



Commercial/Healthcare Exchange PA Criteria

Effective: August 18, 2020

Prior Authorization: Qinlock

Products Affected: Qinlock (ripretinib) oral tablets

Medication Description: Qinlock (ripretinib) is a tyrosine kinase inhibitor that inhibits KIT proto-oncogene receptor tyrosine kinase (KIT) and platelet derived growth factor receptor A (PDGFRA) kinase, including wild type, primary, and secondary mutations. Ripretinib also inhibits other kinases in vitro, such as PDGFRB, TIE2, VEGFR2, and BRAF.

Covered Uses: Qinlock is indicated for the treatment of advanced gastrointestinal stromal tumor (GIST) in adults who have received prior treatment with three or more kinase inhibitors, including imatinib.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with an oncologist

Coverage Duration: 3 years

Other Criteria:

Advanced gastrointestinal stromal tumor (GIST)

- A. Patient has a diagnosis of Advanced gastrointestinal stromal tumor (GIST); **AND**
- B. Patient has received prior treatment with 3 or more kinase inhibitors, including imatinib.

References:

1. Qinlock™ tablets [prescribing information]. Waltham, MA: Deciphera Pharmaceuticals, LLC; May 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	8/14/2020

Last Rev. August 2020



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