

Ayvakit[®] (avapritinib) (Oral)

Document Number: IC-0523

Last Review Date: 07/01/2020

Date of Origin: 02/04/2020

Dates Reviewed: 02/2020, 07/2020

I. Length of Authorization

Coverage is provided for six months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- 100 mg tablet: 1 tablet per day
- 200 mg tablet: 1 tablet per day
- 300 mg tablet: 1 tablet per day

B. Max Units (per dose and over time) [HCPCS Unit]:

- 300 mg per day

III. Initial Approval Criteria¹

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

Universal Criteria¹

- Patient will avoid concomitant use with moderate and strong CYP3A inducers (e.g., rifampin, carbamazepine, St. John's Wort, etc.); **AND**
- Patient will avoid concomitant use with moderate and strong CYP3A inhibitors (e.g., itraconazole, fluconazole, clarithromycin, etc.), or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications; **AND**

Gastrointestinal stromal tumors (GIST) † ⊕ 2,3,4,5

- Patient's BCR-ABL KD mutational analysis contains the presence of platelet-derived growth factor receptor alpha (PDGFRA) Exon 18 mutations; **AND**
 - Patient has the presence of a D842V mutation in the PDGFRA gene; **AND**
 - Patient has unresectable or metastatic disease †; **OR**
 - Used as primary treatment for recurrent disease ‡; **OR**

- Used as adjuvant treatment for persistent microscopic residual disease (R1 resection) or gross residual disease (R2 resection) ‡; **OR**
- Used as continued treatment for limited progression ‡; **OR**
- Patient has progressive unresectable or metastatic disease; **AND**
 - Disease has progressed on prior treatment with a 3-month or longer trial of at least ONE of the following: imatinib, regorafenib, sunitinib, sorafenib, nilotinib, dasatinib or pazopanib

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Ⓞ Orphan Drug

IV. Renewal Criteria¹

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: recurrent or severe intracranial hemorrhages, severe CNS effects (e.g., cognitive impairment, dizziness, sleep disorders, mood disorders, speech disorders, hallucinations, etc.), etc.; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

V. Dosage/Administration¹

Indication	Dose
Gastrointestinal stromal tumors (GIST)	Administer 300 mg orally once daily on an empty stomach, at least 1 hour before or 2 hours after a meal, until disease progression or unacceptable toxicity. Refer to the package insert regarding dose reductions and dosage modifications for adverse reactions. <ul style="list-style-type: none"> - Avoid use with moderate-strong CYP3A inducers - Refer to the package insert for concomitant use with moderate-strong CYP3A inhibitors.

VI. Billing Code/Availability Information

HCPCS code:

- J8999: Prescription drug, oral, chemotherapeutic, NOS
- C9399: Unclassified drugs or biologicals

NDC:

- 100 mg tablet: 72064-0110-xx
- 200 mg tablet: 72064-0120-xx
- 300 mg tablet: 72064-0130-xx

VII. References

1. Ayvakit [package insert]. Cambridge, MA; Blueprint Medicines Corporation.; January 2020. Accessed June 2020.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) avapritinib. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed June 2020.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Soft Tissue Sarcoma Version 2.2020. National Comprehensive Cancer Network, 2020. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed June 2020.
4. Gebreyohannes YK, Wozniak A, Zhai ME, et al. Robust Activity of Avapritinib, Potent and Highly Selective Inhibitor of Mutated KIT, in Patient-derived Xenograft Models of Gastrointestinal Stromal Tumors. Clin Cancer Res. 2019 Jan 15;25(2):609-618. doi: 10.1158/1078-0432.CCR-18-1858. Epub 2018 Oct 1.
5. Heinrich MC, Jones RL, von Mehren M, et al. Clinical activity of avapritinib in ≥ fourth-line (4L+) and PDGFRA Exon 18 gastrointestinal stromal tumors (GIST). Journal of Clinical Oncology 2019 37:15_suppl, 11022-11022

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C49.A0	Gastrointestinal stromal tumor unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C49.A9	Gastrointestinal stromal tumor of other sites
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
Z85.831	Personal history of malignant neoplasm of soft tissue

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologics. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at:

<http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC