Clinical Policy Title:	ripretinib
Policy Number:	RxA.646
Drug(s) Applied:	Qinlock™
Original Policy Date:	09/14/2020
Last Review Date:	09/14/2021
Line of Business Policy Applies to:	All lines of business

Background

Ripretinib (Qinlock™) is a kinase inhibitor indicated for the treatment of adult patients with advanced gastrointestinal stromal tumor (GIST) who have received prior treatment with 3 or more kinase inhibitors, including imatinib.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
ripretinib (Qinlock™)	4th Line Treatment of Advanced Gastrointestinal Stromal Tumors (GIST)	150 mg orally once daily until disease progression Avoid concomitant use of moderate CYP3A inducers during Qinlock treatment. If a moderate CYP3A inducer cannot be avoided, increase the Qinlock dosing frequency from the recommended dose of 150 mg once daily to 150 mg twice daily during the co-administration period. Monitor for clinical response and tolerability. If the concomitant moderate CYP3A inducer is discontinued, resume Qinlock dosage back to 150 mg once daily 14 days after the discontinuation of the moderate CYP3A inducer.	150 mg daily 150 mg twice daily when co-administered with moderate CYP3A inducers

Dosage Forms

- Tablets: 50 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the

terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Advanced Gastrointestinal Stromal Tumor (must meet all):

1. Diagnosis of advanced GIST;
2. Prescribed by or in consultation with an oncologist;
3. Age 18 years of age or older;
4. Member has received 3 or more prior kinase inhibitor therapies, including imatinib unless contraindicated or clinically significant adverse effects experienced*;*
5. Member has an ECOG performance status of 0- 2;
6. Dose does not exceed 150 mg orally once daily or 150 mg twice daily when co-administered with moderate CYP3A inducers.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Advanced Gastrointestinal Stromal Tumor (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance, or documentation supports that member is currently receiving Qinlock™ for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If the request is for dose increase dose does not exceed 150 mg orally once daily or 150 mg twice daily when co-administered with moderate CYP3A inducers.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
GIST: Gastrointestinal stromal tumor
ECOG: Eastern Cooperative Oncology Group

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Examples of Tyrosine Kinase Inhibitors		
imatinib (Gleevec®)	400 mg orally once daily with food	800 mg per day
Ayvakit®	300 mg orally once daily on an empty stomach	300 mg per day
Sutent®	50 mg orally once daily for 4 weeks on-treatment, followed by 2 weeks off-treatment	87.5 mg per day

Stivarga®	160 mg orally once daily with a low-fat breakfast on days 1 to 21 of each 28-day cycle	160 mg per day

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported.

- Boxed warning(s):
  - None reported.

APPENDIX D: General Information

- ECOG Performance Status
  - Grade 0: Fully active, able to carry on all pre-disease performance without restriction.
  - Grade 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
  - Grade 2: Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours.
  - Grade 3: Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours.
  - Grade 4: Completely disabled; cannot carry on any selfcare; totally confined to bed or chair.
  - Grade 5: Dead.
- Examples of moderate CYP3A inducers include, bosentan, efavirenz, etravirine, phenobarbital, primidone.

References

1. Qinlock™ [prescribing information]. Waltham, MA: Deciphera Pharmaceuticals, LLC; June 2021. Available at: https://www.qinlockhcp.com/Content/files/qinlock-prescribing-information.pdf . Accessed July 09, 2021.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professiona/drug_compendium. Accessed July 09, 2021.
3. National Comprehensive Cancer Network. Gastrointestinal stromal tumors Version 5.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed July 09, 2021
4. Clinical Pharmacology [database online] powered by ClinicalKey. Elsevier; Gold Standard, Inc.; 2021. Accessed with subscription. Available at: http://www.clinicalkey.com . Accessed July 09, 2021.
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Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	08/2020	09/14/2020
Policy was reviewed: 1. Dosing Information dosing regimen was updated to include “Avoid concomitant use of moderate CYP3A	07/09/2021	09/14/2021

inducers during Qinlock treatment. If a moderate CYP3A inducer cannot be avoided, increase the Qinlock dosing frequency…”. 2. Dosing Information maximum dose was updated to include “150 mg twice daily when co-administered with moderate CYP3A inducers”. 3. Dosage Forms was updated from table format to bullet-list format. 4. Statement about provider sample ‘‘The provision of provider samples does not guarantee coverage…” was added to Clinical Policy. 5. Initial Approval Criteria I.A.5 was updated to include “Member has an ECOG performance status of 0- 2”. 6. Initial Approval Criteria I.A.6 was updated to include “Dose does not exceed 150 mg orally once daily or 150 mg twice daily when co-administered with moderate CYP3A inducers”. 7. Continued Therapy Approval Criteria II.A was updated from “All Indications in Section I” to “**Advanced Gastrointestinal Stromal Tumor”.** 8. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 9. Continued Therapy Approval Criteria II.A.3 was updated to		

include “If the request is for dose increase dose does not exceed 150 mg orally once daily or 150 mg twice daily when co-administered with moderate CYP3A inducers”. 10. Appendix A was updated to include abbreviation ECOG. 11. Therapeutic Alternatives verbiage was rephrased to "Below are suggested therapeutic alternatives based on clinical guidance..". 12. Appendix B: Therapeutic Alternatives was updated to remove inactive/unavailable drug names avapritinib, sunitinib, and regorafenib. 13. Statement about drug listing format in Appendix B is rephrased to "Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand; Brand name® when the drug is available by brand only and generic name when the drug is available by generic only". 14. Appendix D was updated to include “ECOG Performance Status” and subsequent grading schedule. 15. Appendix D was updated to include “Examples of moderate CYP3A inducers include, bosentan, efavirenz, etravirine, phenobarbital, primidone”. 16. Appendix D was updated to remove table, “NCCN Guidelines Version 2.2020: Gastroinestinall Stromal Tumors”.		

17. References were reviewed and updated.		