Dostarlimab-gxly (Jemperli)	Place of Service Office Administration Infusion Center Administration Home Infusion Administration Outpatient Facility Infusion Administration HCPCS: J9272 per 10 mg

Condition listed in policy (*see criteria for details*)

- Endometrial cancer
- Solid tumors

AHFS therapeutic class: Antineoplastic Agents

Mechanism of action: programmed death receptor-1 (PD-1)–blocking antibody

(1) Special Instructions and pertinent Information

Covered under the medical benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for dostarlimab-gxly (Jemperli) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Endometrial cancer

1. Either of the following:
    a. Being used as a single agent and meets all the following:
        i. Patient has microsatellite instability-high (MSI-H) and/or a defective mismatch repair (dMMR), and
        ii. Disease has progressed on or following prior treatment with a platinum-containing regimen

    OR

    b. Being used in combination with carboplatin and paclitaxel for stage III, stage IV (metastatic), or recurrent disease

Covered Doses

Single agent use:

- Dose 1 through 4: up 500 mg IV every 3 weeks
- Subsequent dosing beginning 3 weeks after Dose 4 (Dose 5 onwards): up to 1,000 mg IV every 6 weeks

Combination use with carboplatin and paclitaxel:

- Dose 1 through 6: up 500 mg IV every 3 weeks

- Subsequent dosing beginning 3 weeks after Dose 6 (Dose 7 onwards): up to 1,000 mg IV every 6 weeks

Coverage Period
Indefinitely

ICD-10:
C54.0-C54.3, C54.8, C54.9, C55

Solid tumors, dMMR/ MSI-H

1. Attestation of microsatellite instability-high (MSI-H) and/or deficient mismatch repair (dMMR), **AND**
2. Being used as a single agent, **AND**
3. One of the following:
    a. Initial therapy supported by NCCN, or
    b. Disease has progressed on or following prior treatment, or
    c. There are no alternative treatment options

Covered Doses
- Dose 1 through 4: up 500 mg IV every 3 weeks
- Subsequent dosing beginning 3 weeks after Dose 4 (Dose 5 onwards): up to 1,000 mg IV every 6 weeks

Coverage Period
Indefinitely

ICD-10: Any solid tumor

(3) The following condition(s) DO NOT require Prior Authorization/Preservice
All requests for dostarlimab-gxly (Jemperli) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)
Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information
How supplied:
- 500 mg/10 mL (50 mg/mL) solution in a single-dose vial

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Jemperli (dostarlimab-axly) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; 2023.
- National Comprehensive Cancer Network Drugs & Biologics Compendium. Jemperli (2023). Available by subscription at: www.nccn.org.

(7) Policy Update

Date of last revision: 3Q2023
Date of next review: 2Q2024
Changes from previous policy version:

- Section (2): Endometrial carcinoma –
    - Added coverage for combination use with carboplatin and paclitaxel for advanced disease
      Rationale: NCCN category 1 support
    - Effective 10/30/2023, will add requirement for single agent use for dMMR/MSI-H endometrial cancer
      Rationale: NCCN category 2A support

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee