



Access and Reimbursement Guide for Healthcare Providers

Information on Distribution,
Patient Support, Coverage, and Access



Enroll your patients in YourBlueprint® at the time of prescription
to support the patient experience and access to programs*

Click here



www.YourBlueprint.com

*Additional eligibility criteria will apply.

Please see the Important Safety Information on pages 4-5
and click to see the full Prescribing Information for AYVAKIT.

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We are here to help
Reach out to your local Field Access Manager for any questions about patient access to AYVAKIT® (avapritinib).



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Blueprint Medicines is pleased to provide this information to help you and your office staff navigate coverage and access for AYVAKIT® (avapritinib). It is not intended to supersede any individual payer guidance and/or processes. Please be sure to check directly with each patient's insurance for any specific requirements needed to help obtain coverage and access. This guide is presented for informational purposes only and does not guarantee reimbursement.

Please see the **Important Safety Information** on pages 4-5 and click to see the full [Prescribing Information](#) for AYVAKIT.

Learn About AYVAKIT

INDICATION

AYVAKIT® (avapritinib) is indicated for the treatment of adult patients with:

Unresectable or metastatic gastrointestinal stromal tumor (GIST) harboring a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including PDGFRA D842V mutations.

Advanced SM (AdvSM) including patients with aggressive systemic mastocytosis (ASM), systemic mastocytosis with an associated hematological neoplasm (SM-AHN), and mast cell leukemia (MCL).
Limitations of Use: AYVAKIT is not recommended for the treatment of patients with AdvSM with platelet counts of $<50 \times 10^9/L$.

Indolent systemic mastocytosis (ISM)
Limitations of Use: AYVAKIT is not recommended for the treatment of patients with ISM with platelet counts of $<50 \times 10^9/L$.

IMPORTANT SAFETY INFORMATION

Intracranial Hemorrhage — Serious intracranial hemorrhage (ICH) may occur with AYVAKIT treatment; fatal events occurred in <1% of patients. Overall, ICH (e.g., subdural hematoma, ICH, and cerebral hemorrhage) occurred in 2.9% of 749 patients who received AYVAKIT in clinical trials. In GIST patients, ICH occurred in 3 of 267 patients (1.1%) and two (0.7%) of the events were Grade ≥ 3 and resulted in discontinuation. In AdvSM patients who received AYVAKIT at 200 mg daily, ICH occurred in 2 of 75 patients (2.7%) who had platelet counts $\geq 50 \times 10^9/L$ prior to initiation of therapy and in 3 of 80 patients (3.8%) regardless of platelet counts. In ISM patients, no events of ICH occurred in the 246 patients who received any dose of AYVAKIT in the PIONEER study.

Monitor patients closely for risk factors of ICH which may include history of vascular aneurysm, ICH or cerebrovascular accident within the prior year, concomitant use of anticoagulant drugs, or thrombocytopenia. Symptoms of ICH may include headache, nausea, vomiting, vision changes, or altered mental status. Advise patients to seek immediate medical attention for signs or symptoms of ICH. Permanently discontinue AYVAKIT if ICH of any grade occurs.

In AdvSM patients, a platelet count must be performed prior to initiating therapy. AYVAKIT is not recommended in AdvSM patients with platelet counts $<50 \times 10^9/L$. Following treatment initiation, platelet counts must be performed every 2 weeks for the first 8 weeks. After 8 weeks of treatment, monitor platelet counts every 2 weeks or as clinically indicated based on platelet counts. Manage platelet counts of $<50 \times 10^9/L$ by treatment interruption or dose reduction.

Cognitive Effects — Cognitive adverse reactions can occur in patients receiving AYVAKIT and occurred in 33% of 995 patients overall in patients who received AYVAKIT in clinical trials including: 41% of 601 GIST patients (5% were Grade ≥ 3), 28% of 148 AdvSM patients (3% were Grade ≥ 3), and 7.8% of patients with ISM who received AYVAKIT + best supportive care (BSC) versus 7.0% of patients who received placebo + BSC (<1% were Grade 3). Depending on the severity and indication, withhold AYVAKIT and then resume at same dose or at a reduced dose upon improvement, or permanently discontinue.

Photosensitivity — AYVAKIT may cause photosensitivity reactions. In all patients treated with AYVAKIT in clinical trials (n=1049), photosensitivity reactions occurred in 2.5% of patients. Advise patients to limit direct ultraviolet exposure during treatment with AYVAKIT and for one week after discontinuation of treatment.

