

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Ayvakit (avapritinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Ayvakit (avapritinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Ayvakit (avapritinib) may be approved if the following criteria are met:

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

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 27, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 27, 2020.
 - a. Soft Tissue Sarcoma. V5.2019. Revised January 23, 2020.

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PAGE 1 of 1 03/05/2020
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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.