

JYLAMVO FEATURES

- Oral solutions may provide more accurate dosing and flexibility to allow for dose adjustments than tablet splitting, tablet crushing, or compounding, and may be preferred by some patients.^{3,4,5,6}
- JYLAMVO, an oral methotrexate solution that is bioequivalent to methotrexate tablets, offers an alternative treatment regimen.^{1,7}

- 2 mg/mL concentration allows for easy dose calculation¹
- Ready to use, with a dedicated dosing syringe for proper administration¹
- Orange flavor¹
- Sweet, palatable taste^{8*}
- Ingredients include sucralose, not sugar¹
- Stable at room temperature (20° C to 25° C/68° F to 77° F)—no refrigeration required¹
- Shelf life—90 days once opened¹
- Rheumatology and Oncology



* In 2 single-dose (10 mg and 2.5 mg) bioequivalence studies of the 2 mg/mL methotrexate oral solution in 24 healthy male subjects, JYLAMVO has been shown to have a sweet, palatable taste.⁸

INDICATION & IMPORTANT SAFETY INFORMATION FOR JYLAMVO

INDICATIONS

JYLAMVO is indicated for the treatment of:

- Adult and pediatric patients with acute lymphoblastic leukemia (ALL) as part of a combination chemotherapy maintenance regimen.
- Adults with mycosis fungoides (cutaneous T-cell lymphoma) as a single agent or as part of a combination chemotherapy regimen.
- Adults with relapsed or refractory non-Hodgkin lymphoma as part of a metronomic combination regimen.
- Adults with rheumatoid arthritis.
- Pediatric patients with polyarticular juvenile idiopathic arthritis (pJIA).
- Adults with severe psoriasis.

IMPORTANT SAFETY INFORMATION

WARNING: EMBRYO-FETAL TOXICITY, HYPERSENSITIVITY REACTIONS, AND SEVERE ADVERSE REACTIONS

- Methotrexate can cause embryo-fetal toxicity, including fetal death. For non-neoplastic diseases, JYLAMVO is contraindicated in pregnancy. For neoplastic diseases, advise patients of reproductive potential of the potential risk to a fetus and to use effective contraception during and after treatment with JYLAMVO.
- JYLAMVO is contraindicated in patients with a history of severe hypersensitivity reactions to methotrexate, including anaphylaxis.
- Serious adverse reactions, including death, have been reported with methotrexate. Closely monitor for infections and adverse reactions of the bone marrow, gastrointestinal tract, liver, lungs, skin, and kidneys. Withhold or discontinue JYLAMVO as appropriate.

Adverse Reactions

In clinical trials, common adverse reactions included: ulcerative stomatitis, leukopenia, nausea, and abdominal distress. Other clinically relevant adverse reactions were infection, malaise, fatigue, chills, fever, and dizziness.

For Full Prescribing Information, please visit dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=96e931f5-51ae-4bdf-a441-bb0dd26d4c0e&type=display



Dosing Information and Conversion Guide

Advise patients/caregivers to use the dosing device provided with the medication. Inform patients/caregivers that a household teaspoon is not an accurate dosing device.¹

- Doses shown are intended for illustrative purposes only and are not a replacement for clinical judgment.
- Each mL of JYLAMVO (methotrexate) Oral Solution contains 2 mg of methotrexate.
- One 60 mL bottle of JYLAMVO contains 120 mg of methotrexate.

Recommended dosage and equivalent dose of JYLAMVO in mL

Disease	Recommended Dosage	Equivalent Dose of JYLAMVO in mL
Acute Lymphoblastic Leukemia for Adults and Pediatric Patients	20 mg/m ² once weekly	10 mL/m ² weekly
Mycosis Fungoides for Adults	25 mg - 75 mg once weekly*	12.5 mL - 37.5 mL weekly
Relapsed/Refractory non-Hodgkin Lymphoma for Adults	2.5 mg 2 - 4 times weekly	1.25 mL 2 - 4 times weekly
Rheumatoid Arthritis for Adults	7.5 mg once weekly	3.75 mL weekly
Polyarticular Juvenile Idiopathic Arthritis for Pediatric Patients	10 mg/m ² once weekly	5 mL/m ² weekly
Severe Psoriasis for Adults	10 mg - 25 mg once weekly	5 mL - 12.5 mL weekly

Note: Refer to the Prescribing Information for full dosage information.

*25 mg to 75 mg orally once weekly when administered as a single agent or 10 mg/m² orally twice weekly as part of a combination chemotherapy regimen.

Methotrexate dose to JYLAMVO dose conversion

Methotrexate Dose (mg)*	JYLAMVO Dose (mL)*
2.5	1.25
5	2.5
7.5	3.75
10	5
12.5	6.25
15	7.5
17.5	8.75
20	10
25	12.5
37.5	18.75

*For illustrative purposes only based on average doses of methotrexate

IMPORTANT SAFETY INFORMATION (cont'd)

Contraindications

JYLAMVO is contraindicated in pregnant women for treatment of non-neoplastic diseases and patients with a history of severe hypersensitivity reactions, including anaphylaxis, to methotrexate.

Warnings and Precautions

Embryo-Fetal Toxicity: Methotrexate can cause fetal harm, including fetal death. Do not use in pregnancy for non-cancer conditions. Consider the benefits and risks when prescribing JYLAMVO to a pregnant patient with cancer. Advise females of reproductive potential to use effective contraception during treatment with JYLAMVO, and for 6 months after the last dose.

Advise males with female partners to use contraception during treatment and for 3 months after the last dose.

For Full Prescribing Information, please visit dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=96e931f5-51ae-4bdf-a441-bb0dd26d4c0e&type=display

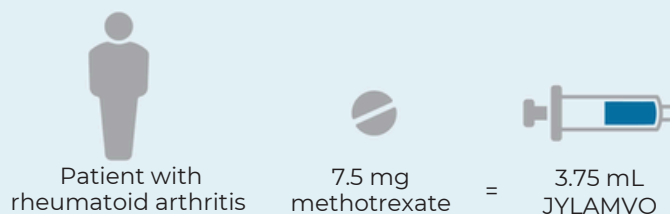


©SHORLA ONCOLOGY® 2026. JYLAMVO® is a registered trademark of Shorla Oncology. All rights reserved. PRO-JYL-1915-v5 10/26

Dose calculation example

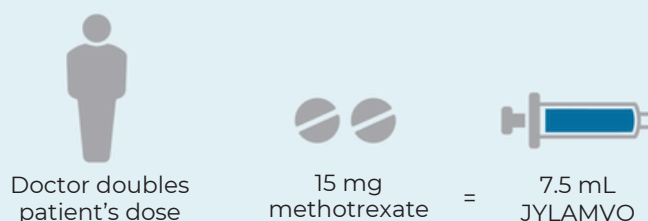
Initial Dose

- A patient with rheumatoid arthritis needs to start on methotrexate 7.5 mg weekly
- The equivalent dose of JYLAMVO is 3.75 mL weekly ($7.5 \text{ mg} \div 2 \text{ mg/mL}$)



Dose Adjustment

- Six weeks later, the doctor decides to double the patient's dose of methotrexate to 15 mg weekly
- The equivalent dose of JYLAMVO is 7.5 mL weekly
- The bottle of JYLAMVO contains enough medication for 8 weeks of therapy ($60 \text{ mL} \div 7.5 \text{ mL} = 8$)



IMPORTANT SAFETY INFORMATION (cont'd)

Hypersensitivity Reactions: Serious allergic reactions, including anaphylaxis, have occurred. Instruct patients to seek immediate medical attention for signs of a hypersensitivity reaction. Stop JYLAMVO permanently if a serious hypersensitivity reaction occurs.

Serious Infections: Patients treated with methotrexate are at increased risk for developing life-threatening or fatal bacterial, fungal, viral and opportunistic infections. Monitor for signs of infection during and after treatment.

Neurotoxicity: Methotrexate can cause severe acute and chronic neurotoxicity, which may be progressive, irreversible, and fatal. The risk of leukoencephalopathy is higher in patients who had prior cranial radiation. Advise patients to report new neurological symptoms immediately.

Secondary Malignancies: Methotrexate can cause secondary cancers. Advise patients about the risk of second cancers.

Tumor Lysis Syndrome: Methotrexate may cause tumor lysis syndrome in patients with rapidly growing tumors. Provide appropriate prophylaxis before starting JYLAMVO in at-risk patients.

