

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Avapritinib (Ayvakit)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **avapritinib (Ayvakit)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist **-AND-**
 - Age greater than or equal to 18 **-AND-**
 - Patient has a diagnosis of:
 - Non-metastatic, locally advanced, bulky GIST that may benefit from neoadjuvant therapy to reduce surgical morbidity **-AND-**
 - Presence of platelet-derived growth factor receptor alpha (PDGFRA) Exon 18 D842V mutation
 - Metastatic, unresectable gastrointestinal stromal tumor (GIST) **-AND-**
 - Presence of platelet-derived growth factor receptor alpha (PDGFRA) Exon 18 D842V mutation-
- OR-**
- **Advanced** systemic mastocytosis (AdvSM) (i.e.: aggressive systemic mastocytosis (ASM), systemic mastocytosis with an associated hematological neoplasm (SM-AHN), and mast cell leukemia (MCL)) **-AND-** platelet count $\geq 50 \times 10^9/L$
- OR-**
- Symptomatic indolent systemic mastocytosis despite use of 3 or more supportive care agents (e.g.: H1 antihistamine, H2 antihistamine, leukotriene inhibitor, topical cromolyn sodium, topical corticosteroids) **-AND-** platelet count $\geq 50 \times 10^9/L$

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **avapritinib (Ayvakit)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
 - Age greater than or equal to 18
 - Patient has a diagnosis of:
 - **Met**astatic unresectable GIST AND a PDGFRA mutation
- OR-**
- AdvSM

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Kaiser Foundation Health Plan of the Northwest

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-OR-

- ISM

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **avapritinib (Ayvakit)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a hematologist or oncologist
 - Age greater than or equal to 18
 - Patient has a diagnosis of:
 - Metastatic unresectable GIST AND a PDGFRA mutation
- OR-
- AdvSM
- OR-
- ISM