

Jemperli® (dostarlimab)
Effective 03/01/2025

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		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Jemperli (dostarlimab-gxly) is a programmed death receptor-1 (PD-1)-blocking antibody indicated:

- **Endometrial Cancer:**
 - In combination with carboplatin and paclitaxel, followed by Jemperli as a single agent, for the treatment of adult patients with primary advanced or recurrent endometrial cancer
 - As a single agent for the treatment of adult patients with mismatch repair deficient (dMMR) recurrent or advanced endometrial cancer, as determined by an 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
- **Mismatch Repair Deficient Recurrent or Advanced Solid Tumors:**
 - As a single agent for the treatment of adults with 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 granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted all of the following criteria are met:

Mismatch repair deficient (dMMR) recurrent or advanced solid tumors

1. Diagnosis of recurrent or advanced solid tumor
2. Requested medication is prescribed by or in consultation with an oncologist
3. Member is 18 years of age or older
4. Cancer is deficient DNA mismatch repair (dMMR)
5. Physician attestation that member has had inadequate response, adverse reaction, or contraindication to one prior treatment for dMMR (e.g., Keytruda, Yervoy, Opdivo)

dMMR recurrent or advanced endometrial cancer

1. Diagnosis of recurrent or advanced endometrial cancer
2. Requested medication is prescribed by or in consultation with an oncologist
3. Member is 18 years of age or older
4. Cancer is deficient DNA mismatch repair (dMMR)
5. Physician attestation that member has had inadequate response, adverse reaction, or contraindication to one platinum-based chemotherapy (e.g., carboplatin, cisplatin, oxaliplatin etc.)

Primary Advanced or Recurrent Endometrial Cancer

1. Diagnosis of primary advanced or recurrent endometrial cancer
2. Requested medication is prescribed by or in consultation with an oncologist
3. Member is 18 years of age or older
4. Requested medication will be used in combination with paclitaxel and carboplatin followed by monotherapy with the requested agent

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Member has had a positive response to therapy and 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 2024.

Review History

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

12/11/2024 – Reviewed and updated at December P&T. Added supplemental indication of primary advanced or current endometrial cancer. Removed requirement for appropriate dosing. Updated specialist prescriber verbiage. Updated verbiage for members new to the plan. Effective 03/01/2025.

01/08/2025 – Reviewed and updated for January P&T. Updated criteria for primary advanced or recurrent endometrial cancer to clarify when Jemperli should be used in the regimen. Effective 03/01/2025.

