Reference number
3491-A

SPECIALTY GUIDELINE MANAGEMENT

AYVAKIT (avapritinib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
   1. Gastrointestinal Stromal Tumor (GIST)
      Ayvakit is indicated for the treatment of adults with unresectable or metastatic GIST harboring a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including PDGFRA D842V mutations.
   2. Advanced Systemic Mastocytosis (AdvSM)
      Ayvakit is indicated for the treatment of adult patients with advanced systemic mastocytosis (AdvSM). AdvSM includes patients with aggressive systemic mastocytosis (ASM), systemic mastocytosis with an associated hematological neoplasm (SM-AHN), and mast cell leukemia (MCL).
   3. Indolent Systemic Mastocytosis (ISM)
      Ayvakit is indicated for the treatment of adult patients with indolent systemic mastocytosis (ISM).

      Limitations of Use: Ayvakit is not recommended for the treatment of patients with ISM or AdvSM with platelet counts of less than 50 X 10^9/L.

B. Compendial Uses
   1. Myeloid/lymphoid neoplasms with eosinophilia and FIP1L1-PDGFRA rearrangement
   2. GIST

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:
A. For GIST: PDGFRA exon 18 mutation testing (e.g., polymerase chain reaction [PCR]-based assay, next-generation sequencing [NGS]-based assay) results (where applicable).
B. For myeloid and/or lymphoid neoplasms with eosinophilia: Testing or analysis confirming FIP1L1-PDGFRA rearrangement and PDGFRA D842V mutation

III. CRITERIA FOR INITIAL APPROVAL

A. Gastrointestinal Stromal Tumor (GIST)
Authorization of 12 months may be granted for treatment of gastrointestinal stromal tumor (GIST) when any of the following criteria are met:
1. The member meets all of the following criteria:
   a. The disease is residual, unresectable, tumor rupture, recurrent/metastatic or progressive

b. The disease harbors a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation that is insensitive to imatinib, including the PDGFRA D842V mutation
c. The requested drug will be used as a single agent for first-line therapy.

2. The member meets all of the following criteria:
   a. The disease is residual, unresectable, tumor rupture or recurrent/metastatic
   b. The member has failed at least four FDA-approved therapies (e.g., imatinib, sunitinib, regorafenib, ripretinib)
   c. The requested drug will be used as a single agent
3. The member meets all of the following criteria:
   a. The requested drug will be used for neoadjuvant therapy to decrease surgical morbidity
   b. The disease harbors a PDGFRA exon 18 mutation that is insensitive to imatinib, including the PDGFRA D842V mutation
   c. The requested drug will be used as a single agent

B. Myeloid/Lymphoid Neoplasms with Eosinophilia
Authorization of 12 months may be granted for treatment of myeloid and/or lymphoid neoplasms with eosinophilia when all of the following criteria are met:
1. The disease harbors a PDGFRA D842V mutation which is resistant to imatinib.
2. The disease is FIP1L1-PDGFRA rearrangement-positive.

C. Indolent Systemic Mastocytosis (ISM), Advanced Systemic Mastocytosis (AdvSM), including Aggressive Systemic Mastocytosis (ASM), Systemic Mastocytosis with an Associated Hematological Neoplasm (SM-AHN) and Mast Cell Leukemia (MCL)
Authorization of 12 months may be granted for treatment of ISM, AdvSM, ASM, SM-AHN and MCL as a single agent when the member's platelet count is greater than or equal to 50 X 10^9 /L.

IV. CONTINUATION OF THERAPY

A. GIST
Authorization of 12 months may be granted for continued treatment of GIST when the member is receiving clinical benefit and there is no evidence of generalized (widespread, systemic) disease progression or unacceptable toxicity while on the current regimen.

B. Myeloid/Lymphoid Neoplasms with Eosinophilia or AdvSM including ASM, SM-AHN, MCL
Authorization of 12 months may be granted for continued treatment in members requesting reauthorization when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

C. Indolent Systemic Mastocytosis (ISM)
Authorization of 12 months may be granted for continued treatment in members requesting reauthorization when there is no evidence of unacceptable toxicity.

V. REFERENCES

1. Ayvakit [package insert]. Cambridge, MA: Blueprint Medicines Corporation; May 2023.
2. The NCCN Drugs & Biologics Compendium © 2023 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed August 4, 2023.