For adults with indolent systemic mastocytosis

AYVAKIT®
avapritinib | 25mg tablets

Patient portrayal

The **First** and **Only** FDA-approved therapy to treat ISM[1]

FDA=Food and Drug Administration; ISM=indolent systemic mastocytosis.

INDICATION

AYVAKIT® (avapritinib) is indicated for the treatment of adult patients with indolent systemic mastocytosis (ISM).

Limitations of Use: AYVAKIT is not recommended for the treatment of patients with ISM with platelet counts of <50 x 10^9/L.

Please see Important Safety Information on page 17 and click here to see the full Prescribing Information for AYVAKIT.

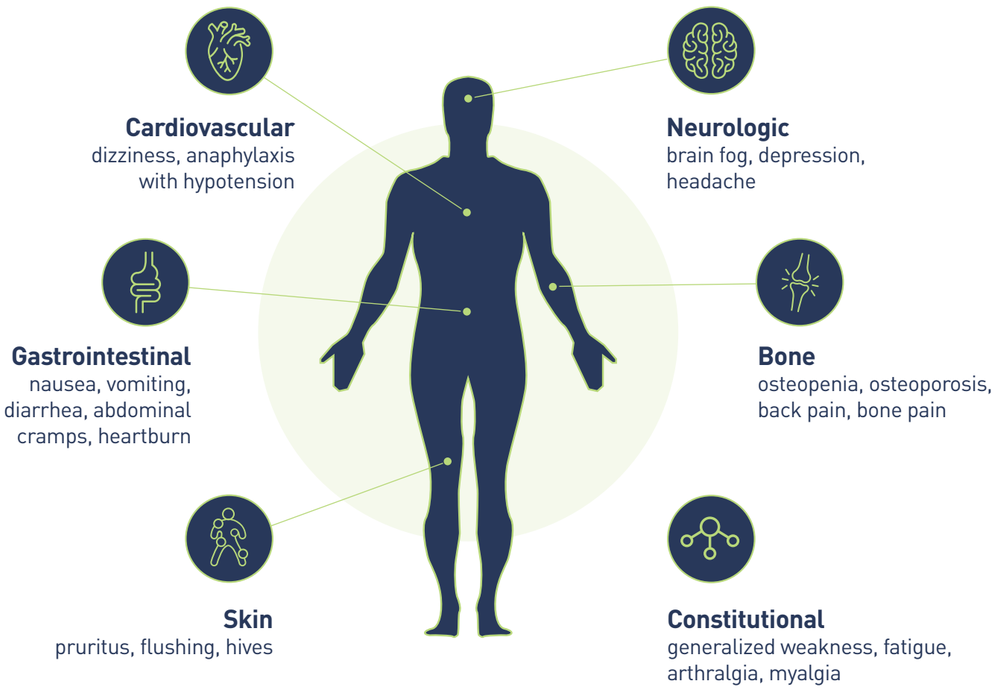
Impact of ISM

AN OVERPRODUCTION OF MUTATED AND HYPERACTIVE MAST CELLS CREATING DISRUPTION THROUGHOUT THE BODY[2,3]

KIT D816V

The KIT D816V mutation is found in about 95% of ISM cases. This mutation causes the KIT receptor to be constantly (or constitutively) active, meaning it is "switched on" all the time, leading to the overproduction of abnormal mast cells. This overactivity affects pathways that control mast cell growth and survival.[2-6]

The mutated, hyperactive mast cells release mediators that can lead to various debilitating symptoms across systems[2,3,7]



These symptoms represent the clinical spectrum of ISM. Symptoms may vary in individual patients.

KIT=KIT proto-oncogene, receptor tyrosine kinase.

ISM SYMPTOMS CAN CREATE UNPREDICTABILITY AND IMPACT PATIENTS' EVERYDAY LIVES[2,8]

- Increased polypharmacy[8]
- Considerable family and caregiver burden[9]
- Multiple HCP visits per year[8]

In a Blueprint Medicines–sponsored survey (n=32)[8]*

72% reported avoiding leaving home

56% reported reducing working hours

28% reported going on medical disability

ISM MAY LEAD TO SERIOUS HEALTH CONSEQUENCES[10-12]

Symptoms often worsen over time[10]:
55% of patients with ISM have a **higher frequency of symptoms** and 47.5% have greater severity of symptoms **since receiving their diagnosis** (N=40)†

Bone density concerns[11]:
Osteoporosis was observed in 66.9% of patients with ISM vs 34.3% of a similar patient population without ISM‡

Risk of anaphylaxis[12]:
Nearly half of patients with ISM experience anaphylaxis§

*In the Blueprint Medicines–sponsored TouchStone SM Patient Survey, US adults with a self-reported SM diagnosis (N=56) completed an online survey of 100 items. An analysis was conducted in patients with ISM (n=37), including 32 patients with moderate to severe ISM (defined as an ISM-SAF TSS >28) and results were analyzed using descriptive statistics. These analyses were made from the TouchStone SM Patient Survey but have not been published.[8]

