Reference number(s)
3901-A

Specialty Guideline Management Qinlock

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Qinlock	ripretinib

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication[1]

Qinlock is 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.

Compendial Use[2]

- Gastrointestinal stromal tumor (GIST)
- Cutaneous melanoma

All other indications are considered experimental/investigational and not medically necessary.

Documentation

The following information is necessary to initiate the prior authorization review: results of molecular testing or analysis confirming KIT mutation (where applicable).

Reference number(s)
3901- A

Coverage Criteria

Gastrointestinal Stromal Tumor (GIST)[1,2]

Authorization of 12 months may be granted for treatment of advanced, gross residual (R2 resection), unresectable, tumor rupture, recurrent, or metastatic GIST as a single agent when any of the following criteria are met:

- The member has previously received treatment with 3 or more kinase inhibitors, including imatinib.
- The member has experienced disease progression on avapritinib and dasatinib.
- The member is intolerant to sunitinib as second-line therapy after imatinib.

Cutaneous Melanoma[2]

Authorization of 12 months may be granted as a single agent for subsequent treatment of metastatic or unresectable cutaneous melanoma with activating KIT mutations for disease progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy.

Continuation of Therapy

Gastrointestinal Stromal Tumor (GIST)

Authorization of 12 months may be granted for continued treatment when there is no evidence of unacceptable toxicity while on the current regimen.

Cutaneous Melanoma

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for cutaneous melanoma when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Qinlock [package insert]. Waltham, MA: Deciphera Pharmaceuticals, LLC; May 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed August 12, 2025.