IMPORTANT SAFETY INFORMATION (continued)

Embryo-Fetal Toxicity — AYVAKIT can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females and males of reproductive potential to use an effective contraception during treatment with AYVAKIT and for 6 weeks after the final dose of AYVAKIT. Advise women not to breastfeed during treatment with AYVAKIT and for 2 weeks following the final dose.

Adverse Reactions — The most common adverse reactions ($\geq 20\%$) in patients with unresectable or metastatic GIST were edema, nausea, fatigue/asthenia, cognitive impairment, vomiting, decreased appetite, diarrhea, increased lacrimation, abdominal pain, constipation, rash, dizziness, and hair color changes.

The most common adverse reactions ($\geq 20\%$) in patients with AdvSM were edema, diarrhea, nausea, and fatigue/asthenia.

The most common adverse reactions ($\geq 10\%$) in patients with ISM were eye edema, dizziness, peripheral edema, and flushing.

Drug Interactions — Avoid coadministration of AYVAKIT with strong or moderate CYP3A inhibitors. If coadministration with a moderate CYP3A inhibitor cannot be avoided in patients with GIST or AdvSM, reduce dose of AYVAKIT. Avoid coadministration of AYVAKIT with strong or moderate CYP3A inducers. If contraception requires estrogen, limit ethinyl estradiol to ≤ 20 mcg unless a higher dose is necessary.

To report suspected adverse reactions, contact Blueprint Medicines Corporation at 1-888-258-7768 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

AYVAKIT is available in 25-mg, 50-mg, 100-mg, 200-mg and 300-mg tablets.

DOSING & ADMINISTRATION

Recommended Administration (Section 2.1)¹

Administer AYVAKIT orally on an empty stomach, at least 1 hour before or 2 hours after a meal.

Do not make up for a missed dose within 8 hours of the next scheduled dose.

Do not repeat dose if vomiting occurs after AYVAKIT but continue with the next scheduled dose.

GIST Harboring PDGFRA Exon 18 Mutations (Section 2.2)¹

Select patients for treatment with AYVAKIT based on the presence of a PDGFRA exon 18 mutation. An FDA-approved test for the detection of exon 18 mutations is not currently available.

The recommended dosage of AYVAKIT is 300 mg orally once daily in patients with GIST. Continue treatment until disease progression or unacceptable toxicity.

Advanced Systemic Mastocytosis (Section 2.3)¹

The recommended dosage of AYVAKIT is 200 mg orally once daily in adult patients with AdvSM. Continue treatment until disease progression or unacceptable toxicity.

Indolent Systemic Mastocytosis (Section 2.4)¹

The recommended dosage of AYVAKIT is 25 mg orally once daily in patients with ISM.

Dosage Modifications for Adverse Reactions (Section 2.5)¹

The recommended dosage reductions and modifications for adverse reactions are provided in the tables on the next page.

Recommended Dosage Reductions for AYVAKIT® (avapritinib) for Adverse Reactions¹

Dose Reduction Level	Dosage in patients with GIST*	Dosage in patients with AdvSM [†]
First dose reduction	200 mg once daily	100 mg once daily
Second dose reduction	100 mg once daily	50 mg once daily
Third dose reduction	–	25 mg once daily

*Permanently discontinue AYVAKIT in patients with GIST who are unable to tolerate a dose of 100 mg once daily.

[†]Permanently discontinue AYVAKIT in patients with AdvSM who are unable to tolerate a dose of 25 mg once daily.

Recommended Dosage Modifications for AYVAKIT for Adverse Reactions¹

Adverse Reaction	Severity [‡]	Dosage Modification
Patients with GIST or AdvSM		
Intracranial Hemorrhage	Any grade	Permanently discontinue AYVAKIT.
	Grade 1	Continue AYVAKIT at same dose or reduced dose or withhold until improvement to baseline or resolution. Resume at same dose or reduced dose.
Cognitive Effects	Grade 2 or Grade 3	Withhold AYVAKIT until improvement to baseline, Grade 1, or resolution. Resume at same dose or reduced dose.
	Grade 4	Permanently discontinue AYVAKIT.
	Grade 3 or Grade 4	Withhold AYVAKIT until improvement to less than or equal to Grade 2. Resume at same dose or reduced dose, as clinically appropriate.
Patients with AdvSM		
Thrombocytopenia	<50 × 10 ⁹ /L	Interrupt AYVAKIT until platelet count is ≥50 × 10 ⁹ /L, then resume at reduced dose (per above table). If platelet counts do not recover above 50 × 10 ⁹ /L, consider platelet support.