†Survey data were collected from 40 adults with ISM meeting the WHO diagnostic criteria, including the validated ISM-SAF and the 12-item Short-Form Health Survey. ISM burden was analyzed by comparing moderate to severe TSS scores with mild TSS scores using Kruskal–Wallis and Fisher's exact tests.[10]

‡In a retrospective study of Mayo Clinic data (full system, 2005-2023), 203 patients with ISM were identified and matched 1:10 with 2030 patients without ISM on demographic and clinical characteristics (age, sex, race, BMI, smoking status, Quan-Charlson Comorbidity Index (CCI) score, and year of index [defined as first ISM diagnosis for ISM patients]), generating comparable cohorts with ISM diagnosis being the differentiating factor between groups.[11]

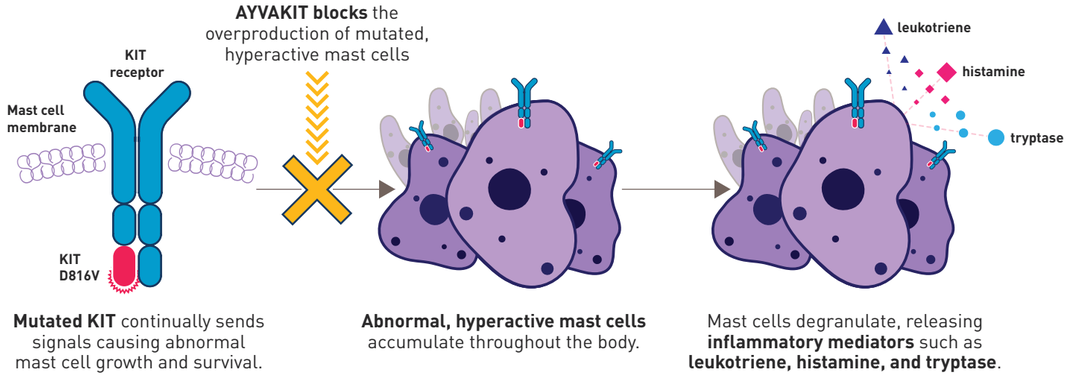
§As described by an expert-panel review of adult-onset mastocytosis (predominantly indolent population).[12]

BMI=body mass index; ISM-SAF=Indolent Systemic Mastocytosis-Symptom Assessment Form; SM=systemic mastocytosis; TSS=total symptom score; WHO=World Health Organization.

Target the source, not just the symptoms[1,2]

Symptom-directed therapies alone may not be enough[1,2]

Symptom-directed therapies (SDT) may help address ISM symptoms, but do not treat the underlying cause of the symptoms: the KIT D816V mutation. AYVAKIT inhibits the autophosphorylation of KIT in cellular assays, which ultimately blocks overproduction of abnormal and hyperactive mast cells thought to cause the symptoms of ISM.[1,2]



Mutated KIT continually sends signals causing abnormal mast cell growth and survival.

Abnormal, hyperactive mast cells accumulate throughout the body.

Mast cells degranulate, releasing **inflammatory mediators** such as **leukotriene, histamine, and tryptase**.

AYVAKIT TARGETS THE KIT D816V MUTATION—THE PRIMARY DRIVER OF ISM[1-3,7,13]

Consider targeting the cause of the symptoms when treating ISM[1,3,7]

SELECT SAFETY INFORMATION

Cognitive Effects—Cognitive adverse reactions can occur in patients receiving AYVAKIT and occurred in 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, withhold AYVAKIT and then resume at the same dose, or permanently discontinue AYVAKIT.

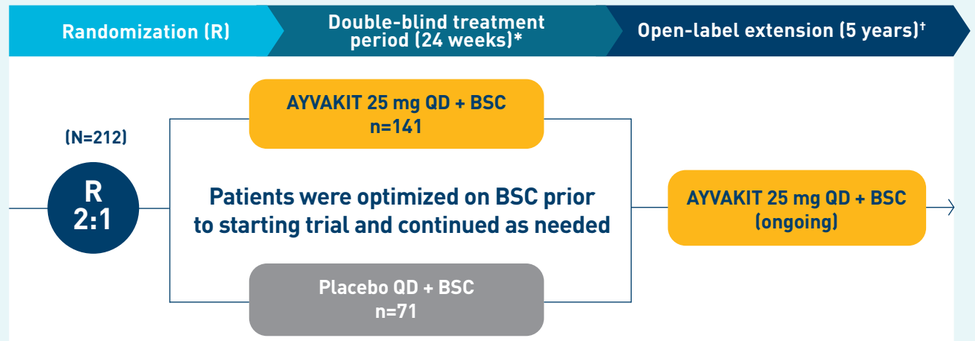
Please see Important Safety Information on page 17 and click here to see the full Prescribing Information for AYVAKIT.

