

# Avapritinib



**Included Products:** Ayvakit (avapritinib)

Created: 02/10/2020

Revised: 09/09/2021

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<b>Cancer</b>			
<b>Initial Criteria</b>		<b>If yes</b>	<b>If no</b>
1.	Is the treatment being prescribed by an oncologist?	Continue to #2.	Do not approve.
2.	Does the patient have a confirmed diagnosis of gastrointestinal stromal tumors (GIST) with a PDGFRA mutation? Treatment for other genetic mutations (such as KIT overexpression) have not been approved by the FDA.	Continue to #5.	Continue to #3.
3.	Does the patient have systemic mastocytosis (includes patients with aggressive systemic mastocytosis, systemic mastocytosis with an associated hematological neoplasm, and mast cell leukemia )?	Continue to #4.	Do not approve.
4.	Does the patient have a platelet count higher than $50 \times 10^9/L$ ?	Continue to #7.	Do not approve.
5.	Does the patient have a D842V mutation?	Continue to #7.	Continue to #6.
6.	Has the patient been treated with any other tyrosine kinase inhibitor in the past (such as imatinib)?	Continue to #7.	Do not approve and offer imatinib.
7.	Approve for 3 months.		
<b>Renewal Criteria</b>		<b>If yes</b>	<b>If no</b>
1.	Has the patient been on therapy for at least 6 months?	Continue to #3.	Continue to #2.
2.	Has the patient been stable on current dose for the last 1 month?	Continue to #3.	Approve for 1 month.

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3.	Has there been evidence of tumor response?	Continue to #4.	Do not approve.
4.	Approve for 6 months.		

## REFERENCES

- NCCN Soft Tissue Sarcoma Guidelines
- NCCN Systemic Mastocytosis Guidelines