MedImpact

STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

RIPRETINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
RIPRETINIB	QINLOCK	46544		GPI-10 (2153407700)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of advanced gastrointestinal stromal tumor (GIST) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has received prior treatment with 3 or more kinase inhibitors (e.g. sunitinib, avapritinib, regorafenib), including imatinib

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #3 per day.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **RIPRETINIB (Qinlock)** requires ALL of the following rule(s) be met for approval:
   A. You have advanced gastrointestinal stromal tumor (GIST: a type of cancer in your digestive tract)
   B. You are 18 years of age or older
   C. You have received prior treatment with 3 or more kinase inhibitors (class of drugs), including imatinib

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE
For further information, please refer to the Prescribing Information and/or Drug Monograph for Qinlock.

REFERENCES
- Qinlock [Prescribing Information]. Waltham, MA: Deciphera Pharmaceuticals, May 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A   Created: 07/20
Commercial Effective: 10/01/20   Client Approval: 08/20   P&T Approval: 07/20