Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Ripretinib (Qinlock)

Notes:

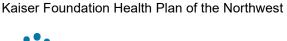
- Quantity limits: Yes
- Type any relevant notes in this area in patient-friendly language
 - Relevant notes may include safety or any other important information relating to the medication or criteria details.
- Use Arial size 10 font for notes.
- ^ Adequate trial is defined as *** treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Nonformulary ripretinib (Qinlock) will be covered on the prescription drug benefit when the following criteria are met:

- Patient is ≥18 years old
- Prescribed by Oncology/Hematology
- Patient has a documented diagnosis of advanced gastrointestinal stromal tumor (GIST)
- Patient received prior treatment with 3 or more kinase inhibitors, including imatinib.

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Revised: 03/10/22 Effective: 05/05/22





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