PIONEER was designed to measure symptom relief and change in mast cell burden[1,14]

PIONEER: A phase 2, multipart, randomized, placebo-controlled, double-blind trial (N=212) evaluating the efficacy and safety of AYVAKIT 25 mg vs placebo at 24 weeks, both arms receiving concomitant BSC[1,14]

Key eligibility criteria: ≥18 years of age; centrally confirmed ISM diagnosis per WHO criteria; uncontrolled moderate to severe ISM symptoms (defined as ISM-SAF TSS ≥28) despite ≥2 BSC[14]

STUDY DESIGN: AYVAKIT + BSC VS PLACEBO + BSC



Best supportive care (BSC) is usually referred to as symptom-directed therapies in clinical settings

SYMPTOM MEASUREMENT

- **Primary endpoint:** Absolute mean change in ISM-SAF TSS compared with placebo + BSC from baseline to Week 24[1]
- **Exploratory endpoints:** Mean change in ISM-SAF individual symptom scores; mean change in most severe symptom score at Week 24[8,14]

MAST CELL BURDEN MEASUREMENT

- **Select key secondary endpoints compared with placebo + BSC at Week 24[1,14]:**
  - Proportion of patients achieving ≥50% reduction in serum tryptase levels
  - ≥50% reduction in KIT D816V VAF or undetectable‡
  - ≥50% reduction in bone marrow mast cells or no aggregates

ISM-SAF TSS: Validated patient-reported outcome assessing 11 ISM signs and symptoms (abdominal pain, nausea, diarrhea, spots, itching, flushing, bone pain, fatigue, dizziness, headache, and brain fog)[1,15§]

*Data cutoff was June 23, 2022.[14]
†Patients had the option to enter part 3 of PIONEER, an open-label extension evaluating the long-term efficacy and safety of AYVAKIT 25 mg + BSC for up to 5 years. All eligible patients either continued AYVAKIT 25 mg + BSC daily or switched from placebo + BSC to AYVAKIT 25 mg + BSC.[14]
‡In peripheral blood.[1]
§Symptom severity scores (scored 0 [no symptoms] to 10 [worst imaginable symptoms] daily) are combined to calculate the TSS from 0-110, with higher scores representing greater symptom severity. A biweekly average in ISM-SAF TSS was used to evaluate efficacy endpoints.[1,15]

ISM-SAF=Indolent Systemic Mastocytosis-Symptom Assessment Form; QD=every day; TSS=total symptom score; VAF=variant allele fraction.

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PIONEER reflects a heterogeneous population of patients living with ISM[14]

Select baseline demographics and patient characteristics (AYVAKIT + BSC, n=141; placebo + BSC, n=71)[1,14]

AGE RANGE

Median age, years (range)
AYVAKIT + BSC: 50 (18-77)
Placebo + BSC: 54 (26-79)

SEX

AYVAKIT + BSC:
71% female, 29% male
Placebo + BSC:
76% female, 24% male

VARIED TRYPTASE LEVELS

Median serum tryptase, ng/mL (range)
AYVAKIT + BSC: 38.4 (3.6-256)
Placebo + BSC: 43.7 (5.7-501.6)

MAST CELL BURDEN

Mast cell aggregates present
AYVAKIT + BSC: 75%
Placebo + BSC: 80%

VARIED SYMPTOM SEVERITY

Mean ISM-SAF TSS at baseline (SD)
AYVAKIT + BSC: 50.2 (19.1)
Placebo + BSC: 52.4 (19.8)

POLYPHARMACY BURDEN

Median No. of BSC (range)
AYVAKIT + BSC: 3 (0-11)
Placebo + BSC: 4 (1-8)

93% of patients in the AYVAKIT + BSC arm were KIT positive, with 7% KIT undetectable[1]

Patients were optimized on a range of BSC[14]

- Anti-immunoglobulin E antibody (omalizumab)
- Glucocorticoids
- Cromolyn sodium
- H1 antihistamines
- H2 antihistamines
- Leukotriene inhibitors
- Proton pump inhibitors

SELECT SAFETY INFORMATION

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.

Please see Important Safety Information on page 17 and click here to see the full Prescribing Information for AYVAKIT.

AYVAKIT reduced symptom and mast cell burden[1]

PRIMARY ENDPOINT AT 24 WEEKS[1]

Adding AYVAKIT to BSC demonstrated significantly greater symptom reduction vs placebo + BSC[1]

Week 24	AYVAKIT + BSC (n=141)	Placebo + BSC (n=71)	2-sided *P* value
Absolute mean change in the ISM-SAF TSS (95% CI)	**-15.33** (-18.36, -12.31)	**-9.64** (-13.61, -5.68)	**0.012**

ITT analysis: Markov chain Monte Carlo simulation was used to impute the missing values at baseline or Week 24.

