

FOR INFORMATIONAL USE ONLY: This is a Sample Letter of Medical Necessity. It is not intended to substitute for your medical judgment when providing a diagnosis of the patient's medical condition or recommendation for a particular treatment. Please transfer this sample letter onto your practice's letterhead before printing.

[Month day, year]

ATTN: [Medical Director]

[Payer name]

[Payer contact name]

[Payer address]

Re: Letter of Medical Necessity for QINLOCK[®] (ripretinib)

Patient: [Patient's first and last name]

Subscriber ID#: [Insurance ID #]

Group #: [Insurance group #]

Dear [Medical Director],

I am writing on behalf of my patient, [patient name], to document medical necessity for treatment with QINLOCK. Based on my experience in managing advanced gastrointestinal stromal tumors (GIST), I believe QINLOCK is medically necessary and appropriate for my patient. This letter provides information about the patient's medical history and diagnosis, and a statement summarizing my treatment rationale. On behalf of the patient, I am requesting approval for use of and subsequent payment for the treatment.

Patient History and Diagnosis

[Patient name], is [a/an] [age]-year-old [male/female] who was diagnosed with [ICD- 10 code] [diagnosis name] on [month day, year]. As a result of [diagnosis], my patient [enter brief description of patient history]. Additionally, [patient name] has tried [state previous surgeries and/or therapies] and [state outcomes]. Please see enclosed documentation that provides my patient's medical history, and supporting information relating to my request to treat [patient name] with QINLOCK.

Treatment Information

QINLOCK is a kinase inhibitor indicated for the treatment of adult patients with advanced GIST who have received prior treatment with 3 or more kinase inhibitors, including imatinib. QINLOCK is indicated for all patients in 4th-line GIST and beyond, regardless of mutation.

Ripretinib (QINLOCK) is **the only therapy** recommended for 4th-line advanced GIST by the National Comprehensive Cancer Network[®] (NCCN[®]). The NCCN recommends ripretinib (QINLOCK) as a Category 1 regimen.¹

The safety and efficacy profile of QINLOCK makes it a necessary and appropriate option for [patient name]. [Include any additional clinical rationale explaining the medical necessity of this treatment]

Supporting Documentation

The following items are enclosed [Note: The below items are suggested enclosures and anything not applicable can be deleted]:

- [Package Insert for QINLOCK]
- [ICD-10 code, diagnosis name, and dates]
- [Past treatments and/or patient's history of failed treatments, eg, Gleevec® (imatinib), Sutent® (sunitinib), Stivarga® (regorafenib)]
- [Laboratory results that support appropriateness for QINLOCK]
- [NCCN Clinical Practice Guidelines for Gastrointestinal Stromal Tumors (GIST)]

Please consider coverage of QINLOCK on [patient name]'s behalf, and approve use and subsequent payment for QINLOCK. If you have any further questions regarding this matter, please do not hesitate to call me at [physician's phone number]. Due to the urgent nature of advanced GIST, I'd like to thank you for your prompt attention to this matter.

Thank you very much for your time and consideration.

Sincerely,

[Physician's signature]

[Physician's name and credentials]

Reference: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Gastrointestinal Stromal Tumors (GIST) V.1.2023. ©National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Published March 13, 2023. Accessed May 16, 2023. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.