[‡]Severity as defined by the National Cancer Institute Common Terminology Criteria for Adverse Events version 5.0.

Concomitant Use of Strong and Moderate CYP3A Inhibitors (Section 2.6)¹

Avoid concomitant use of AYVAKIT with strong or moderate CYP3A inhibitors. If concomitant use with a moderate CYP3A inhibitor cannot be avoided, the starting dosage of AYVAKIT is as follows:

- GIST: 100 mg orally once daily
- AdvSM: 50 mg orally once daily

For ISM, avoid concomitant use of AYVAKIT with strong or moderate CYP3A inhibitors.

Dosage Modifications for Severe Hepatic Impairment (Section 2.7)¹

A modified starting dosage of AYVAKIT is recommended for patients with severe hepatic impairment (Child-Pugh Class C):

- GIST: 200 mg orally once daily
- AdvSM: 100 mg orally once daily
- ISM: 25 mg orally every other day

Ordering Information

AYVAKIT is available through a limited network of specialty pharmacies and specialty distributors.



Specialty Pharmacy Provider Network

To prescribe AYVAKIT, please complete the YourBlueprint® Enrollment Form and fax it to 1-866-370-3082, or send your patient's prescription to one of the authorized specialty pharmacies listed below.

Biologics

Phone: 1-800-850-4306
Fax: 1-800-823-4506
ePrescribe: Biologics or NPI# 1487640314

Onco360

Phone: 1-877-662-6633
Fax: 1-877-662-6355
ePrescribe: OncoMed DBA Onco360 or NPI# 1679618151



Specialty Distribution Network

The following specialty distributors are authorized to drop-ship AYVAKIT to qualified accounts.

Physician Dispensing Offices

BioCareSD
Phone: 1-800-304-3064
Email: order@biocaresd.com

Cardinal Health Specialty Pharmaceutical Distribution
Phone: 1-855-855-0708
Email: GMB-SPD-Specialty@cardinalhealth.com

McKesson Specialty Health
Phone: 1-855-477-9800
Email: MSH.CustomerCare-MSPL@mckesson.com

Oncology Supply
Phone: 1-800-633-7555
Email: service@oncologysupply.com

Institutions/Hospitals

ASD Healthcare
Phone: 1-800-746-6273
Email: service@asdhealthcare.com

Cardinal Health Specialty Pharmaceutical Distribution
Phone: 1-855-855-0708
Email: GMB-SPD-Specialty@cardinalhealth.com

McKesson Plasma and Biologics
Phone: 1-877-625-2566
Email: MPBOOrders@mckesson.com

Blueprint Medicines does not endorse the use of any particular specialty pharmacy or specialty distributor listed above and makes no representation or guarantee of services or coverage of any product. This list is current as of August 2025 and may be updated from time to time.

AYVAKIT Product Information¹

AYVAKIT tablets are supplied in 5 dosage strengths:

Dosage Strength	300 mg	200 mg	100 mg	50 mg	25 mg
NDC Codes	10-digit code: 72064-130-30 11-digit code: 72064-0130-30	10-digit code: 72064-120-30 11-digit code: 72064-0120-30	10-digit code: 72064-110-30 11-digit code: 72064-0110-30	10-digit code: 72064-150-30 11-digit code: 72064-0150-30	10-digit code: 72064-125-30 11-digit code: 72064-0125-30
Description	300 mg, capsule-shaped, white film-coated tablet, printed with blue ink "BLU" on one side and "300" on the other side; available in bottles of 30 tablets.	200 mg, capsule-shaped, white film-coated tablet, printed with blue ink "BLU" on one side and "200" on the other side; available in bottles of 30 tablets.	100 mg, round, white film-coated tablet, printed with blue ink "BLU" on one side and "100" on the other side; available in bottles of 30 tablets.	50 mg, round, white film-coated tablet with debossed text. One side reads "BLU" and the other side reads "50"; available in bottles of 30 tablets.	25 mg, round, white film-coated tablet with debossed text. One side reads "BLU" and the other side reads "25"; available in bottles of 30 tablets.

