Qinlock (ripretinib)
Effective 01/01/2022

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This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

**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

**Contact Information**

**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

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.

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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