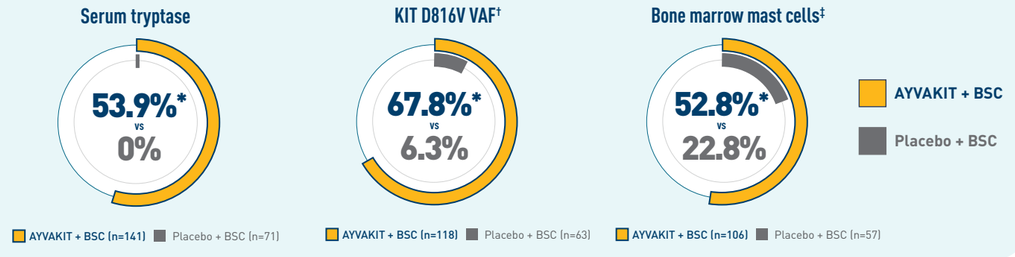
Patients treated with AYVAKIT + BSC saw **milder symptoms at 24 weeks**: 43% (58/134) reported a mild symptom burden (TSS <28) vs only 10% (14/139) at baseline[11]

LIMITATIONS: Post hoc analysis, data are unranked, not controlled for Type 1 error, and as such results should be interpreted with caution and could represent chance findings. In the PIONEER clinical trial, patients were required to have moderate to severe ISM, defined as an ISM-SAF TSS score ≥28, to participate. For this analysis, mild symptoms were defined as an ISM-SAF TSS <28. Data do not account for degree of change but for those who shifted to a mild symptom burden at Week 24.

KEY SECONDARY ENDPOINTS AT 24 WEEKS[1]

Additionally, AYVAKIT + BSC showed significant reductions in measures of mast cell burden[1]

PROPORTION OF PATIENTS ACHIEVING ≥50% REDUCTION IN OBJECTIVE MEASURES OF MAST CELL BURDEN AT 24 WEEKS[1]



ITT analysis: For patients with high-dose steroid use within 7 days before Week 24, or greater than 14 consecutive days at any point from baseline to Week 24, the Week 24 score was set to missing.

*2-sided *P*<0.0001.
†Percent of patients with ≥50% reduction in peripheral blood KIT D816V VAF or undetectable.
‡Percent of patients with ≥50% reduction in bone marrow mast cells or no aggregates.
ITT=intention to treat.

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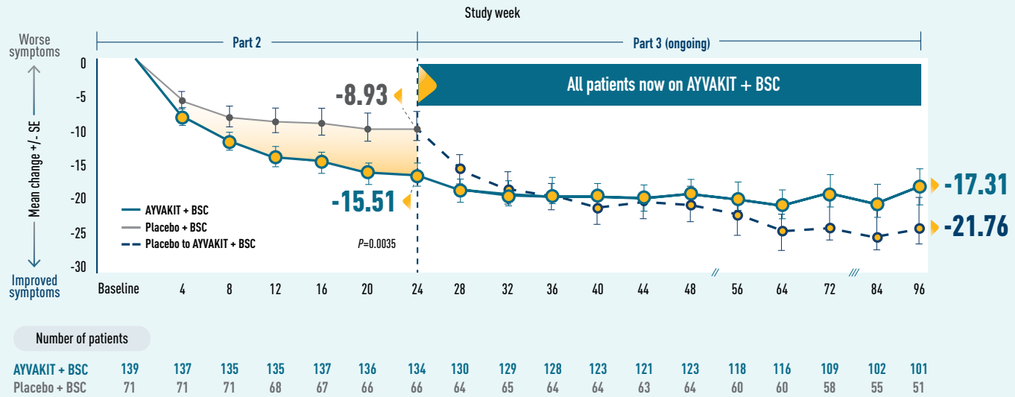
Efficacy at 2 years

EXPLORATORY ENDPOINT

In a 96-week follow-up, a decrease in TSS from baseline was observed for patients in the open-label extension[11]

- At 6 months, patients in the placebo + BSC arm could choose to receive AYVAKIT + BSC in an open-label extension trial for up to 5 years[14]
- 93% of patients in the placebo + BSC arm continued to the open-label extension and began receiving AYVAKIT[14]

MEAN CHANGE IN ISM-SAF TOTAL SYMPTOM SCORE THROUGH 96 WEEKS[11]*



Number of patients

AYVAKIT + BSC	139	137	135	135	137	136	134	130	129	128	123	121	123	118	116	109	102	101
Placebo + BSC	71	71	71	68	67	66	66	64	65	64	64	63	64	60	60	58	55	51

*Data cutoff: November 17, 2023.[11]

LIMITATIONS: Mean change in TSS at all time points except Week 24 were prespecified, nonranked endpoints and were not adjusted for multiplicity. Therefore, treatment differences at these time points cannot be regarded as statistically significant, results should be interpreted with caution, and conclusions cannot be drawn. In an open-label extension, there is the potential for enrichment of the long-term data in the remaining patient populations since patients who are unable to tolerate or do not respond to the drug often drop out. Efficacy results from Part 3 of the study cited should be interpreted with caution.