Please note that splitting or breaking up individual pills is not advised.

The blue zero converts the 10-digit NDC code to the 11-digit NDC code. Some payers may require each NDC to be listed on the claim. Payer requirements regarding the use of NDCs may vary. Electronic data exchange generally requires use of the 11-digit NDC.

Storage: Store AYVAKIT at controlled room temperature 20 °C to 25 °C (68 °F to 77 °F); excursions are permitted between 15 °C and 30 °C (59 °F and 86 °F) (see USP Controlled Room Temperature).

Discover Patient Support With YourBlueprint®



YourBlueprint is a patient support program designed with your patients in mind. YourBlueprint assists eligible patients throughout the treatment journey by providing personalized support along the way.

How to Enroll

- 1 Download the enrollment form
www.yourblueprint.com/hcp/enroll-patients

OR

- 2 Complete enrollment online
<https://ayvakit.rxlighnting.com>

Completely fill in the form

Section 3: Select for reimbursement support, including benefits summary, prior authorization (PA), appeals, and formulary exceptions support

Section 8: Select any or all medication access resources. If all portions of the prescription section are submitted upon initial enrollment, patients can more rapidly access those resources if needed in the future without having to reach back out to your office or pharmacy

- Section 8A: Patient Assistance Program
- Section 8B: QuickStart
- Section 8C: Coverage Interruption

Be sure to include both patient and HCP signatures

For patients unable to sign in person, there are electronic options available:

Docusign* is available if E-Consent is selected at: YourBlueprint.com/consent

*Docusign can be completed on computer, mobile device, or tablet

Submit the enrollment form to YourBlueprint

Upon receipt of enrollment form, YourBlueprint will reach out to your office to review next steps.

OR

Download Consent Form and return by:

- Email to info@yourblueprint.com, or
- Mail to YourBlueprint

13410 Eastpoint Centre Drive,
Louisville, KY 40233



Fax:

1-866-370-3082



OR



Email:
info@yourblueprint.com

Dedicated Support Partners for You and Your Patients



Your dedicated Field Access Manager and Case Manager will work with you to help determine the path to access and communicate with you the requirements for coverage, including any specific plan requirements and whether supporting documentation is needed.



FIELD ACCESS MANAGERS

Field Access Managers are your dedicated contacts to support your preferred access pathway via enrollment in YourBlueprint, or directly with network Specialty Pharmacy and Medically Integrated Dispensing Practices. They can provide information on:

- YourBlueprint enrollment and programs
 - Your Field Access Manager can work directly with you and your office staff to help navigate any payer hurdles, provide plan-specific requirements, and share if supporting documentation is needed so that your patient can access their prescribed therapy in a timely manner
- Payer policy, including specific PA requirements, denial, and appeal support
- Collaboration with YourBlueprint Case Managers and network SPs



CASE MANAGERS

Case Managers will help your patients with YourBlueprint enrollment and provide coordination between you, your patients, and the pharmacy. Case Managers can also help your patients through nonclinical aspects of therapy by providing 1-on-1 support and patient education resources.

Reach out to your local Field Access Manager for any questions about patient access to AYVAKIT® (avapritinib).

Enroll your patients at the time of prescription to support the patient experience and access to programs.

CO-PAY ASSISTANCE PROGRAM



Eligible, commercially insured patients who are enrolled in co-pay assistance may pay as little as \$0 for their Blueprint Medicines therapy up to an annual maximum of \$25,000. Please contact YourBlueprint® to learn more about eligibility.

To enroll your patient:

- Visit the online portal at portal.trialcard.com/yourblueprint
- Adjudication information will be provided upon enrollment for claims processing



PATIENT ASSISTANCE PROGRAM (PAP)



Patients with no insurance, no coverage for AYVAKIT® (avapritinib), or high out-of-pocket costs, including Medicare Part D, may be eligible to receive their Blueprint Medicines therapy at no cost through our noncommercial dispensing pharmacy.

To enroll your patient:

- Send the completed enrollment form, with signatures, to YourBlueprint
- If a patient has insurance but no coverage for their therapy, provide YourBlueprint with the Prior Authorization and 2 subsequent appeal denials with the enrollment form
- If a patient's plan covers treatment for their prescribed indication, the patient is not eligible for the PAP

Be sure to complete the YourBlueprint Enrollment Form to determine whether your patient is eligible or contact YourBlueprint for questions on current eligibility criteria.

