AYVAKIT®
avapritinib | tablets

Dosing and Patient Management Guide

An educational resource for healthcare professionals treating adult patients with Advanced Systemic Mastocytosis with AYVAKIT® (avapritinib)

Please see Important Safety Information on page 16 and the full Prescribing Information for AYVAKIT.

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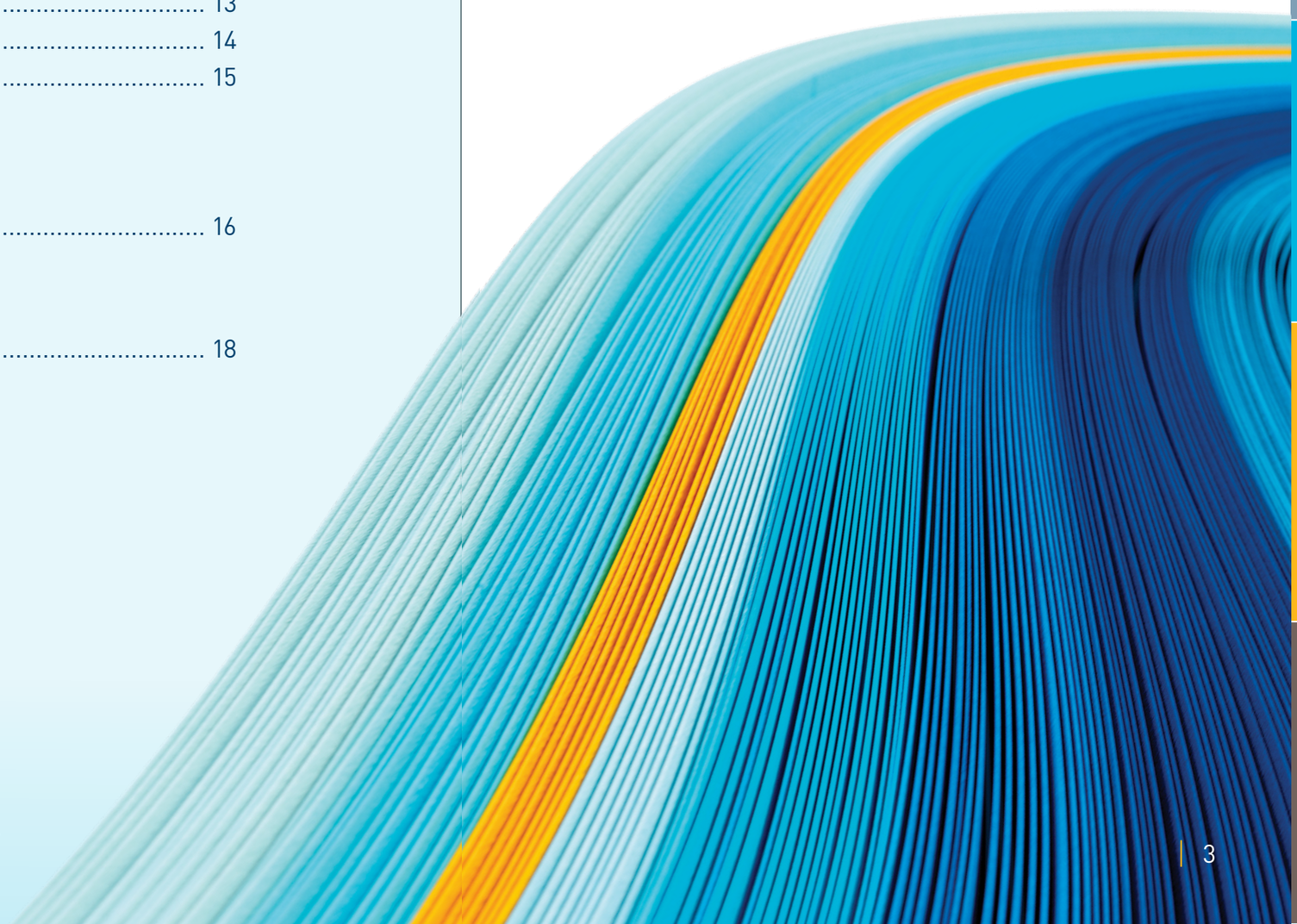
INDICATION

AYVAKIT® (avapritinib) is indicated for the treatment of adult patients with Advanced Systemic Mastocytosis (AdvSM). AdvSM includes 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 x 10^9/L.



