Payers may require prior authorization or supporting documentation in order to process and cover a claim for treatment with JEMPERLI (dostarlimab-gxly). A prior authorization allows the payer to review the reason for the requested therapy and to determine medical appropriateness. A patient-specific letter of medical necessity will help to explain the physician's rationale and clinical decision-making in choosing JEMPERLI. The following is a sample letter of medical necessity for JEMPERLI that should be customized based on your patient's medical history and demographic information. *Please note that some payers may have specific forms that must be completed in order to request prior authorization or to document medical necessity.*

SAMPLE LETTER OF MEDICAL NECESSITY

[Date]

[Contact Name of medical director or other Payer representative] [Contact Title]

[Name of Health Insurance Company] [Street Address, City, State, Zip]

Re: Letter of Medical Necessity for J9272 JEMPERLI (dostarlimab), [billing unit]

Patient: [Patient Name] Group/Policy Number: [Number]

Date(s) of Service: [Dates] Diagnosis: [Code & Description]

Dear [Insert contact name or department]:

I am writing on behalf of my patient, [PATIENT NAME], to [REQUEST PRIOR AUTHORIZATION/DOCUMENT MEDICAL NECESSITY] for treatment with JEMPERLI (dostarlimab-gxly). The patient will be treated with JEMPERLI for [DIAGNOSIS].

This letter serves to document that [PATIENT NAME] needs JEMPERLI and that JEMPERLI is medically necessary for [HIM/HER] as administered. On behalf of the patient, I am requesting approval for use and subsequent payment for the treatments.

JEMPERLI is a programmed death receptor-1 (PD-1)–blocking antibody indicated:

Endometrial Cancer (EC)

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 dMMR recurrent or advanced endometrial cancer, as determined by an FDA-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 adult patients with dMMR recurrent or advanced solid tumors, as determined by an FDA-approved test, that have progressed on or following prior treatment and who have no satisfactory alternative treatment options.*

* This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

Medical History and Diagnosis

[PATIENT NAME] is a [AGE]-year-old [MALE/FEMALE] diagnosed with [DIAGNOSIS]. [PATIENT NAME] has been in my care since [DATE]. As a result of [DIAGNOSIS], my patient [ENTER BRIEF DESCRIPTION OF PATIENT HISTORY]. Additionally, [PATIENT] has tried [PREVIOUS THERAPIES] and [OUTCOMES]. The attached medical records document [PATIENT NAME]'s clinical condition and medical necessity for treatments with JEMPERLI.

Based on the above facts, I am confident that you will agree that JEMPERLI is indicated and medically necessary for this patient. The plan of treatment is to start the patient on JEMPERLI. Administration of JEMPERLI is planned on [DATE] and will be continued approximately every [FREQUENCY].

Please consider coverage of JEMPERLI on [PATIENT NAME]'s behalf and approve use and subsequent payment for JEMPERLI as planned. Please refer to the enclosed Prescribing Information for JEMPERLI. If you have any further questions regarding this matter, please do not hesitate to call me at [PHYSICIAN TELEPHONE NUMBER].

Thank you for your prompt attention to this matter.

Sincerely,

[PHYSICIAN NAME], <DEGREE INITIALS> [PROVIDER IDENTIFICATION NUMBER]

Enclosures (attach as appropriate):
Prescribing Information (PI), Clinic notes & labs
CC: [Medical Director, patient, specialty society, Insurance Commissioner]