



Ayvakit™ (Avapritinib) Prior Authorization Form

Member Name: _____ Date of Birth: _____ Member ID#: _____

Drug Information

Pharmacy Billing (NDC: _____) Start Date (or date of next dose): _____
Dose: _____ Regimen: _____

Billing Provider Information

Pharmacy NPI: _____ Pharmacy Name: _____
Pharmacy Phone: _____ Pharmacy Fax: _____

Prescriber Information

Prescriber NPI: _____ Prescriber Name: _____
Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____

Criteria

For Initial Authorization:

1. Please indicate the diagnosis and information:

- Gastrointestinal Stromal Tumor (GIST)**
 - A. Is diagnosis unresectable or metastatic GIST? Yes _____ No _____
 - B. Does member have a *PDGFRA* exon 18 mutation (including *PDGFRA* D842V mutations)?
Yes _____ No _____
- Advanced Systemic Mastocytosis (AdvSM) Diagnosis**
 - A. Please select one of the following:
 - Aggressive systemic mastocytosis
 - Systemic mastocytosis with an associated hematologic neoplasm
 - Mast cell leukemia
 - Other, please list: _____
 - B. Is member's platelet count $\geq 50 \times 10^9/L$? Yes _____ No _____
- Indolent Systemic Mastocytosis (ISM) Diagnosis**
 - A. Is member's platelet count $\geq 50 \times 10^9/L$? Yes _____ No _____
- If diagnosis is not listed above, please indicate diagnosis:** _____

Additional Information: _____

For Continued Authorization:

1. Date of last dose: _____
 2. Does member have any evidence of progressive disease while on avapritinib? Yes _____ No _____
 3. Has the member experienced adverse drug reactions related to avapritinib therapy? Yes _____ No _____
- If yes, please specify adverse reactions: _____

Prescriber Signature: _____ Date: _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. Failure to complete this form in full will result in processing delays.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit

Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4

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