Recommended dosing instructions for your patients on AYVAKIT

The recommended starting dose for adult patients with Advanced SM is 200 mg.[1]

AYVAKIT SHOULD BE TAKEN[1]:

- One tablet orally
- One time each day
- On an empty stomach, at least 1 hour before or 2 hours after a meal

Continue treatment until disease progression or unacceptable toxicity. Modify dosage for adverse reactions.[1]

A platelet count must be performed prior to initiation of therapy, for the first 8 weeks, and potentially longer depending on what is clinically indicated.* AYVAKIT is not recommended for patients with platelet counts <50 x 10^9/L.[1]

Additional instructions[1]:

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.

Administration of antiemetic therapy is not required for treatment with AYVAKIT.

SELECT SAFETY INFORMATION

There are no contraindications for AYVAKIT.

Serious intracranial hemorrhage (ICH) may occur with AYVAKIT treatment; fatal events occurred in <1% of patients. Overall, ICH (eg, subdural hematoma, ICH, and cerebral hemorrhage) occurred in 2.9% of 749 patients who received AYVAKIT. In AdvSM patients who received AYVAKIT at 200 mg daily, ICH occurred in 2 of 75 patients (2.7%) who had platelet counts ≥50 x 10^9/L prior to initiation of therapy and in 3 of 80 patients (3.8%) regardless of platelet counts. Monitor patients closely for risk of ICH including those with thrombocytopenia, vascular aneurysm or a history of ICH or cerebrovascular accident within the prior year.

Dose strengths

The recommended starting dose of AYVAKIT is **200 mg** orally once daily on an empty stomach. AYVAKIT is also available in **100 mg, 50 mg,** and **25 mg** dose strengths for dose modifications due to adverse reactions or drug interactions.[1]

If your patient experiences any adverse reactions while taking AYVAKIT, consider interrupting dose, reducing dose, or permanently discontinuing AYVAKIT.[1]

Available in bottles of 30 tablets.[1]

Dose Strength	Description[1]
25 mg tablet	Round, white, film-coated tablet with debossed text. One side reads "BLU" and the other side reads "25"
50 mg tablet	Round, white, film-coated tablet with debossed text. One side reads "BLU" and the other side reads "50"
100 mg tablet	Round, white, film-coated tablet, printed with blue ink "BLU" on one side and "100" on the other side
200 mg tablet	Capsule-shaped, white, film-coated tablet, printed with blue ink "BLU" on one side and "200" on the other side

*Permanently discontinue AYVAKIT if ICH of any grade occurs. A platelet count must be performed prior to initiating therapy. AYVAKIT is not recommended in Advanced SM patients with platelet counts <50 x 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 x 10^9/L by treatment interruption or dose reduction.

Please see Important Safety Information on page 16 and the full Prescribing Information for AYVAKIT.

AYVAKIT dose modification guidelines for adverse events

The majority of patients in the EXPLORER and PATHFINDER trials had their dose modified.[1]

Recommended dose reductions for adverse reactions[1]	
Dose Reduction	**Starting Dose (200 mg)[a]**
First	**100 mg** once daily
Second	**50 mg** once daily
Third	**25 mg** once daily

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

Recommended dose modifications for patients experiencing specific adverse reactions[1]		
Adverse Reaction	**Severity[b]**	**Dosage Modification**
Intracranial Hemorrhage	Any grade	Permanently discontinue AYVAKIT.
Cognitive Effects	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.
	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.
Thrombocytopenia	<50 x 10^9/L	Interrupt AYVAKIT until platelet count is ≥50 x 10^9/L, then resume at reduced dose (per table above). If platelet counts do not recover above 50 x 10^9/L, consider platelet support.
Other	Grade 3 or Grade 4	Withhold AYVAKIT until improvement is Grade ≤2. Resume same dose or reduced dose as clinically appropriate.

