvant/adjuvant systemic anticancer therapy and who had a recurrence or disease progression ≥6 months after completing treatment (first recurrence)

All patients were anti-PD-1/L1/L2 naïve¹⁰

*Measurable or evaluable by RECIST v1.1.¹

FIGO=International Federation of Gynecology and Obstetrics; PD-1=programmed death receptor 1; PD-L1=programmed death ligand 1; PD-L2=programmed death ligand 2.

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.

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RUBY Part 1 Included Patients With Diverse Disease Characteristics (N=494)^{1,7}



Actor portrayal

MMR Status

24% dMMR/MSI-H

76% MMRp/MSS

Age

51% 65 Years or Older

Race/Ethnicity

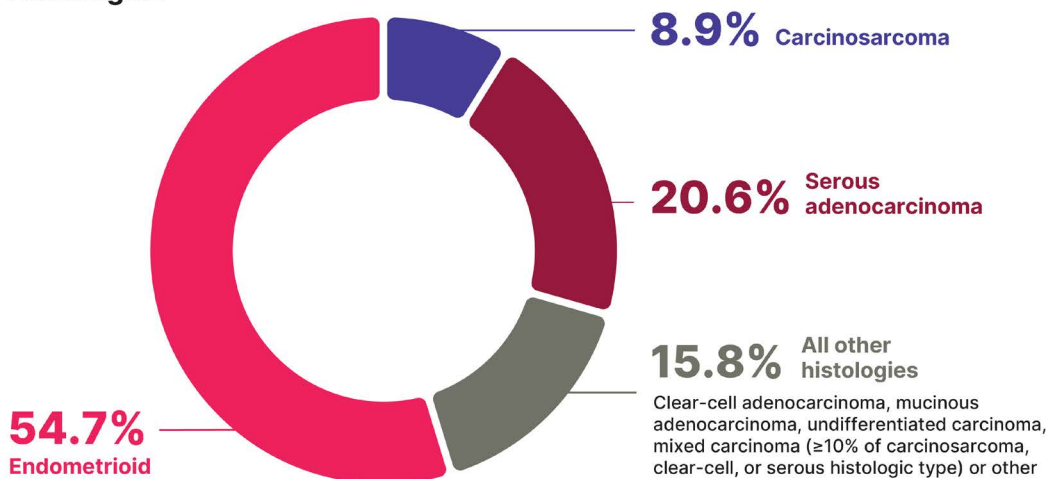
77% White

12% Black

3% Asian

3% Hispanic or Latino

Histologies



Disease status

Primary FIGO Stage III

Primary FIGO Stage IV

Recurrent Disease

18%

34%

48%

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.

• 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.

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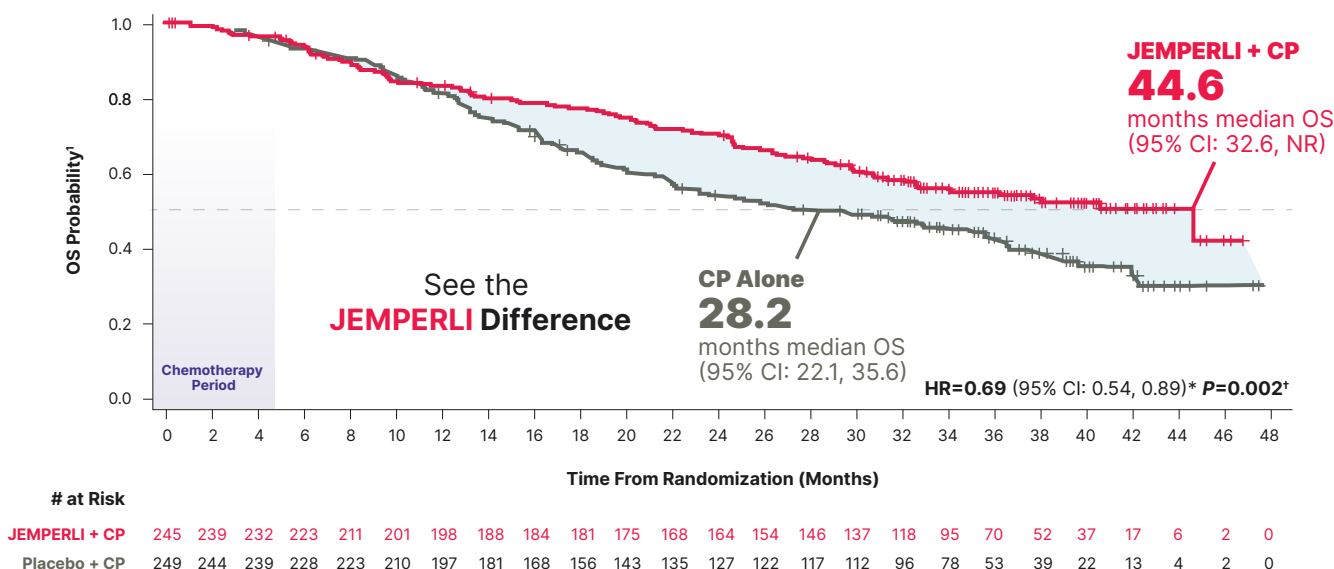
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MAJOR ENDPOINTS



16-Month Improvement in Median Overall Survival vs CP Alone¹

Statistically significant 31% reduction in the risk of death with JEMPERLI + CP vs CP alone¹



- Estimated Kaplan-Meier probability of OS at 24 months was 70.1% (95% CI: 63.8, 75.5) with JEMPERLI + CP and 54.3% (95% CI: 47.8, 60.3) with CP alone²
- All-comers median PFS** was 11.8 months (95% CI: 9.6, 17.1) with JEMPERLI + CP vs 7.9 months (95% CI: 7.6, 9.5) with CP alone (HR=0.64; 95% CI: 0.51, 0.80*; P<0.0001[†])¹
- dMMR/MSI-H subgroup median PFS** was 30.3 months (95% CI: 11.8, NR) with JEMPERLI + CP vs 7.7 months (95% CI: 5.6, 9.7) with CP alone (HR=0.29; 95% CI: 0.17, 0.50*; P<0.0001[†])¹

Overall survival data cutoff September 22, 2023.² PFS data cutoff September 28, 2022.⁷

*Based on stratified Cox regression model.¹ †One-sided P-value based on stratified log-rank test was statistically significant.¹

IMPORTANT SAFETY INFORMATION (CONT'D)

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.

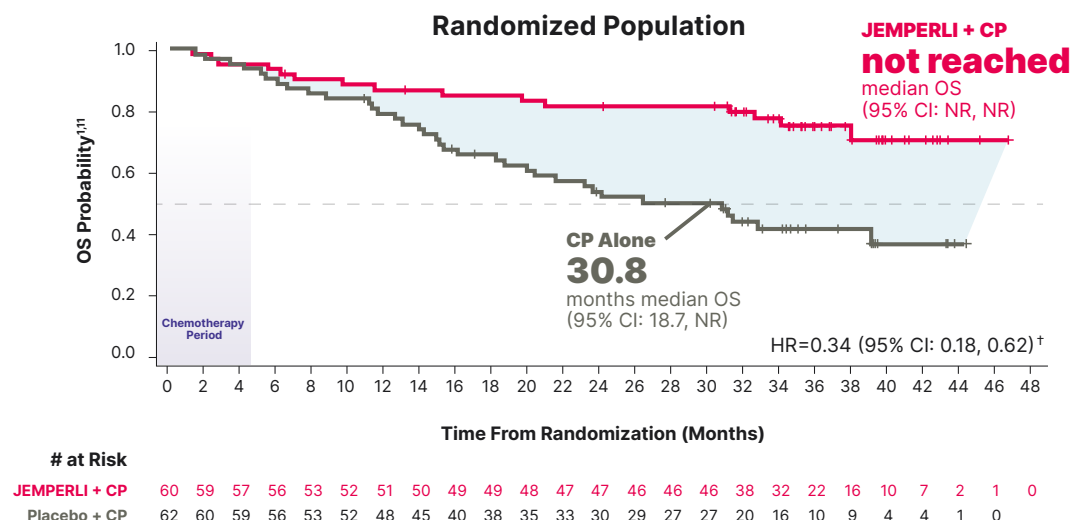
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Median Overall Survival Was Not Reached With JEMPERLI + CP and 30.8 Months With CP Alone^{1,11}

