

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Qinlock Prior Authorization Policy

- Qinlock® (ripretinib tablets – Deciphera Pharmaceuticals)

REVIEW DATE: 04/19/2024

OVERVIEW

Qinlock, a kinase inhibitor, is indicated for the treatment of advanced **gastrointestinal stromal tumor** in adults who have received prior treatment with three or more kinase inhibitors, including imatinib.¹

Guidelines

Qinlock is discussed in guidelines from the National Comprehensive Cancer Network (NCCN):

- **Gastrointestinal Stromal Tumor:** NCCN guidelines (version 1.2024 – March 8, 2024) recommend Qinlock for unresectable, progressive, or metastatic disease in the following situations: Qinlock 150 mg daily as second-line therapy for patients who are intolerant of second-line sunitinib as a “Preferred Regimen” (category 2A); Qinlock 150 mg daily as fourth-line therapy after therapy with imatinib, sunitinib, and Stivarga® (regorafenib tablets) if not previously received as a “Preferred Regimen” (category 1); Qinlock dose escalation to 150 mg twice daily if patient has previously treated with Qinlock 150 mg daily as additional options after progression on approved therapies as “Useful in Certain Circumstances”(category 2A); and Qinlock 150 mg daily or Qinlock 150 mg twice daily (if previously treated with Qinlock 150 mg daily) after progression with Ayvakit® (avapritinib tablets) and Sprycel® (dasatinib tablets).^{2,3}
- **Melanoma: Cutaneous:** NCCN guidelines (version 2.2024 –April 3, 2024) recommend Qinlock as “Useful in Certain Circumstances” for metastatic or unresectable disease with an activating *KIT* mutation as second-line or subsequent therapy for disease progression, intolerance, and/or projected risk of progression with *BRAF*-targeted therapy (category 2A).^{2,4}

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Qinlock. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Qinlock is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Gastrointestinal Stromal Tumor.** Approve for 1 year if the patient meets ALL of the following (A, B and C):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has tried imatinib or Ayvakit (avapritinib tablets); AND
 - C) Patient meets ONE of the following (i, ii, or iii):
 - i. Patient has tried sunitinib and Stivarga (regorafenib tablets); OR
 - ii. Patient has tried Sprycel (dasatinib tablets); OR
 - iii. Patient is intolerant of sunitinib.

04/19/2024

© 2024. All Rights Reserved.

This document is confidential and proprietary. Unauthorized use and distribution are prohibited.

Other Uses with Supportive Evidence

2. Melanoma, Cutaneous. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- A) Patient is ≥ 18 years of age; AND
- B) Patient has metastatic or unresectable disease; AND
- C) Patient has an activating *KIT* mutation; AND
- D) Patient has tried at least ONE systemic regimen.

Note: Examples of a systemic regimen include: Opdivo (nivolumab intravenous infusion) + Yervoy (ipilimumab intravenous infusion), Opdivo + Opdualag (nivolumab/relatlimab-rmbw intravenous infusion), Keytruda (pembrolizumab intravenous infusion), Opdivo, Tafinlar (dabrafenib capsules and oral tablets for suspension) + Mekinist (trametinib tablets), Zelboraf (vemurafenib tablets) + Cotellic (cobimetinib tablets), Braftovi (encorafenib capsules) + Mektovi (binimetinib tablets).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Qinlock is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Qinlock™ tablets [prescribing information]. Waltham, MA: Deciphera Pharmaceuticals; October 2023.
2. The NCCN Drugs & Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 15, 2024.
3. The NCCN Gastrointestinal Stromal Tumor (GIST) Clinical Practice Guidelines in Oncology (version 1.2024 – March 8, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 15, 2024.
4. The NCCN Melanoma: Cutaneous Clinical Practice Guidelines in Oncology (version 2.2024 – April 3, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org/>. Accessed on April 15, 2024.