UnitedHealthcare Community Plan

# Clinical Pharmacy Program Guidelines for Qinlock

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| Program | Prior Authorization |
| Medication | Qinlock™ (ripretinib) |
| Markets in Scope | Arizona, California, Hawaii, Nevada, Maryland, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina |
| Issue Date | 7/2020 |
| Pharmacy and Therapeutics Approval Date | 7/2020 |
| Effective Date | 9/2020 |

1. **Background:**
   Qinlock (ripretinib) is a kinase inhibitor indicated for the treatment of adult patients with advanced gastrointestinal stromal tumor (GIST) who have received prior treatment with 3 or more kinase inhibitors, including imatinib.

   The National Cancer Comprehensive Network (NCCN) recommends Qinlock as the preferred fourth-line therapy for unresectable or metastatic disease progressive after single agent therapy with imatinib, sunitinib, and regorafenib.

2. **Coverage Criteria:**

**A. Gastrointestinal Stromal Tumor (GIST)**

**1. Initial Authorization**

**a. Qinlock** will be approved based on **all** of the following criteria:

(1) Diagnosis of gastrointestinal stromal tumor (GIST)

**-AND-**

(2) Disease is **one** of the following:

(a) Advanced
(b) Metastatic
(c) Unresectable

**-AND-**

(3) History of failure to **all** of the following:

(a) imatinib (Gleevec)
(b) sunitinib (Sutent)
(c) regorafenib (Stivarga)

**Authorization will be issued for 12 months.**

**2. Reauthorization**

**a. Qinlock** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Qinlock therapy

**Authorization will be issued for 12 months.**

**B. NCCN Recommended Regimens**

**1. Initial Authorization**

a. **Qinlock** will be approved for uses not outlined above if supported by The National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium.

**Authorization will be issued for 12 months.**

**2. Reauthorization**

a. **Qinlock** will be approved based on the following criterion:

(1) Documentation of positive clinical response to Qinlock therapy

**Authorization will be issued for 12 months.**

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**


1. Qinlock [package insert]. Waltham, MA: Deciphera Pharmaceuticals, LLC; May 2020.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at www.nccn.org. Accessed May 22, 2020


| Program | Program type – Prior Authorization |
|---|---|
| **Change Control** | |
| 7/2020 | New program. |