The prespecified exploratory analyses (randomized and source verified*) for overall survival were not powered to detect treatment differences; results are descriptive^{1,2,7}



- Estimated Kaplan-Meier probability of OS at 24 months was 81.4% (95% CI: 68.9, 89.2) with JEMPERLI + CP and 53.6% (95% CI: 40.3, 65.3) with CP alone¹¹

OS and PFS in the dMMR/MSI-H source-verified population below were consistent with the randomized population based on post hoc sensitivity analyses^{2,7,12-14*}:

- Median overall survival** was not estimable (95% CI: NE, NE) with JEMPERLI + CP vs 31.4 months (95% CI: 20.3, NE) with CP alone (HR=0.32; 95% CI: 0.17, 0.63)
- Median PFS was not estimable (95% CI: 11.8, NE) with JEMPERLI + CP vs 7.7 months (95% CI: 5.6, 9.7) with CP alone (HR=0.28; 95% CI: 0.16, 0.50)

Overall survival data cutoff September 22, 2023.² PFS data cutoff September 28, 2022.^{2,7}

*MMR/MSI status entered at randomization (randomized population, presented in the US Prescribing Information) was later source verified to correct misclassifications (source-verified population). Of the 494 randomized patients, 118 had dMMR/MSI-H tumors confirmed by source-verified classification.^{1,2,7} †Based on the stratified Cox regression model.¹¹ NE=not estimable.

IMPORTANT SAFETY INFORMATION (CONT'D)

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

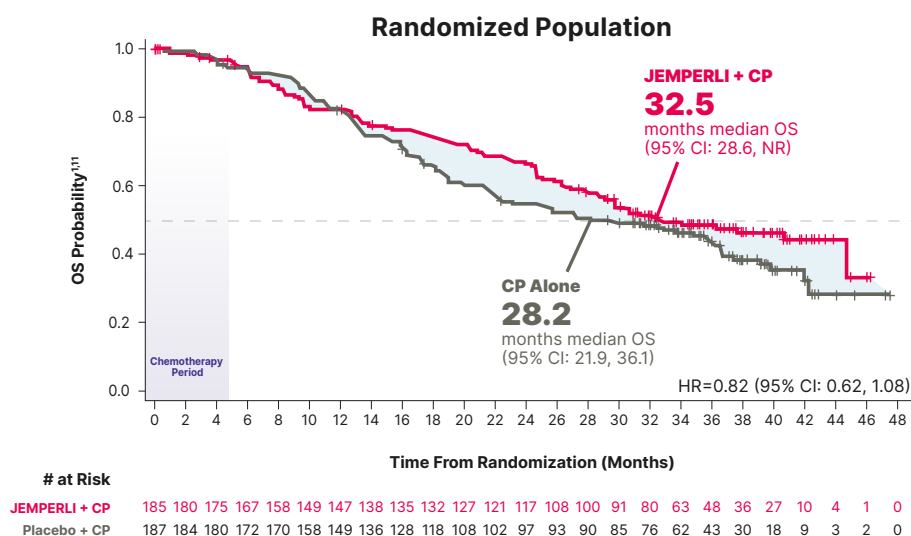
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Improvement in Overall Survival Observed with JEMPERLI + CP^{1,11}

The prespecified exploratory analyses (randomized and source verified*) for overall survival were not powered to detect treatment differences; results are descriptive^{1,2,7}



