



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

AVAPRITINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
AVAPRITINIB	AYVAKIT	46291		GPI-10 (2149000900)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of unresectable or metastatic gastrointestinal stromal tumor (GIST) and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient has a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including PDGFRA D842V mutations

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, continue to #2.

2. Does the patient have a diagnosis of advanced systemic mastocytosis (AdvSM), including aggressive systemic mastocytosis (ASM), systemic mastocytosis with an associated hematological neoplasm (SM-AHN), or mast cell leukemia (MCL), **AND** meet the following criterion?
 - The patient is 18 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, continue to #3.

3. Does the patient have a diagnosis of indolent systemic mastocytosis (ISM) **AND** meet the following criterion?
 - The patient is 18 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **AVAPRITINIB (Ayvakit)** requires the following rule(s) be met for approval:

A. You have **ONE** of the following diagnoses:

1. Unresectable or metastatic gastrointestinal stromal tumor (GIST: a type of digestive tumor that cannot be removed through surgery or has spread to other parts of the body)
2. Advanced systemic mastocytosis (AdvSM: a type of blood disorder), including aggressive systemic mastocytosis (ASM: a type of blood disorder), systemic mastocytosis with an associated hematological neoplasm (SM-AHN: a type of blood disorder), or mast cell leukemia (MCL: a type of blood cancer)
3. Indolent systemic mastocytosis (ISM: a type of blood disorder)

(Denial text continued on next page)

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AVAPRITINIB

GUIDELINES FOR USE (CONTINUED)

- B. **If you have unresectable or metastatic gastrointestinal stromal tumor, approval also requires:**
 1. You are 18 years of age or older
 2. You have a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including PDGFRA D842V mutations (a type of gene mutation)
- C. **If you have advanced systemic mastocytosis, approval also requires:**
 1. You are 18 years of age or older
- D. **If you have indolent systemic mastocytosis, approval also requires:**
 1. You are 18 years of age or older

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ayvakit.

REFERENCES

- Ayvakit [Prescribing Information]. Cambridge, MA: Blueprint Medicines Corporation, May 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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