

Reference number(s)
3901-A

SPECIALTY GUIDELINE MANAGEMENT

QINLOCK (ripretinib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Qinlock is 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.

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Gastrointestinal Stromal Tumor (GIST)

Authorization of 12 months may be granted as a single agent for treatment of advanced gastrointestinal stromal tumor (GIST) in members who have received prior treatment with 3 or more kinase inhibitors, including imatinib.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

IV. REFERENCE

1. Qinlock [package insert]. Waltham, MA: Deciphera Pharmaceuticals, LLC; May 2020.