VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Oncology – Qinlock Prior Authorization Policy
- Qinlock® (ripretinib tablets – Deciphera Pharmaceuticals)

REVIEW DATE: 03/30/2022

OVERVIEW

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

Guidelines

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

- **Gastrointestinal Stromal Tumor**: [2-3] NCCN guidelines (version 1.2022 – January 21, 2022), recommend Qinlock 150 mg daily as a "Preferred Regimen" for fourth-line therapy for unresectable or metastatic disease, after progressive disease on imatinib, Sutent® (sunitinib tablets) or Sprycel® (dasatinib tablets), and Stivarga® (regorafenib tablets). Imatinib is a category 1 recommended option for primary treatment. Ayvakit™ (avapritinib tablets) is recommended first-line for platelet-derived growth factor receptor alpha (*PDGFRA*) exon 18 mutation, including *PDGFRA D842V* mutations. Upon disease progression on imatinib, Sutent is a category 1 recommended option; Sprycel is recommended for patients with *PDGFRA* exon 18 mutations that are insensitive to imatinib (including the *PDGFRA D842V* mutation). Stivarga is the recommended option as third-line therapy (category 1). The guidelines recommend Nexavar® (sorafenib tablets), Votrient® (pazopanib tablets), Tasigna® (nilotinib tablets), Ayvakit, cabozantinib, everolimus + tyrosine kinase inhibitor, and Qinlock dose escalation to 150 mg twice daily (if previously treated with Qinlock 150 mg daily) (all category 2A) as "useful in certain circumstances" as fourth-line therapy for unresectable or metastatic disease. Qinlock 150 mg daily or 150 mg twice daily (if previously treated with 150 mg daily) is also recommended after progression with Avyakit and Sprycel.

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 3 years if the patient meets the following criteria (A and B):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient meets one of the following criteria (i or ii):
     - **i.** Patient has tried each of the following (a, b, and c):
       - **a)** Imatinib; AND
       - **b)** One of Sutent (sunitinib capsules) or Sprycel (dasatinib tablets); AND

c) Stivarga (regorafenib tablets); OR

ii. Patient has tried each of the following (a and b):

a) Ayvakit (avapritinib tablets); AND

b) Sprycel (dasatinib 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; May 2020.
2. The NCCN Drugs & Biologics Compendium. © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org/. Accessed on March 28, 2022.
3. The NCCN Gastrointestinal Stromal Tumor (GIST) Clinical Practice Guidelines in Oncology (version 1.2022– January 21, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org/. Accessed on March 28, 2022.