FOR PATIENTS WITH TEMPORARY COVERAGE BARRIERS



QuickStart Program

Patients with a delayed coverage determination of more than 5 business days from the date your office submits the PA to the payer may be eligible to receive up to a 60-day supply of no-cost medication. Your Case Manager and/or Field Access Manager will continue to follow up with you and your office staff pending a final coverage determination, or, if needed, a PAP eligibility determination may be made.

To enroll your patient:

- Provide YourBlueprint with the PA submission date and the Enrollment Form
- Select the QuickStart prescription on the Enrollment Form



Coverage Interruption

Patients who experience a temporary lapse in coverage for their therapy may be eligible for a limited supply of no-cost medication.

To enroll your patient:

- Select the Coverage Interruption prescription on the Enrollment Form



DOSE EXCHANGE

Patients who experience a dose modification while on AYVAKIT may exchange their remaining medication for the new prescribed dose at no cost.

To enroll your patient:

- Download the Dose Exchange Form at www.yourblueprint.com/hcp or by clicking the button below
- Fax the completed and signed form to 1-866-370-3082

Download the Dose Exchange Form

Navigating AYVAKIT Coverage

Coverage Approval Process Overview

YourBlueprint®, Field Access Manager, and our network of specialty pharmacies can support your patient through the coverage approval process. Here is what you can expect:

1

The pharmacy will verify your patient's insurance coverage and work directly with your office to obtain a PA.

2

Once approved, the pharmacy will contact the patient about any out-of-pocket costs and schedule medication delivery.

3

The Case Manager will coordinate with the pharmacy and your staff to assess if your patient is eligible for financial assistance or temporary medication, as needed, along the way.

Helpful Practices for PA Approvals and Renewals

The items shown below are considerations when obtaining a PA or reauthorization for AYVAKIT® (avapritinib). Various health plans have different requirements. It is important to check with your patient's health plan to ensure you are using the correct form and supplying all the required information.

Initial PA

- Review PA requirements before sending the prescription to the pharmacy
- Consider establishing a protocol at your practice to consistently document data required for PA
- If an SP has follow-up questions, a timely response may help avoid delays in a decision
- Use of electronic PA tools may streamline submission and reduce errors
- It can be helpful to educate patients about the PA process and keep them informed on delays and how patients could help

PA renewal

- Track PA expiration dates and begin renewal in advance of expiration
- Confirm, and submit, all required criteria needed for the renewal. Your Field Access Manager can help determine what is requested by the insurance provider or Pharmacy Benefits Manager (PBM)

TIPS



- Make sure you are working with the right payer when requesting a PA. Many insurers use a PBM for managing patients' prescription benefits. You may be working with the PBM, not the insurer
- Include the prior authorization with the enrollment form
- Submit the SM subtype and ICD-10-CM code with proof of diagnosis
- Include lab and test results with clinical notes

Common PA Requirements for AYVAKIT

As part of the PA form, payers may request clinical information and documentation to support the need for AYVAKIT treatment. Requirements vary by plan, but may include:

- Lab results such as platelet counts, next-generation sequencing (NGS), and high-sensitivity polymerase chain reaction (PCR) for *KIT* D816V

Diagnostic evidence

If an HCP suspects a patient has SM, the plan may require tests to establish a diagnosis of SM, including but not limited to the following:

- Serum tryptase
- High-sensitivity *KIT* D816V mutation test
- Bone marrow biopsy

See page 14 in this guide for the diagnostic criteria for SM

Diagnosis code(s) or ICD-10-CM code(s)

- See page 15 in this guide for a list of ICD-10-CM codes for ISM, AdvSM, and GIST

Clinical notes with patient subtype

AYVAKIT dosage, route of administration, NDC, and estimated duration of treatment

- See pages 5-6 in this guide for AYVAKIT dosing and administration information
- See page 7 in this guide for AYVAKIT NDC

Additional information that may be helpful to provide to the insurer:

Full Prescribing Information

Information related to the treatment decision, including a letter of medical necessity

- See below

Clinical practice guidelines (eg, NCCN)

Therapies tried and failed

Impact on QOL/ADL

Trigger avoidance plan

Hospitalizations and ER visits due to patient's diagnosis

YOURBLUEPRINT RESOURCES TO SUPPORT THE PA PROCESS

Sample Letter of Medical Necessity

PA Checklist

Download these resources at <https://yourblueprint.com/hcp/forms-and-resources/>

Sample letters are for information only and do not guarantee coverage for AYVAKIT. The information is not intended to act as a substitute for, or influence, the physician's independent clinical decision.