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

In clinical studies it was common to modify AYVAKIT dose for individual patients[1]

Among patients in clinical trials with Advanced SM who started at 200 mg (N=80), many had their dose reduced or interrupted due to adverse reactions.[1]

- Dose reduction: **68%** (median time to reduction of 6.9 weeks)[1,2]
- Dose interruption: **60%**[1]
- Permanent discontinuation due to adverse reaction: **10%**[1]

Adverse reactions requiring dosage interruption or dose reduction in >2% of patients who received AYVAKIT at 200 mg once daily[1]:

- Thrombocytopenia
- Neutropenia
- Anemia
- Elevated blood alkaline phosphatase
- Cognitive disorder
- Peripheral edema
- Periorbital edema
- Fatigue
- Arthralgia

DOSE STRENGTHS FOR EXPLORER & PATHFINDER PATIENTS STARTED AT 200 (N=80) MG AND STILL RECEIVING AYVAKIT AT 2 MONTHS[2]:

There were 3 patients who discontinued treatment prior to 2 months and 4 patients who were not on treatment long enough at the time of data cut.[2]

SELECT SAFETY INFORMATION

Cognitive adverse reactions can occur in patients receiving AYVAKIT. Cognitive adverse reactions occurred in 39% of 749 patients and in 28% of 148 SM patients (3% were Grade >3). Memory impairment occurred in 16% of patients; all events were Grade 1 or 2. Cognitive disorder occurred in 10% of patients; <1% of these events were Grade 3. Confusional state occurred in 6% of patients; <1% of these events were Grade 3. Other events occurred in <2% of patients. Depending on the severity, withhold AYVAKIT and then resume at same dose or at a reduced dose upon improvement, or permanently discontinue.

Please see Important Safety Information on page 16 and the full Prescribing Information for AYVAKIT.

Adverse reactions (≥10%) observed in EXPLORER & PATHFINDER trials at 200-mg once-daily starting dose[1]

The majority of adverse reactions were Grade 1 or 2.[1]

Adverse Reactions[1]*	AYVAKIT (200 mg once daily) N=80	
	All Grades %	Grade ≥3 %
General		
Edema[a]	79	5
Fatigue/asthenia	23	4
Gastrointestinal		
Diarrhea	28	1
Nausea	24	1
Vomiting	18	3
Abdominal pain[b]	14	1
Constipation	11	0
Nervous system		
Headache	15	0
Cognitive effects[c]	14	1
Taste effects[d]	13	0
Dizziness	13	0
Musculoskeletal and connective tissue		
Arthralgia	10	1
Respiratory, thoracic, and mediastinal		
Epistaxis	11	0

* Per National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE) version 4.03 and 5.0.

[a] Edema includes face swelling, eyelid edema, orbital edema, periorbital edema, face edema, peripheral edema, edema, generalized edema, and peripheral swelling.

[b] Abdominal pain includes abdominal pain, upper abdominal pain, and abdominal discomfort.

[c] Cognitive effects include memory impairment, cognitive disorder, confusional state, delirium, and disorientation.

[d] Taste effects include dysgeusia.

Please see Important Safety Information on page 16 and the full Prescribing Information for AYVAKIT.

The safety of AYVAKIT in patients with Advanced SM was evaluated in EXPLORER and in PATHFINDER. Patients received a starting dose of AYVAKIT ranging from 30 mg to 400 mg orally once daily (N=131), including 80 patients who received the recommended starting dose of 200 mg once daily.[1]

Serious adverse reactions were seen in 34% (27/80) of patients receiving the recommended starting dose of 200 mg (N=80) and 50% (65/131) at all doses (30-400 mg, N=131).[1]

Fatal adverse reactions occurred in 2.5% (2/80) of patients receiving the recommended starting dose of 200 mg and 5.3% (7/131) at all doses (N=131)—including 300 mg dose. No specific adverse reaction leading to death was reported in more than 1 patient.[1]

Clinically relevant adverse reactions occurring in <10% of patients were[1]:

- Cardiac: cardiac failure (2.5%), and cardiac failure congestive (1.3%)
- Gastrointestinal: ascites (5%), gastrointestinal hemorrhage (1.3%), and large intestine perforation (1.3%)
- Hepatobiliary: cholelithiasis (1.3%)
- Infections and infestations: upper respiratory tract infection (6%), urinary tract infection (6%), and herpes zoster (2.5%)
- Vascular: flushing (3.8%), hypertension (3.8%), hypotension (3.8%), and hot flush (2.5%)
- Nervous: insomnia (6%)
- Musculoskeletal and connective tissue: pain in extremity (6%)
- Respiratory, thoracic and mediastinal: dyspnea (9%), and cough (2.5%)
- Skin and subcutaneous tissue: rash[e] (8%), alopecia (9%), pruritus (8%), and hair color changes (6%)
- Metabolism and nutrition: decreased appetite (8%)
- Eye: lacrimation increased (9%)
- Laboratory abnormality: decreased phosphate (9%)

[e] Grouped term including rash and rash maculo-papular.

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.

Select lab abnormalities (≥10%) worsening from baseline in EXPLORER & PATHFINDER at 200-mg once-daily starting dose[1]

Laboratory Abnormality	AYVAKIT (200 mg once daily) N=80	
	All Grades %	Grade ≥3 %
Hematology		
Decreased platelets	64	21
Decreased hemoglobin	55	23
Decreased neutrophils	54	25
Decreased lymphocytes	34	11
Increased activated partial thromboplastin time	14	1
Increased lymphocytes	10	0
Chemistry		
Decreased calcium	50	3
Increased bilirubin	41	3
Increased aspartate aminotransferase	38	1
Decreased potassium	26	4
Increased alkaline phosphatase	24	5
Increased creatinine	20	0
Increased alanine aminotransferase	18	1
Decreased sodium	18	1
Decreased albumin	15	1
Decreased magnesium	14	1
Increased potassium	11	0

SELECT SAFETY INFORMATION

Avoid coadministration of AYVAKIT with strong and moderate CYP3A inhibitors. If coadministration with a moderate CYP3A inhibitor cannot be avoided, reduce dose of AYVAKIT. Avoid coadministration of AYVAKIT with strong and moderate CYP3A inducers.

Please see Important Safety Information on page 16 and the full Prescribing Information for AYVAKIT.

Warnings and precautions

SERIOUS INTRACRANIAL HEMORRHAGE MAY OCCUR WITH AYVAKIT TREATMENT[1]

In patients with Advanced SM who received AYVAKIT at 200 mg daily, intracranial hemorrhage (ICH) occurred in 2 of 75 patients (2.7%) who had platelet counts ≥50 x 10^9/L prior to initiation of therapy and in 3 of 80 patients (3.8%) regardless of platelet counts. Fatal events of ICH have occurred in <1% of all patients treated with any dose of AYVAKIT in clinical studies.

Monitor patients closely for the risk of intracranial hemorrhage including those with thrombocytopenia, vascular aneurysm or a history of intracranial hemorrhage or cerebrovascular accident within the prior year.

If any grade ICH occurs, permanently discontinue AYVAKIT.

COGNITIVE EFFECTS CAN OCCUR IN PATIENTS ON AYVAKIT

Cognitive adverse reactions occurred in 28% of 148 patients with systemic mastocytosis who received AYVAKIT; 3% were Grade ≥3. Memory impairment occurred in 16% of patients; all events were Grade 1 or 2. Cognitive disorder occurred in 10% of patients; <1% of these events were Grade 3. Confusional state occurred in 6% of patients; <1% of these events were Grade 3. Other events occurred in less than 2% of patients.[1]

The median time to onset of the first cognitive adverse reaction was 13.3 weeks (range: 1 day to 1.8 years). Among patients who experienced a cognitive effect of Grade 2 or worse (impacting activities of daily living), the median time to improvement to Grade 1 or complete resolution was 8.1 weeks. Overall, 2% of all patients with Advanced SM who received AYVAKIT required permanent discontinuation for a cognitive adverse reaction, 8.1% required a dosage interruption, and 8.8% required dose reduction.[1]

Of those patients who started on 200 mg dose of AYVAKIT (N=80), 14% experienced cognitive effects, of which 1% were ≥ Grade 3.[1] No patients who received AYVAKIT at the recommended starting dose of 200 mg (N=80) required permanent discontinuation due to cognitive effects.[2]

Depending on the severity, withhold AYVAKIT and then resume at the same dose or at a reduced dose upon improvement, or permanently discontinue AYVAKIT.[1]

Embryo-Fetal Toxicity: Advise pregnant women and females of reproductive potential of the potential risk to a fetus.