- 76% of patients in the overall population had MMRp/MSS biomarker status (n=372)¹
- Median PFS was 9.8 months (95% CI: 9.0, 12.6) with JEMPERLI + CP (n=185) vs 7.9 months (95% CI: 7.6, 9.8) with CP alone (n=187), and HR=0.78 (95% CI: 0.60, 1.00)¹

Clinically meaningful[†] difference in overall survival in the source-verified MMRp/MSS population^{2,7,12,13,15*}:

- **7-month improvement in median overall survival** with JEMPERLI + CP (34.0 months, 95% CI: 28.6, NE) vs CP alone (27.0 months, 95% CI: 21.5, 35.6), and HR=0.79 (95% CI: 0.60, 1.04)
- Median PFS was 9.9 months (95% CI: 9.0, 13.3) with JEMPERLI + CP vs 7.9 months (95% CI: 7.6, 9.8) with CP alone (HR=0.76; 95% CI: 0.59, 0.98)

Overall survival data cutoff September 22, 2023.² PFS data cutoff September 28, 2022.^{2,7}

*MMR/MSI status entered at randomization (randomized population, presented in the US Prescribing Information) was later source verified to correct misclassifications (source-verified population). Of the 494 randomized patients, 376 had MMRp/MSS tumors confirmed by source-verified classification.^{1,2,7} [†]Clinically meaningful defined as at least 20% relative improvement in median overall survival.¹⁵

IMPORTANT SAFETY INFORMATION (CONT'D)

Other Immune-Mediated Adverse Reactions (cont'd)

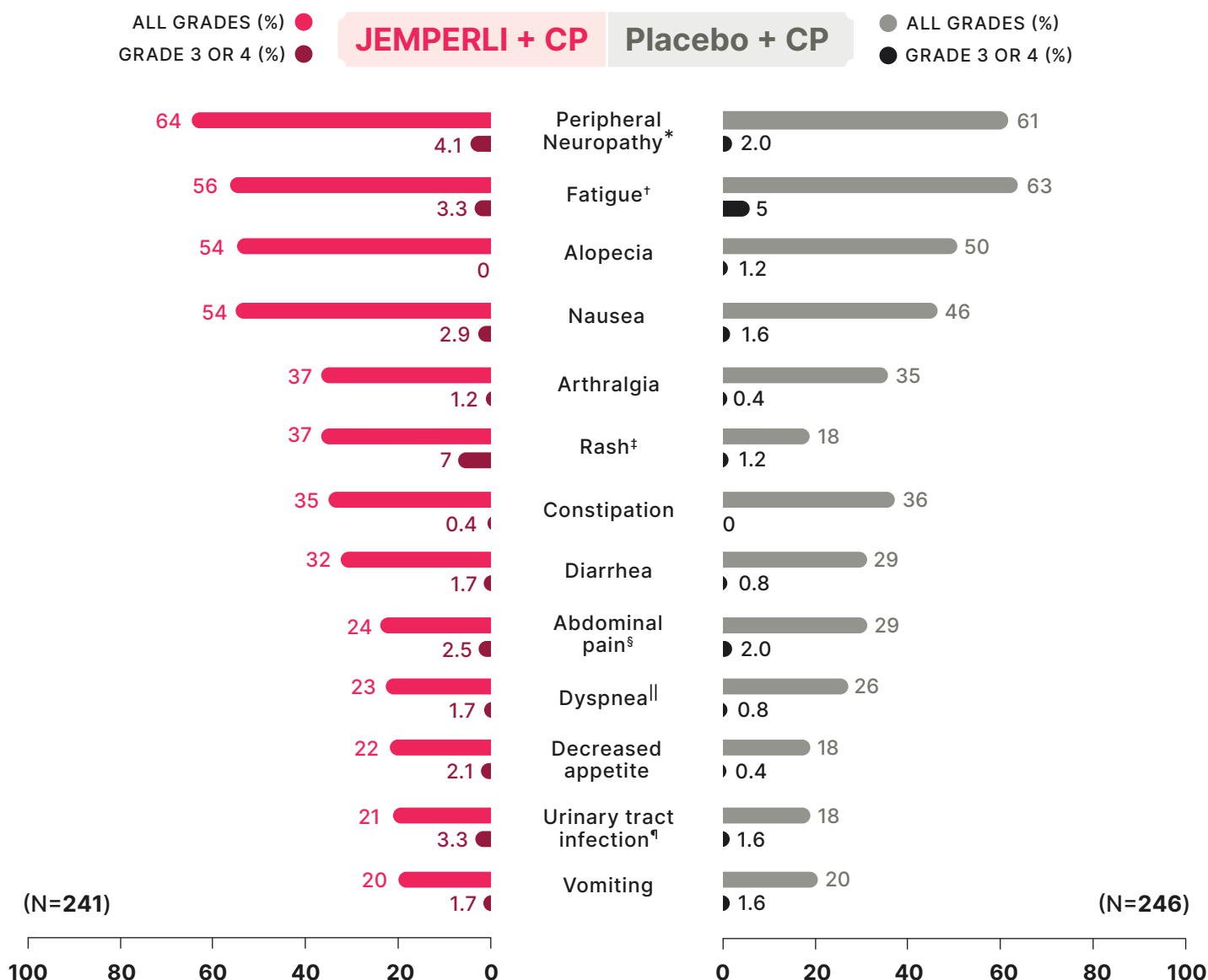
- *Gastrointestinal*: Pancreatitis, including increases in serum amylase and lipase levels, gastritis, duodenitis
- *Musculoskeletal and Connective Tissue*: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatica
- *Endocrine*: Hypoparathyroidism

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The Safety Profile of JEMPERLI + CP Has Been Well Established in the RUBY Part 1 Trial¹

Adverse reactions ($\geq 20\%$) in patients who received JEMPERLI + CP in RUBY Part 1¹



Graded per National Cancer Institute Common Terminology Criteria for Adverse Events Version 4.03.¹

*Includes neuropathy peripheral and peripheral sensory neuropathy.¹ †Includes fatigue and asthenia.¹ ‡Includes rash, rash maculo-papular, palmar-plantar erythrodysesthesia syndrome, rash pustular, skin exfoliation, and vulvovaginal rash.¹ §Includes abdominal pain, abdominal pain upper, abdominal pain lower, gastrointestinal pain, abdominal discomfort, epigastric discomfort, and abdominal tenderness.¹ ||Includes dyspnea and dyspnea exertional.¹ ¶Includes urinary tract infection, urinary tract infection bacterial, cystitis, and pyelonephritis.¹

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Safety Profile of JEMPERLI + CP in RUBY Part 1 Trial (cont'd)

In patients receiving JEMPERLI + CP, 19% (n=46) of patients permanently discontinued JEMPERLI due to adverse reactions¹

- 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 ALT, increased AST, diarrhea, pancreatitis, fatigue, pneumonitis, and arthralgia
- The most common adverse reactions, including laboratory abnormalities ($\geq 20\%$), 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
- 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%)
- Fatal adverse reactions occurred in 1.2% of patients receiving JEMPERLI including septic shock (0.8%) and myelosuppression (0.4%)

MONITORING

Early identification and management of immune-mediated adverse reactions are essential to ensure safe use of PD-1/PD-L1-blocking antibodies¹



Monitor closely for symptoms and signs that may be clinical manifestations of underlying immune-mediated adverse reactions.



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



In cases of suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection.



Institute medical management promptly, including specialty consultation as appropriate.

ALT=alanine aminotransferase; AST=aspartate aminotransferase.

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Dosage Modifications¹

No dose reductions of JEMPERLI are recommended. In general, withhold JEMPERLI for severe (Grade 3) immune-mediated adverse reactions. Permanently discontinue JEMPERLI for life-threatening (Grade 4) immune-mediated adverse reactions, 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 below.