To receive PA support for AYVAKIT, connect with your local Field Access Manager or contact YourBlueprint at 1-888-BLUPRNT (1-888-258-7768).

ADL, activities of daily living; AdvSM, advanced systemic mastocytosis; GIST, gastrointestinal stromal tumor; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; ISM: indolent systemic mastocytosis; *KIT*, *KIT* proto-oncogene receptor tyrosine kinase; NCCN, National Comprehensive Cancer Network; QOL, quality of life.

Diagnostic Criteria for Systemic Mastocytosis

WORLD HEALTH ORGANIZATION, 5th EDITION²

The diagnosis of systemic mastocytosis can be made if the major criterion and at least one minor criterion are fulfilled, or if at least three minor criterion are fulfilled

Major criterion

Multifocal dense infiltrates of mast cells (≥15 mast cells in aggregates) detected in sections of bone marrow and/or other extracutaneous organ(s)

Minor criteria

- Atypical mast cell morphology, including spindle shape or immature morphology, present in >25% of all mast cells on bone marrow smears or in other extracutaneous organ(s)*
- Mast cells aberrantly express one or more of the following antigens: CD2, CD25, CD30[†]
- KIT* p.D816V mutation or other activating *KIT* mutation[†] detected in peripheral blood, bone marrow, or other extracutaneous organ(s)
- Baseline serum tryptase concentration of >20 ng/mL in the absence of an associated myeloid neoplasm; in the case of a known HaT, the tryptase level could be adjusted[‡]

*Well-differentiated round cell morphology may be seen in a small subset of cases; mast cells in such cases are usually positive for CD30 and negative for CD2 and CD25.²

[†]Any type of *KIT* mutation counts as a minor systemic mastocytosis criterion when published solid evidence for its transforming behavior is available (an overview of potentially activating *KIT* mutations is provided in the supplementary material of [34901755. (<https://www.ncbi.nlm.nih.gov/pubmed/34901755>)].²

[‡]A possible mode for adjustment has been proposed by Valent et al. (2021) [34901755]: the basal tryptase level may be divided by 1 plus the number of extra copies of the α -tryptase gene. For example, if the tryptase level is 30 ng/mL and 2 extra copies of the α -tryptase gene are found in a patient with HaT, the HaT-corrected tryptase level is 10 ng/mL (30/3=10), thereby not meeting the level of a minor systemic mastocytosis criterion.²

Diagnostic Coding

Based on the ISM, AdvSM, and *PDGFRA* exon 18 mutation-positive unresectable or metastatic GIST indications for AYVAKIT® (avapritinib), examples of diagnosis codes that may be appropriate are listed below. The codes provided below are informational only. Coding is a clinical decision that can only be made by a provider, based on the condition of the patient being treated. The use of the following codes does not suggest or guarantee reimbursement and may not be comprehensive. The codes listed are current as of August 2025 and are subject to change.

Diagnosis Codes for the Identification of Indolent and Advanced SM³

ICD-10-CM Diagnosis Codes		
Indication	Code	Description
ISM and AdvSM	D47.02	Systemic mastocytosis
ISM and AdvSM	D47.09	Other mast cell neoplasms of uncertain behavior
AdvSM	C94.30	Mast cell leukemia not having achieved remission
AdvSM	C94.31	Mast cell leukemia, in remission
AdvSM	C94.32	Mast cell leukemia, in relapse
AdvSM	C96.21	Aggressive systemic mastocytosis

Diagnosis Codes for the Identification of GIST

ICD-10-CM Diagnosis Codes	
Code	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

CPT, Current Procedural Terminology; HaT, hereditary alpha-tryptasemia.

Helpful Practices for the Appeals Process

If the patient's health plan has not established coverage or has denied coverage for AYVAKIT® (avapritinib), it may be necessary to submit an appeal or a formulary exception request. The information below includes general information; however, individual payers may have their own forms or documentation requirements.