ITT analysis: Patients with use of high-dose steroids (3 patients treated with AYVAKIT and 1 in the placebo group) were included in this analysis that were not included in the primary analysis.

Missing visit data were excluded from calculations for that visit.

This long-term analysis set assessed efficacy in patients with ISM who received only AYVAKIT 25 mg + BSC through Week 96. Patients with dose escalation prior to Week 96 on AYVAKIT were excluded.

SELECT SAFETY INFORMATION

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. Advise women not to breastfeed during treatment with AYVAKIT and for 2 weeks following the final dose.

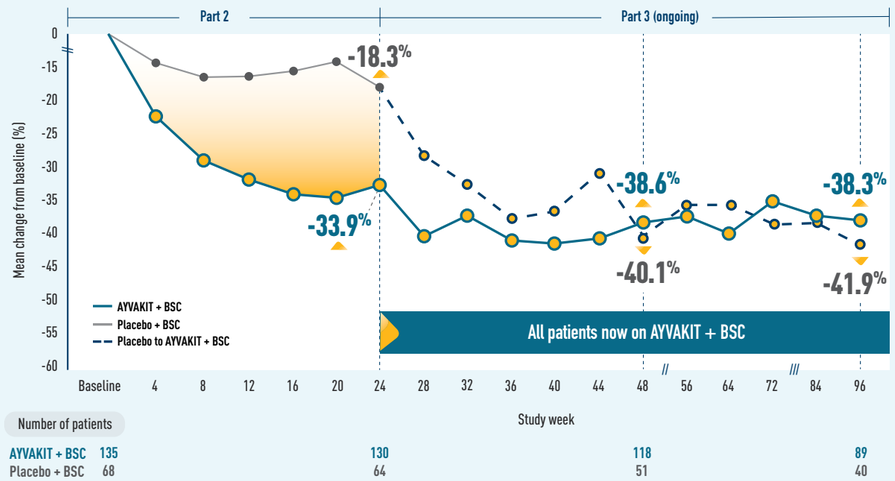
Please see Important Safety Information on page 17 and click here to see the full Prescribing Information for AYVAKIT.

Mastocytosis quality of life observations

EXPLORATORY ENDPOINT

QOL was assessed at each study visit, which included the use of the Mastocytosis Quality of Life Questionnaire (MC-QoL), a disease-specific QOL tool developed for use in patients with ISM. The MC-QoL evaluated 4 domains—symptoms, emotions, social life/functioning, and skin—with higher scores indicating a worse health-related QOL impairment.[14]

MEAN PERCENT CHANGE IN MC-QoL SCORE THROUGH 96 WEEKS[11]*



Number of patients

AYVAKIT + BSC	135	130	118	89
Placebo + BSC	68	64	51	40

65% (60/92) of patients treated with AYVAKIT reported MC-QoL scores of mild after 96 weeks, vs **14% (19/135)** at baseline[11†]

PRO=patient reported outcome; QOL=quality of life.

LIMITATIONS: Mean change in MC-QoL at all time points were prespecified, nonranked endpoints and were not adjusted for multiplicity. Therefore, treatment differences at these time points cannot be regarded as statistically significant, results should be interpreted with caution, and conclusions cannot be drawn. In an open-label extension, there is the potential for enrichment of the long-term data in the remaining patient populations since patients who are unable to tolerate or do not respond to the drug often drop out. These PRO and QOL results are considered exploratory and did not control for Type 1 error; as such, it is not possible to ascertain the probability that these findings were attributable to treatment with AYVAKIT.

This long-term analysis set assessed MC-QoL in patients with ISM who received only AYVAKIT 25 mg + BSC through Week 96. Patients with dose escalation prior to Week 96 on AYVAKIT were excluded.

