Reference number(s)
6979-A

Specialty Guideline Management
Avmapki Fakzynja Co-Pack

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Avmapki Fakzynja Co-Pack	avutometinib and defactinib

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.

FDA-Approved Indications[1]

Avmapki Fakzynja Co-Pack is indicated for the treatment of adult patients with KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) who have received prior systemic therapy.

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

Documentation

Submission of KRAS mutation documentation is necessary to initiate prior authorization review for applicable indications as outlined in the coverage criteria section.

Reference number(s)
6979-A

Coverage Criteria

Low-Grade Serous Ovarian Cancer[1]

Authorization of 12 months may be granted for the treatment of KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) when the following criteria is met:

- The member has received prior systemic therapy.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Avmapki Fakzynja Co-Pack [package insert]. Needham, MA: Verastem, Inc.; May 2025.