Commercial/Healthcare Exchange PA Criteria

Effective: April 10, 2020

Prior Authorization: Ayvakit

Products Affected: Ayvakit ***(***avapritinib) oral tablet

Medication Description: Ayvakit (avapritinib) is a potent tyrosine kinase inhibitor that blocks PDGFRA; it targets PDGFRA and PDGFR D842 mutants, as well as KIT exon 11, 11/17, and 17 mutants.

Covered Uses: Treatment of adults with unresectable or metastatic Gastrointestinal Stromal Tumor (GIST) harboring a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including PDGFRA D842V mutations.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Documentation of PDGFRA exon 18 mutation, including D842V mutation confirmed by FDA-approved test

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with an oncologist.

Coverage Duration: 3 years

Other Criteria:

A. Individual has a diagnosis of unresectable or metastatic gastrointestinal stromal tumor (GIST); **AND**
B. Individual has a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including D842V mutation, with test results confirmed.

References:

1. Ayvakit™ tablets [prescribing information]. Cambridge, MA: Blueprint Medicines Corporation; January 2020.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: March 24, 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	4/7/2020