

**Jemperli® (dostarlimab)**  
**Effective 04/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### 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  $\geq 18$  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  $\geq$  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.

