**FOR INFORMATIONAL USE ONLY**: This is a Sample Letter of Appeal. 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/Appeals Reviewer]

[Payer name]

[Payer contact name] [Payer address]

Re: Letter of Appeal for QINLOCK® (ripretinib)

**Patient:** [Patient’s first and last name] **Subscriber ID#:** [Insurance ID#]

**Group #:** [Insurance group #]

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference Number** | **Therapy** | **Submission Date** | **Denial Date** |
| [Reference number] | QINLOCK | [Submission date] | [Denial date] |

Dear [Medical/Appeals Reviewer],

I am writing to request [appeal/redetermination/reconsideration] for my patient, [patient name], for the above-referenced line item(s). I understand from your denial letter dated [month day, year] that QINLOCK has been denied because [quote denial reason as communicated in the denial letter].

**Patient Diagnosis**

The case in question involves my patient, [patient name], 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 discusses my patient’s medical history, and provides supporting information relating to my request to reconsider treatment for [patient name] with QINLOCK.

**Treatment Information**

QINLOCK is approved 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. QINLOCK is approved for all patients in 4th-line GIST, regardless of their mutational status.

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 preferred regimen.1

The safety and efficacy profile of QINLOCK makes it medically necessary and appropriate for [patient name], so I ask you to reconsider your denial of coverage. [Include any additional clinical rationale explaining the medical necessity of this treatment.]

**Supporting Documentation**

Please see the enclosed documentation for [patient name]’s detailed medical history, as well as supporting information for the use of QINLOCKfor [ICD-10 code] [diagnosis name].

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

* [Package Insert for QINLOCK]
* [Medical literature regarding the use of QINLOCK for [ICD-10 code] [diagnosis name]
* [Relevant clinical documentation such as a history and physical, progress notes, treatment history, genetic testing results, Letter of Medical Necessity]
* [Applicable coverage policies]
  + [REMINDER: If a payer has a published policy, include here]
  + [REMINDER: If state statute exists, include here]
* [NCCN Clinical Practice Guidelines for Gastrointestinal Stromal Tumors (GIST)]

Given the urgent nature of advanced GIST, I would appreciate your prompt review of this appeal. I am readily available at my office phone number, [physician’s phone number], to address any questions or concerns you might have regarding this appeal.

Thank you 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 (GISTs) V1.2024, ©National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Published March 8, 2024. Accessed March 8, 2024. 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.