

Qinlock (ripretinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Qinlock (ripretinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Qinlock (ripretinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of advanced gastrointestinal stromal tumor (GIST) (Label, NCCN 1, 2A); **AND**
 - A. Individual had received prior treatment with 3 or more kinase inhibitors (e.g., sunitinib, regorafenib), including imatinib; **AND**
 - B. Individual is using as single agent; **AND**
 - C. Individual has a ECOG performance status of 0-2;

OR

- II. Individual has a diagnosis of metastatic or unresectable cutaneous melanoma (NCCN 2A); **AND**
 - A. Individual has activating mutations of KIT; **AND**
 - B. Individual is using as a single agent.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2023. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 8, 2023
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on July 8, 2023.
 - a. Cutaneous Melanoma. V2.2023. Revised March 10, 2023.
 - b. Gastrointestinal Stromal Tumors (GIST). V1.2023. Revised March 13, 2023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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