UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 1319-2
Program	Prior Authorization/Notification
Medication	Qinlock™ (ripretinib)
P&T Approval Date	7/2020, 7/2021
Effective Date	10/1/2021; Oxford only: 10/1/2021

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, recurrent, or metastatic disease with generalized progression after single agent therapy with imatinib, sunitinib, and regorafenib.

Coverage Information:

Members will be required to meet the criteria below for coverage. For members under the age of 19 years, the prescription will automatically process without a coverage review.

Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances. Some states also mandate usage of other Compendium references. Where such mandates apply, they supersede language in the benefit document or in the notification criteria.

2. **Coverage Criteria:**

A. <u>Patients less than 19 years of age</u>

1. Qinlock will be approved based on the following criterion:

a. Patient is less than 19 years of age

Authorization will be issued for 12 months.

B. <u>Gastrointestinal Stromal Tumor (GIST)</u>

1. <u>Initial Authorization</u>

a. Qinlock will be approved based on **<u>all</u>** of the following criteria:

(1) Diagnosis of gastrointestinal stromal tumor (GIST)

-AND-

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

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

-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.

C. NCCN Recommended Regimens

The drug has been recognized for treatment of the cancer indication by The National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1, 2A, or 2B

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 14, 2021.

Program	Prior Authorization/Notification – Qinlock™ (ripretinib)
Change Control	
7/2020	New program.
7/2021	Annual review. Updated criteria per NCCN guidelines. Updated references.