*Data cutoff: November 17, 2023.[11]

†Total scores for the MC-QoL range from 0 to 100, with higher scores indicating worse disease impairment. MC-QoL scores of ≤20.0 indicate no disease impairment, scores of 20.1 to 40.0 are mild, scores of 40.1 to 60.0 are moderate, and scores >60.0 are severe.[11,14]

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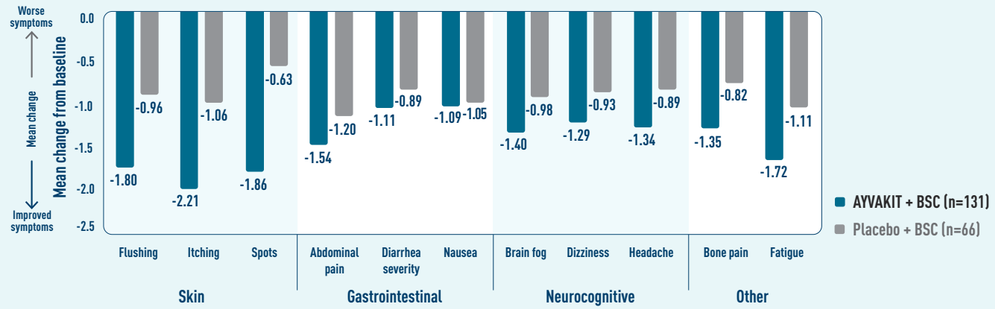
Individual symptom scores at 24 weeks

EXPLORATORY ENDPOINT

Decreases in symptom severity were observed across all domains, including skin, gastrointestinal, and neurocognitive[8]

MEAN CHANGE FROM BASELINE AT 24 WEEKS BY ISM-SAF INDIVIDUAL SYMPTOM SCORE[8]



ITT analysis: In this analysis, if a patient was missing more than 7 days of the score between baseline score and Week 2 score, it was considered missing for the patient. If a patient was missing more than 7 days of the score from the 14-day period for calculating the Week 24 score, then the Week 24 score was considered as missing.

LIMITATIONS: Individual components in a descriptive exploratory analysis were prespecified, nonranked endpoints, not adjusted for multiplicity, and not powered. Therefore, data should be interpreted with caution, conclusions cannot be drawn, and treatment differences cannot be regarded as statistically significant.

Reductions were observed in patients' most severe symptom, defined as the symptom with the highest score at baseline[14]

SELECT SAFETY INFORMATION

Adverse Reactions—The most common adverse reactions (≥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 or inducers. If contraception requires estrogen, limit ethinyl estradiol to ≤20 mcg unless a higher dose is necessary.

10

Please see Important Safety Information on page 17 and click here to see the full Prescribing Information for AYVAKIT.

Skin outcomes on AYVAKIT at 24 weeks

EXPLORATORY ENDPOINT

~80% of patients in PIONEER (167/212) reported skin involvement at baseline[11,16]

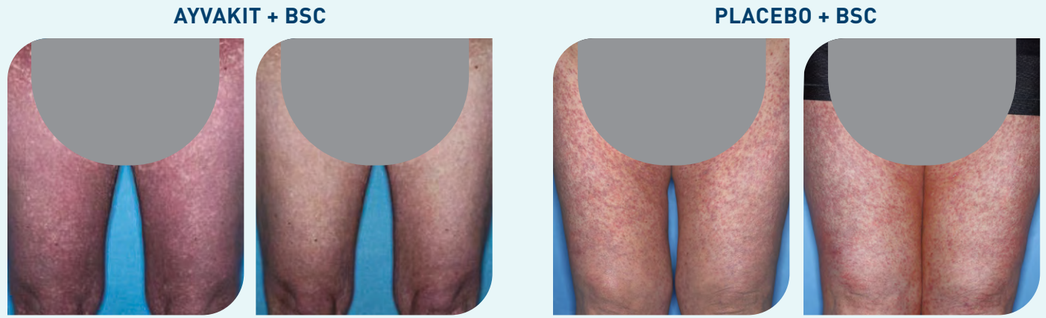
A subset of patients with skin biopsies agreed to optional skin photographs (AYVAKIT [n=74], placebo [n=37]), which were taken at baseline and every 12 weeks while patients received either AYVAKIT or placebo—both with BSC. Skin changes were assessed by a blinded skin assessment committee (SAC), with affected surface area calculated by a computer-generated algorithm.[11]

A comprehensive assessment of skin changes was performed[11]

The blinded SAC evaluated
- Skin photographs to determine the most affected region at baseline
- Color change over time

The computer-generated algorithm measured
- Affected surface area
- Number of lesions
- Fractional area and percent fractional area

SKIN OUTCOMES AT 24 WEEKS[11]



These are example patient images and may not be representative of all patient responses to AYVAKIT.

Patient permission granted for use of photos.

LIMITATIONS: Images were optional in PIONEER and collected only in patients who consented to images and had baseline skin involvement. Evaluation of skin domain, including individual skin symptoms, were prespecified nonranked endpoints and not controlled for Type 1 error. As such, findings may be due to chance and results should be interpreted with caution. Individual results may vary.

ISS=individual symptom score.

