Evolent Clinical Guideline 3178 for Jemperli™ (dostarlimab-gxly)

Guideline Number:	Applicable Codes	
Evolent_CG_3178		
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Original Date:	**Last Revised Date:**	**Implementation Date:**
June 2021	September 2025	September 2025

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STATEMENT

Purpose

To define and describe the accepted indications for Jemperli (dostarlimab-gxly) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

INDICATIONS

Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Endometrial Cancer

- Jemperli (dostarlimab-gxly) may be used in combination with carboplatin and paclitaxel, followed by single-agent Jemperli (dostarlimab-gxly), for adult members with primary advanced or recurrent endometrial cancer.
- Jemperli (dostarlimab-gxly) may be used as a single agent for subsequent line systemic therapy of unresectable or metastatic dMMR (mismatch repair deficient)/MSI-High (microsatellite instability-high) endometrial cancer that has progressed following prior treatment with a platinum containing regimen AND the tumor is confirmed to be dMMR/MSI-H by any standard test.

Microsatellite Instability-High (MSI-H) or Mismatch Repair Deficient (dMMR) Solid Tumors

- Jemperli (dostarlimab-gxly) may be used as monotherapy in members with recurrent, advanced, or metastatic solid tumors that have progressed following all satisfactory treatment alternatives, and the solid tumor is positive for microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) as confirmed by any standard test.

Rectal Cancers

- Jemperli (dostarlimab-gxly) may be used as monotherapy, for a period of 6 months, for members with locally advanced, treatment-naïve, mismatch repair deficiency(dMMR)/microsatellite instability-high (MSI-H) rectal cancer; this indication

is for members with Stage II or III, non-metastatic rectal cancer.

CONTRAINDICATIONS/WARNINGS

- None

EXCLUSION CRITERIA

- Disease progression while on or after Jemperli (dostarlimab-gxly) or on prior immunotherapy (anti-PD-L1 or PD-1 inhibitor).
- Treatment exceeds the maximum 6 months duration limit for Jemperli (dostarlimab-gxly) use in Stage III or lower stage rectal cancer.
- Dosing exceeds single dose limit of Jemperli (dostarlimab-gxly) 500 mg every 3 weeks or 1,000 mg every 6 weeks.
- Investigational use of Jemperli (dostarlimab-gxly) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
    - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
    - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
    - Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
    - Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
    - That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
    - That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
    - That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

CODING AND STANDARDS

Codes

- J9272 - Injection, dostarlimab-gxly, 10 mg

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

POLICY HISTORY

Date	Summary
September 2025	• Converted to new Evolent guideline template • This guideline replaces UM ONC_1433 Jemperli (dostarlimab-gxly) • Updated endometrial cancer section • Updated indication section • Updated references
September 2024	• Updated NCH verbiage to Evolent • Updated exclusion criteria • Updated references

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

1. Oaknin A, et al. Clinical activity and safety of the anti-PD-1 monoclonal antibody dostarlimab for patients with recurrent or advanced dMMR endometrial cancer. *Future Oncol*. 2021 Oct 1;17(29):3781-3785. doi: 10.2217/fon-2021-0598.
2. Mirza MR, et al; RUBY Investigators. Dostarlimab for Primary Advanced or Recurrent Endometrial Cancer. *N Engl J Med*. 2023 Jun 8;388(23):2145-2158. doi: 10.1056/NEJMoa2216334.
3. Cercek A, et al. PD-1 Blockade in Mismatch Repair-Deficient, Locally Advanced Rectal Cancer. *N Engl J Med*. 2022 Jun 23;386(25):2363-2376. doi: 10.1056/NEJMoa2201445.
4. Jemperli prescribing information. GlaxoSmithKline LLC, Philadelphia, PA 2024.
5. Clinical Pharmacology Elsevier Gold Standard 2025.
6. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2025.
7. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2025.
8. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2025.
9. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. *J Clin Oncol*. 2014 Apr 20;32(12):1277-80.
10. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: **https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf**.
11. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: **http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm**.