Recommended Dosage Modifications for Adverse Reactions

IMMUNE-MEDIATED ADVERSE REACTIONS

ADVERSE REACTION	SEVERITY*	DOSAGE MODIFICATION
 Pneumonitis	Grade 2	Withhold [†]
	Grade 3 or 4 or recurrent Grade 2	Permanently discontinue
 Colitis	Grade 2 or 3	Withhold [†]
	Grade 4	Permanently discontinue
 Hepatitis with no tumor involvement of the liver	AST or ALT increases to more than 3 and up to 8 times ULN OR Total bilirubin increases to more than 1.5 and up to 3 times ULN	Withhold [†]
	AST or ALT increases to more than 8 times ULN OR Total bilirubin increases to more than 3 times ULN	Permanently discontinue
 Hepatitis with tumor involvement of the liver[‡]	Baseline AST or ALT is more than 1 and up to 3 times ULN and increases to more than 5 and up to 10 times ULN OR Baseline AST or ALT is more than 3 and up to 5 times ULN and increases to more than 8 and up to 10 times ULN	Withhold [†]
	AST or ALT increases to more than 10 times ULN OR Total bilirubin increases to more than 3 times 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 less than or equal to ULN at baseline in patients with liver involvement, withhold or permanently discontinue JEMPERLI based on recommendations for hepatitis with no liver involvement.¹

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Recommended Dosage Modifications for Adverse Reactions (cont'd)

IMMUNE-MEDIATED ADVERSE REACTIONS (CONT'D)

ADVERSE REACTION	SEVERITY*	DOSAGE MODIFICATION
 Endocrinopathies	Grade 2, 3, or 4	Withhold until clinically stable or permanently discontinue, depending on severity [†]
 Nephritis with renal dysfunction	Grade 2 or 3 increased blood creatinine	Withhold [†]
	Grade 4 increased blood creatinine	Permanently discontinue
 Exfoliative dermatologic conditions	Suspected SJS, TEN, or DRESS	Withhold [†]
	Confirmed SJS, TEN, or DRESS	Permanently discontinue
 Myocarditis	Grade 2, 3, or 4	Permanently discontinue
 Neurological toxicities	Grade 2	Withhold [†]
	Grade 3 or 4	Permanently discontinue

OTHER ADVERSE REACTIONS

ADVERSE REACTION	SEVERITY*	DOSAGE MODIFICATION
 Infusion-related reactions	Grade 1 or 2	Interrupt or slow the rate of infusion
	Grade 3 or 4	Permanently discontinue

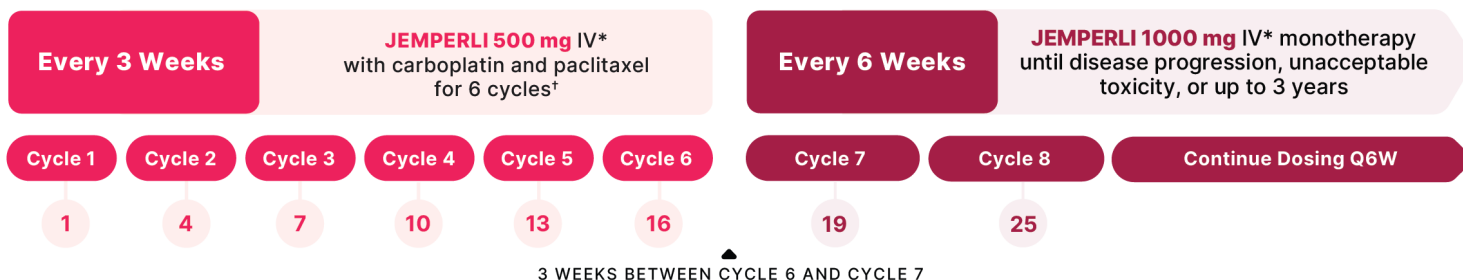
DRESS=drug rash with eosinophilia and systemic symptoms; SJS=Stevens-Johnson syndrome; TEN=toxic epidermal necrolysis; ULN=upper limit of normal.