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AYVAKIT was generally well tolerated in PIONEER through 24 weeks[1]

AT 24 WEEKS[1]

- Serious adverse reactions occurred in 1 patient (0.7%) who received AYVAKIT due to pelvic hematoma[1]
- Permanent discontinuation of AYVAKIT due to an adverse reaction occurred in 1 patient (0.7%) due to dyspnea and dizziness[1]
- Dosage interruptions of AYVAKIT due to an adverse reaction occurred in 5% of patients[1]

Adverse reactions occurring in patients with ISM during the PIONEER trial[1]

Adverse Reaction[a,b]	AYVAKIT (25 mg once daily) + BSC n=141, %	Placebo + BSC n=71, %
Eye edema[c]	13	7
Dizziness[d]	13	10
Peripheral edema[d]	12	6
Flushing[d]	11	4
Respiratory tract infection[e]	8	1
Face edema	7	1
Rash[d]	6	4
Liver transaminase increased[d]	6	3
Insomnia	6	3
Hematoma[f]	6	1
Blood alkaline phosphatase increased	6	1
Hemorrhage[g]	5	3

[a]Adverse reactions that occurred in ≥5% of AYVAKIT-treated patients and ≥2% more than placebo-treated patients.
[b]Per National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE) version 5.0.
[c]Eye edema includes periorbital edema, eye edema, swelling of eyelid, orbital edema, eye swelling, eyelid edema, and eyelid ptosis.
[d]Term includes several similar terms.
[e]Respiratory tract infection includes pneumonia, upper respiratory tract infection, bronchitis, and respiratory tract infection.
[f]Hematoma includes contusion, hematoma, and pelvic hematoma.
[g]Hemorrhage includes epistaxis, gingival bleeding, hematochezia, rectal hemorrhage, and retinal hemorrhage.

Please see Important Safety Information on page 17 and click here to see the full Prescribing Information for AYVAKIT.

Safety observations in PIONEER through 96 weeks[11]

AT 96 WEEKS[11]

- Median follow-up was 25.2 months for all patients who received AYVAKIT (N=226)[a,b]
- From baseline to 96 weeks, 99% of patients (n=223) taking AYVAKIT experienced any adverse event, while 70% (n=158) experienced treatment-related adverse events (TRAEs)
  - **Grade ≥3 adverse reactions** occurred in 42% (n=94) of patients, with Grade ≥3 TRAEs occurring in 6% (n=13)
  - **Serious adverse reactions** occurred in 17% (n=38) of patients,[c] with serious TRAEs occurring in 1% (n=3) of patients[d]
  - **Permanent discontinuation** of AYVAKIT due to TRAEs occurred in 3% (n=6) of patients

Most common TRAEs (≥5% of patients)	All ISM patients who received AYVAKIT (N=226),[a] n (%)
Peripheral edema	26 (12)
Headache	21 (9)
Periorbital edema	20 (9)
Nausea	18 (8)
Diarrhea	13 (6)
Fatigue	13 (6)
Alopecia	12 (5)

[a]Data cutoff November 17, 2023. Long-term safety includes data from baseline through Week 96 of the PIONEER clinical trial, representing patients with varying lengths of treatment exposure and dosages. The long-term analysis set assessed safety of patients with ISM who received all administered doses of AYVAKIT, ranging from 25 mg to 50 mg QD + BSC in 226 patients through Week 96. Includes patients who received only 25 mg in Part 1. The FDA-approved dose is 25 mg once daily for adult patients with ISM.
[b]Reflects median length of follow-up during the indicated study period; 89% of patients receiving avapritinib + BSC and 88% of patients receiving placebo + BSC in Part 2 rolled over to Part 3.
[c]One death (Grade 5 serious adverse event) occurred in study considered by the investigator unrelated to treatment. The patient had a medical history of atrial fibrillation, and the event was assessed as due to anaphylaxis in the context of atrial fibrillation.
[d]Serious TRAEs included diarrhea (1), gastric hemorrhage (1), and peripheral edema (1).

Safety profile remained consistent through 96 weeks[11]*

No events of intracranial hemorrhage (ICH) occurred in patients with ISM who received AYVAKIT[11]

No new safety signals were identified with longer term exposure within the long-term follow-up of PIONEER part 3[11]

- **Some patients have been in the PIONEER study for 4+ years (n=4)**

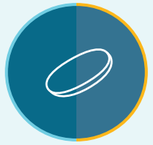
*Adverse reactions that occurred in ≥5% of AYVAKIT-treated patients through 96 weeks: Headache, peripheral edema, nausea, eye edema, diarrhea, fatigue, alopecia, and eyelid edema. This long-term analysis set assessed the safety of patients with ISM who received only AYVAKIT 25 mg + BSC (N=141) through Week 96.[11]

AYVAKIT® avapritinib 25mg tablets

One pill, once daily

The recommended dosage for patients with ISM is 25 mg, orally, daily[1]

AYVAKIT SHOULD BE TAKEN[1]:



One 25-mg tablet orally

On an empty stomach, at least 1 hour before or at least 2 hours after a meal

Once a day

A modified starting dosage of AYVAKIT is recommended for patients with severe hepatic impairment (Child-Pugh Class C): 25 mg orally every other day.[1]

Avoid concomitant use of AYVAKIT with strong or moderate CYP3A inhibitors or inducers. If contraception requires estrogen, limit ethinyl estradiol to ≤20 mcg unless a higher dose is necessary.[1]

SELECT SAFETY INFORMATION

Cognitive Effects—Cognitive adverse reactions can occur in patients receiving AYVAKIT and occurred in 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, withhold AYVAKIT and then resume at the same dose, or permanently discontinue AYVAKIT.

