

avapritinib (AYVAKIT)

Diagnosis Considered for Coverage:

- Gastrointestinal stromal tumor (GIST) with PDRGFRA exon 18 mutation
- Advanced systemic mastocytosis (AdvSM)
- Myeloid/lymphoid neoplasms with eosinophilia

Coverage Criteria:

For gastrointestinal stromal tumor (GIST):

- Being used as a single agent, **and**
- One of the following:
 - Presence of an PDRGFRA exon 18 mutation (including the PDGFRA D842V mutation) that is imatinib insensitive, **or**
 - Being used as subsequent therapy after disease progression with imatinib (Gleevec), Sutent (sunitinib), Stivarga (regorafenib), and Qinlock (ripretinib), **and**
- Dose does not exceed 300 mg per day.

For myeloid/lymphoid neoplasms with eosinophilia:

- Provider attestation of eosinophilia, **and**
- Presence of FIP1L1-PDGFRA rearrangement, **and**
- Intolerance or contraindication (including contraindicated mutations per NCCN) to imatinib, **and**
- Dose does not exceed 300 mg per day.

For indolent systemic mastocytosis (ISM), aggressive systemic mastocytosis (ASM), systemic mastocytosis with an associated hematological neoplasm (SM-AHN), and mast cell leukemia (MCL):

- Being used as a single agent therapy, **and**
- Dose does not exceed 300 mg per day.

Coverage Duration: one year

Effective Date: 2/28/2024