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Deliver a Proven Regimen: Combination Upfront, Then JEMPERLI Monotherapy¹

Recommended dosage of JEMPERLI in primary advanced or recurrent endometrial cancer¹



- JEMPERLI provides sustained target engagement as measured by direct PD-1 binding and stimulation of IL-2 production throughout the dosing interval at the recommended dosage¹
- The Q3W dosing schedule allows for more frequent patient monitoring during the 6-cycle treatment initiation phase¹
- The number of infusion visits is reduced after transitioning to the Q6W monotherapy phase¹
 - Additional monitoring may be required per clinical discretion

STORAGE¹



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.**

Do not freeze.



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.

*30-minute intravenous infusion.¹ ¹Administer JEMPERLI prior to carboplatin and paclitaxel when given on the same day. Refer to the Prescribing Information for the agents administered in combination with JEMPERLI, as appropriate.¹ IL-2=interleukin 2.

IMPORTANT SAFETY INFORMATION (CONT'D)

Other Immune-Mediated Adverse Reactions (cont'd)

- 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

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NCCN

CATEGORY 1 PREFERRED OPTION

Dostarlimab-gxly (JEMPERLI) with carboplatin-paclitaxel is recommended in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) as an NCCN category 1 preferred option for primary (stage III-IV*) or recurrent endometrial carcinoma^{16†}

- With a statistically significant and clinically meaningful[‡] overall survival benefit in the overall population
- Recommended across MMR status and histologies, including those with MMRp/MSS status and carcinosarcoma

Category 1—Based upon high-level evidence (≥1 randomized phase 3 trials or high-quality, robust meta-analyses), there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.¹⁶ Preferred intervention—Interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability.¹⁶

*For adult patients with primary advanced endometrial carcinoma: stage IIIA, IIIB, or IIIC1 with measurable disease post surgery, stage IIIC1 with carcinosarcoma, clear-cell, serous, or mixed histology regardless of the presence of measurable disease, and stage IIIC2 or stage IV regardless of the presence of measurable disease.¹⁶ †For adult patients with recurrent endometrial carcinoma with or without measurable disease.¹⁶ ‡Clinically meaningful defined as at least 20% relative improvement in median overall survival.¹⁵

IMPORTANT SAFETY INFORMATION (CONT'D)

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.

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.

Please see additional Important Safety Information throughout, and full [Prescribing Information](#), including [Medication Guide](#).

Jemperli 
(dostarlimab-gxly) Injection 500 mg

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IMPORTANT SAFETY INFORMATION (CONT'D)

Common Adverse Reactions (cont'd)

The most common adverse reactions ($\geq 20\%$) 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.

Please see additional Important Safety Information throughout, and full [Prescribing Information](#), including [Medication Guide](#).

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Dispense the Possibility of More Time With JEMPERLI + CP^{1,2}



16-month improvement in median overall survival in all-comers vs CP alone¹

Median overall survival with JEMPERLI + CP was 44.6 months vs 28.2 months with CP alone

- Significant overall survival benefit with HR=0.69 (95% CI: 0.54, 0.89*; $P=0.002^*$)



RUBY Part 1 included patients with broad disease characteristics^{1,7}



Well-established safety profile¹

- The most common adverse reactions ($\geq 20\%$) were peripheral neuropathy, fatigue, nausea, alopecia, arthralgia, rash, constipation, diarrhea, abdominal pain, dyspnea, decreased appetite, urinary tract infection, and vomiting¹

*Based on stratified Cox regression model.¹ †One-sided P -value based on stratified log-rank test was statistically significant.¹

Your input within the care team can make an important difference for patients and their outcomes.

LEARN MORE

and speak to your care team about the potential of dispensing more time and the possibilities that time may bring with JEMPERLI + CP at **PharmacyofPossibilities.com**

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.

Please see additional Important Safety Information throughout, and full [Prescribing Information](#), including [Medication Guide](#).

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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.

Please see additional Important Safety Information throughout, and full Prescribing Information, including Medication Guide.

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PMUS-DSTBROC260010 May 2026
Produced in USA.

File Name: Pharmacy of Possibilities Brochure

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