Please see Important Safety Information on page 17 and click here to see the full Prescribing Information for AYVAKIT.

Starting treatment with AYVAKIT

Clear from the start: It is important to set the right expectations with patients who are beginning AYVAKIT treatment and check in along the way

WORKS DIFFERENTLY

AYVAKIT works by blocking the overproduction of abnormal hyperactive mast cells— the source of ISM symptoms[1,4-6]

TAKEN CONSISTENTLY

AYVAKIT is usually taken 1 time each day, not on an as-needed basis[1]

EXPERIENCED OVER TIME

AYVAKIT may take time to start working. In the clinical trial, patients saw a significant reduction in symptom burden at 6 months on treatment[1]

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AYVAKIT has broad national coverage and patient support

Over 99% of commercial insurance plans and 99% of Medicare plans cover AYVAKIT*

AYVAKIT will require a prior authorization with the enrollment form

Most denials for AYVAKIT are due to missing or incomplete information. When working on insurance coverage approval for AYVAKIT, YourBlueprint and our network of specialty pharmacies can help support your patient through the process of managing a prior authorization requirement.

- AYVAKIT prior authorization requirements with the enrollment form
  - — Diagnosis codes
  - — Lab results (platelet counts, per label)
  - — Clinic notes with SM subtype

YourBlueprint®: Dedicated, personalized support to help your patients from **Day 1**

YourBlueprint may be able to help your eligible patients access AYVAKIT—enroll your patients at time of prescription to support the patient experience through our programs.

- Co-pay Support
- Coverage Interruption
- QuickStart
- Patient Assistance Program
- Case Managers can also help your patients through nonclinical aspects of therapy by providing 1:1 support calls and patient education resources

For the best experience, enroll your patients in YourBlueprint to support their experience and access to our programs.

To see how we can help:

Call: **1-888-BLUPRNT (1-888-258-7768)**
Monday-Friday, 8 AM-8 PM Eastern Time (ET)

Email: **info@yourblueprint.com**

Fax: **1-866-370-3082**

Visit: **www.YourBlueprint.com/HCP**

*Coverage data as of December 2023.

Please see Important Safety Information on page 17 and click here to see the full Prescribing Information for AYVAKIT.

Important Safety Information

INDICATION

AYVAKIT® (avapritinib) is indicated for the treatment of adult patients with indolent systemic mastocytosis (ISM).

Limitations of Use: AYVAKIT is not recommended for the treatment of patients with ISM with platelet counts of <50 x 10^9/L.

IMPORTANT SAFETY INFORMATION

Cognitive Effects—Cognitive adverse reactions can occur in patients receiving AYVAKIT and occurred in 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, withhold AYVAKIT and then resume at the same dose, or permanently discontinue AYVAKIT.

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.

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. Advise women not to breastfeed during treatment with AYVAKIT and for 2 weeks following the final dose.

Adverse Reactions—The most common adverse reactions (≥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 or 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 visit www.fda.gov/medwatch.

Please click here to see the full Prescribing Information for AYVAKIT.

AYVAKIT® avapritinib 25mg tablets

AYVAKIT®
avapritinib | 25mg tablets

Go beyond ISM symptom management with AYVAKIT[1]

The only FDA-approved therapy for ISM[1]

ISM may have significant impact on patients' lives

ISM is an overproduction of abnormal and hyperactive mast cells causing symptoms that disrupt patients' lives and may have serious health implications[2,3,8,11,12]

Target the source of ISM

AYVAKIT works by targeting the mutation that causes abnormal and hyperactive mast cells[1,4-6]

Proven efficacy

AYVAKIT + BSC showed significantly greater reductions in ISM symptoms and measures of mast cell burden vs placebo + BSC alone at 24 weeks[1]*

Established safety profile

AYVAKIT was generally well tolerated in PIONEER—with a consistent safety profile through 96 weeks follow-up[1,11]

*In a phase 2, randomized, placebo-controlled, double-blind clinical trial with both treatment arms receiving concomitant BSC.[1]

For more information about AYVAKIT for ISM, visit AYVAKITHCP.com/ISM.

SELECT SAFETY INFORMATION

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.

Please see Important Safety Information on page 17 and click here to see the full Prescribing Information for AYVAKIT.

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