

Qinlock (riprefinib)
Effective 01/01/2022

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MH UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Qinlock is a tyrosine kinase inhibitor indicated for treatment of advanced gastrointestinal stromal tumor (GIST) in adults who have previously received treatment with at least 3 kinase inhibitors, including imatinib

Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Qinlock, excluding when the product is obtained as samples or via manufacturer’s patient assistance program

OR

Approval of Qinlock will be granted if the member meets all following criteria and documentation has been submitted:

1. The member is at least 18 years of age
2. The member has a diagnosis of gastrointestinal stromal tumor (GIST)
3. The prescriber is an oncologist or medication is being prescribed in consultation with an oncologist.
4. Provider documentation that the member has had adverse reaction to at least THREE prior kinase inhibitor therapies, one of which is imatinib (e.g. sunitinib and regorafenib)
5. Quantity requested is ≤3 units per day

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Qinlock	90 tablets per 30 days
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Appendix

Appendix A: Exceeding Quantity Limitations

Requests exceeding the quantity limit should be evaluated on a case-by-case basis. If there is compelling rationale for exceeding the quantity limit, please forward to clinical review for case-by-case evaluation (e.g., stability, past approvals at a dose exceeding the quantity limit, specific clinical rationale for dose is documented).

In addition to criteria in the procedure table above, requests exceeding the quantity limit must have **ALL** of the following:

1. Dose is appropriate
2. Dose is consolidated
3. Appropriate clinical rationale for exceeding the quantity limit

References

1. Qinlock (ripretinib) [prescribing information]. Waltham, MA: Deciphera Pharmaceuticals LLC; May 2020.
2. Blay JY, Serrano C, Heinrich MC, et al. Ripretinib in patients with advanced gastrointestinal stromal tumours (INVICTUS): a double-blind, randomised, placebo-controlled, phase 3 trial. *Lancet Oncol.* 2020;21(7):923-934. doi:10.1016/S1470-2045(20)30168-6

Review History

11/18/2020- Reviewed at P+T

11/17/2021 – Reviewed and Updated at Nov P&T; separated out MH criteria vs Comm/Exch; matched MH UPPL for 1/1/22 implementation. Updated criteria per guidelines and added Appendix. Effective 01/01/2022

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