Review the denial letter or notification received

Understand why coverage for AYVAKIT was denied and consider the following common questions:

- Has coverage for AYVAKIT been established for patient's condition/diagnosis?
- Did the prior authorization include all information as required by the payer, or was information missing?
Note: some payers may require confirmation of the diagnosis with associated documentation (eg, provider attestation, bone marrow biopsy results)
- Was the insurance information correct?
- Did the patient's insurance change or coverage lapse?

Initiate the appeals process

Understand the payer's specific process or requirements:

- Use payer-specific forms, if available
- Follow payer's instructions on the appeals submission process and filing timelines
- Include all required documentation such as:
 - Letter of appeal
 - Biomarker status
 - Treatment rationale

COMMON REASONS FOR COVERAGE DENIALS

Here are some common reasons for coverage denials that may be resolvable through the appeals or formulary exception request processes.



Missing Information

Missing ICD-10-CM code, unclear subtype, or the diagnostic information is missing or incomplete



Lack of Specialist Involvement

Some plans require a consultation with a hematology or oncology specialist



Prior Authorization Required

The diagnosis code(s), lab results, and **subtype are missing**



Change in Insurance Information

Patient's insurance changed or coverage has lapsed, or patient is enrolled in an alternative funding program

Resources to Support the Appeals Process

In the case of a denial or appeal, YourBlueprint® offers resources and assistance.



Sample Letter of Formulary Exception Request



Appeal Checklist



Sample Letter of Appeal



Download these resources at <https://yourblueprint.com/hcp/forms-and-resources/>

Sample letters are for information only and supplying the information with requests does not guarantee coverage for AYVAKIT. The information is not intended to substitute for or influence the physician's independent clinical decision.



Patients may also assist with the appeals process.

If a request for coverage of AYVAKIT is denied, patients can contact their employer's benefits administrator or their health plan for additional information on how to appeal the payer's decision or to request an external review.

In some cases, it may be necessary to submit a formulary exception request to the payer. Common processes for commercial payers and Medicare Part D are described in this guide.

To receive appeals support for AYVAKIT, connect with your local Field Access Manager or contact YourBlueprint at 1-888-BLUPRNT (1-888-258-7768).

Resources for You

Use this page as your quick reference for accessing resources mentioned within this guide.

YourBlueprint® Enrollment Form

- Download form:
<https://yourblueprint.com/hcp/enroll-patients/>
- Complete online:
<https://ayvakit.rxlighnting.com/enrollment>

Co-Pay Assistance Program Enrollment Portal

- Complete online:
<https://portal.trialcard.com/yourblueprint>

Dose Exchange Form

- <https://yourblueprint.com/hcp/forms-and-resources>
Under Navigating Insurance

PA Checklist

- <https://yourblueprint.com/hcp/forms-and-resources>
Under Navigating Insurance

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

- <https://www.nccn.org/guidelines/>

Reach out to your local Field Access Manager for any questions about patient access to AYVAKIT® (avapritinib).

Sample Letter of Medical Necessity

- <https://yourblueprint.com/hcp/forms-and-resources>
Under Navigating Insurance

Sample Letter of Formulary Exception

- <https://yourblueprint.com/hcp/forms-and-resources>
Under Navigating Insurance

Appeals Request Checklist

- <https://yourblueprint.com/hcp/forms-and-resources>
Under Navigating Insurance

Sample Letter of Appeal

- <https://yourblueprint.com/hcp/forms-and-resources>
Under Navigating Insurance



Enroll your patients at the time of prescription

to support the patient experience and access to programs



Blueprint Medicines, through our small network of specialty pharmacies and YourBlueprint, offers programs to support patient access, including:



CO-PAY
SUPPORT



PATIENT
ASSISTANCE
PROGRAM



QUICKSTART



PRIOR
AUTHORIZATION
SUPPORT



REIMBURSEMENT
SUPPORT

Reach out to your local Field Access Manager for any questions
about patient access to AYVAKIT.



Phone: 1-888-BLUPRNT

(1-888-258-7768)

Monday-Friday 8 AM-8 PM ET



Fax: 1-866-370-3082



<https://ayvakit.rxlighning.com>



info@yourblueprint.com

FOR CO-PAY ENROLLMENT, PLEASE VISIT PORTAL.TRIALCARD.COM/YOURBLUEPRINT



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