

# 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:** Non-formulary **ripertinib (Qinlock)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is  $\geq 18$  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.