Generic Name: dostarlimab-gxly

Therapeutic Class or Brand Name: Jemperli

Applicable Drugs: Jemperli (dostarlimab-gxly)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 7/6/2026

Date Last Reviewed / Revised: 7/6/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to V are met.)

I. Documentation of one of the following FDA-approved diagnoses A through B AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Endometrial cancer (EC):

i. Documentation of locally advanced, recurrent, or metastatic disease and meets one of the following (a) or (b):

a) Will be used in combination with carboplatin and paclitaxel followed by Jemperli as a single agent.

b) Presence of mismatch repair deficient (dMMR) mutation documented by an FDA-approved test.

a. Documentation of disease progression on or following platinum-based chemotherapy.

b. Documentation that patient is not a candidate for curative surgery or radiation.

c. Jemperli will be used as a single agent.

B. Solid tumor:

i. Documentation of locally advanced or recurrent disease.

ii. Presence of mismatch repair deficient (dMMR) mutation documented by an FDA-approved test.

iii. Documentation of disease progression on or following prior treatment.

iv. Documentation that there are no satisfactory alternative treatment options.

v. Documentation that Jemperli will be used as monotherapy.

Other Uses With Supportive Evidence

C. Ampullary adenocarcinoma

D. Anal carcinoma

E. Appendiceal adenocarcinoma
F. Breast cancer
G. Colon adenocarcinoma
H. Endometrial cancer
I. Esophageal and esophagogastric junction cancers
J. Gastric adenocarcinoma
K. Pancreatic adenocarcinoma
L. Occult primary carcinoma or adenocarcinoma
M. Ovarian cancer
N. Rectal adenocarcinoma
O. Small bowel adenocarcinoma
P. Uterine neoplasms

II. Minimum age requirement: 18 years old or older.

III. Treatment must be prescribed or in consultation with an oncologist or hematologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.

V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

Jemperli (dostarlimab-gxly) is available as a 500 mg/10 mL IV solution vial.

- Quantity limit: one dose per cycle according to Table 1.

APPROVAL LENGTH

- **Authorization:** 1 year

- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

APPENDIX

Table 1. FDA-labeled dosage and administration

FDA-labeled indication	Dosage and administration	Duration of Treatment
Primary advanced or recurrent EC	In combination with carboplatin and paclitaxel, 500 mg every 3 weeks for 6 cycles followed by 1,000 mg monotherapy every 6 weeks for all cycles thereafter.	Until disease progression, unacceptable toxicity, or up to 3 years.
dMMR recurrent or advanced EC	500 mg every 3 weeks for 4 cycles followed by 1,000 mg every 6 weeks for all cycles thereafter.	Until disease progression or unacceptable toxicity.
dMMR recurrent or advanced solid tumors	500 mg every 3 weeks for 4 cycles followed by 1,000 mg every 6 weeks for all cycles thereafter	Until disease progression or unacceptable toxicity.

REFERENCES

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2. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Uterine Neoplasms. Version *3.2026*. Updated *June 16, 2026*. Accessed *July 6, 2026*.
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4. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Anal Carcinoma. Version *2.2026*. Updated *April 7, 2026*. Accessed *July 6, 2026*.
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