

Jemperli® (dostarlimab)
Effective 04/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Jemperli is indicated for the following:

- Treatment of mismatch repair deficient (dMMR) recurrent or advanced endometrial cancer in adults (as determined by an approved test) that has progressed on or following prior treatment with a platinum-containing regimen.
- Treatment of dMMR recurrent or advanced solid tumors in adults (as determined by an approved test) that has progressed on or following prior treatment and who have no satisfactory alternative treatment

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with Jemperli excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Mismatch repair deficient (dMMR) recurrent or advanced solid tumors

1. Appropriate diagnosis
2. Prescriber specialty is an oncologist or medication is written in consultation with an oncologist
3. Appropriate dosing
4. Member is ≥ 18 years of age
5. Cancer is dMMR
6. Physician attestation that member has had inadequate response, adverse reaction, or contraindication to one prior treatment for dMMR (e.g., Keytruda, Yervoy, Opdivo)

Recurrent or advanced endometrial cancer

1. Appropriate diagnosis
2. Prescriber specialty is an oncologist or medication is written in consultation with an oncologist
3. Appropriate dosing
4. Member is ≥ 18 years of age
5. Cancer is dMMR
6. Physician attestation that member has had inadequate response, adverse reaction, or contraindication to one platinum-based chemotherapy (e.g., carboplatin, cisplatin, oxaliplatin etc.)

Continuation of Therapy

Reauthorization will be granted when physician provides attestation of positive response to therapy and member has not shown signs of excessive toxicity.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Jemperli (dostarlimab) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; August 2021.

Review History

01/19/2022 – Reviewed and Created Jan P&T. Effective 04/01/2022.

