BlueCross BlueShield
Federal Employee Program

# QINLOCK
# (ripretinib)

## RATIONALE FOR INCLUSION IN PA PROGRAM

### Background

Qinlock (ripretinib) is a tyrosine kinase inhibitor that inhibits KIT proto-oncogene receptor tyrosine kinase (KIT) and platelet derived growth factor receptor A (PDGFRA) kinase, including wild type, primary, and secondary mutations. Qinlock also inhibits other kinases in vitro, such as PDGFRB, TIE2, VEGFR2, and BRAF (1).

### Regulatory Status

FDA-approved indication: 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 (1).

Palmar-plantar erythrodysesthesia syndrome (PPES) has occurred in patients taking Qinlock. Based on severity, Qinlock should be withheld and then resumed at same or reduced dose (1).

Cutaneous squamous cell carcinoma (cuSCC) and melanoma has occurred in patients taking Qinlock. Dermatologic evaluations should be performed when initiating Qinlock and routinely during treatment. Suspicious skin lesions should be managed with excision and dermatopathologic evaluation and then Qinlock should be continued at the same dose (1).

Hypertension has occurred in patients taking Qinlock. Qinlock should not be initiated in patients with uncontrolled hypertension. Blood pressure should be monitored as clinically indicated during treatment with Qinlock, and antihypertensive therapy should be initiated or adjusted as appropriate. Based on severity, Qinlock should be withheld and then resumed at same or reduced dose or permanently discontinued (1).

Cardiac dysfunction (including cardiac failure, acute left ventricular failure, diastolic dysfunction, and ventricular hypertrophy) has occurred in patients taking Qinlock. Ejection fraction should be assessed by echocardiogram or MUGA scan prior to initiating Qinlock and during treatment, as clinically indicated. Qinlock should be permanently discontinued for Grade 3 or 4 left ventricular systolic dysfunction (1).

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Qinlock can cause fetal harm when administered to pregnant women. Females and males of reproductive potential should be advised to use effective contraception during treatment with Qinlock and for 1 week after the final dose (1).

The recommended dose of Qinlock is 150 mg orally once daily. If a moderate CYP3A inducer cannot be avoided, increase the Qinlock dosing frequency from 150 mg once daily to 150 mg twice daily during the co-administration period (1).

The safety and effectiveness of Qinlock in pediatric patients have not been established (1).

**Summary**

Qinlock (ripretinib) is a tyrosine kinase inhibitor that inhibits KIT proto-oncogene receptor tyrosine kinase (KIT) and platelet derived growth factor receptor A (PDGFRA) kinase, including wild type, primary, and secondary mutations. Qinlock also inhibits other kinases in vitro, such as PDGFRB, TIE2, VEGFR2, and BRAF (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Qinlock while maintaining optimal therapeutic outcomes.

**References**


1. Qinlock [package insert]. Waltham, MA; Diciphera Pharmaceuticals, LLC; October 2023.
2. NCCN Drugs & Biologics Compendium® Ripretinib 2024. National Comprehensive Cancer Network, Inc. Accessed on October 7, 2024.