For Full Prescribing Information, please visit dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=96e931f5-51ae-4bdf-a441-bb0dd26d4c0e&type=display



©SHORLA ONCOLOGY® 2026. JYLAMVO® is a registered trademark of Shorla Oncology. All rights reserved. PRO-JYL-1915-v5 10/26

JYLAMVO is Bioequivalent to Methotrexate Tablets

• In a relative bioavailability study of the 2 mg/mL methotrexate oral solution in 27 healthy male subjects, JYLAMVO was shown to be bioequivalent to methotrexate tablets.⁷

• At doses of 30 mg/m² the mean bioavailability of JYLAMVO is approximately 60%. Peak plasma concentrations are reached between 0.75 to 6 hours following oral administration. Food has been shown to delay absorption and reduce peak concentrations.¹

IMPORTANT SAFETY INFORMATION (cont'd)

Immunization and Live Vaccines: Immunizations with live vaccines is not recommended. Follow current vaccination practice guidelines.

Infertility: Based on published reports, methotrexate can cause impairment of fertility, oligospermia, and menstrual dysfunction. It is not known if the infertility may be reversible. Discuss the risk of infertility with females and males of reproductive potential.

Drug Interactions

Drugs that increase Methotrexate Exposure which may increase risk of methotrexate severe adverse reactions. In some cases, these products may also decrease the clinical effectiveness of methotrexate. Increased organ-specific adverse reactions may occur when methotrexate is co-administered with hepatotoxic or nephrotoxic products.

Refer to the full Prescribing Information for list of drug interactions with JYLAMVO.

Use in Specific Populations

Because of the potential for serious adverse reactions in a breastfed child, including myelosuppression, advise women not to breastfeed during treatment with JYLAMVO and for 1 week after the final dose. Refer to section 8 of the PI for use in specific populations including pregnancy, lactation, females/males of reproductive potential, pediatric, geriatric use, renal impairment and hepatic impairment.

To report suspected adverse reactions, contact Shorla Oncology at 844-9-SHORLA (844-974-6752) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

For Full Prescribing Information, please visit dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=96e931f5-51ae-4bdf-a441-bb0dd26d4c0e&type=display

SHORLA SOLUTIONS

\$5

Copay Support for Commercially Insured Patients*

When prescribed, JYLAMVO is available for as little as \$5 for commercially insured patients. This is applied through an e-voucher at the pharmacy and does not require a copay card or enrollment form.

To take advantage of this program, please send prescriptions to your local pharmacy.

Reimbursement Support*

For reimbursement inquiries, contact reimbursement@shorlaoncology.com, where dedicated professionals provide assistance.

*Please see eligibility, and Terms and Conditions at shorlaoncology.com/jylamvo-patient-access/

References: 1. JYLAMVO [prescribing information]. Cambridge, MA: Shorla Oncology; April 2026. 2. XATMEP [prescribing information]. Wilmington, MA: Azurity Pharmaceuticals; May 2026. 3. Abu-Geras D, Hadziomerovic D, Leau A, et al. Accuracy of tablet splitting and liquid measurements: an examination of who, what and how. *J Pharm Pharmacol*. 2017;69(5):603-612. doi:10.1111/jphp.12671. 4. Logrippo S, Ricci G, Sestili M, et al. Oral drug therapy in elderly with dysphagia: between a rock and a hard place! *Clin Interv Aging*. 2017;12:241-251. doi:10.2147/CIA.S121905. 5. Trofimiuk M, Wasilewska K, Winnicka K. How to Modify Drug Release in Paediatric Dosage Forms? Novel Technologies and Modern Approaches with Regard to Children's Population. *Int J Mol Sci*. Jun 29 2019;20(13)doi:10.3390/ijms20133200. 6. Batchelor HK, Marriott JF. Formulations for children: problems and solutions. *Br J Clin Pharmacol*. Mar 2015;79(3):405-18. doi:10.1111/bcp.12268 7. Ref-1015-v1 MTX003 Clinical Study Report. 8. Penton J, Winslade J, Roberts D, Conroy S. AB1101 The development of a palatable, stable oral methotrexate solution. *Ann Rheum Dis*. 2018;77:1659. doi:10.1136/annrheumdis-2018-eular.4596.