Patient monitoring

MONITOR YOUR PATIENTS' PLATELET COUNTS[1]

Platelet monitoring should be performed prior to initiating therapy and throughout therapy as shown in the schedule below.[1]

Time on therapy	Monitoring plan	Treatment plan
Prior to initiation	Perform platelet count.	**AYVAKIT is not recommended in Advanced SM patients with platelet counts <50 x 10^9/L.**
First 8 weeks	Perform platelet count every 2 weeks regardless of baseline platelet count.	If platelet count <50 x 10^9/L occurs, interrupt AYVAKIT until platelet count is ≥50 x 10^9/L, then resume at reduced dose. If platelet counts do not recover above 50 x 10^9/L, consider platelet support.
After 8 weeks	Monitor platelet counts: • Every 2 weeks if values are <75 x 10^9/L (or more frequently as clinically indicated) • Every 4 weeks if values are 75-100 x 10^9/L • As clinically indicated if values are >100 x 10^9/L	

Due to risk of ICH, dose interruptions and reductions should be considered if platelet counts decrease below 50 x 10^9/L during treatment. Manage platelet counts of <50 x 10^9/L by treatment interruption or dose reduction of AYVAKIT. Platelet support may be necessary.[1]

If any ICH event occurs, permanently discontinue AYVAKIT.[1]

Dose interruptions and dose reductions for thrombocytopenia occurred in 20% and 22% of AYVAKIT-treated patients, respectively. Thrombocytopenia was generally reversible by reducing or interrupting AYVAKIT.[1]

Advise patients to contact their healthcare provider immediately if experiencing neurological signs and symptoms that may be associated with intracranial hemorrhage.

Advise patients not to drive or operate hazardous machinery if they are experiencing cognitive adverse reactions.

Please see Important Safety Information on page 16 and the full Prescribing Information for AYVAKIT.

MONITOR FOR COGNITIVE EFFECTS

It is essential patients and caregivers understand the risk of cognitive effects and how they can present. You can help them by creating a monitoring plan.

ESTABLISH A BASELINE

Work with your patients and their caregivers to establish a cognitive baseline, and set a schedule for periodic monitoring. Patients may experience some cognitive impairment such as brain fog at baseline.[3]

ENSURE UNDERSTANDING OF COGNITIVE EFFECTS

Explain that they should be monitoring for changes in the following: forgetfulness, confusion, drowsiness, dizziness, hallucinations, changes in mood or behavior, and difficulty thinking or sleeping.[1]

EXAMPLES FOR CAREGIVERS

Caregivers will be there to observe your patients when you are not—they may be your best resource for effective patient monitoring. Help your patients' caregivers create a list of activities to monitor, such as:

- Finding their way to familiar places (eg, work, store, friend's house)
- Remembering where they put commonly used items (eg, phone, keys, wallet)
- Speaking or thinking clearly

It is critical that your patients and their caregivers inform you of any adverse reactions they observe so that you can determine if dose reduction or interruption is clinically appropriate.

Discussing AYVAKIT with patients and caregivers

IT IS IMPORTANT TO ENSURE UNDERSTANDING BEFORE INITIATING PATIENTS ON THERAPY

Advise patients to read the FDA-approved Patient Information Guide.

Explaining dose modifications[1]

While the recommended starting dose for AYVAKIT is 200 mg, you can inform your patients that their dosage may be lowered if certain side effects and drug interactions occur.

If they are experiencing any side effects—such as cognitive effects they or their caregiver observe—they should let you know as soon as possible, as their dose may need to be changed.

Side effects[1]

AYVAKIT may cause certain side effects, such as edema, that a patient is not used to experiencing from other medications. Although it is important for you to monitor patients and recognize side effects as their healthcare provider, it is critical that your patients and their caregivers understand the potential effects.

The most common adverse reactions (≥ 20%) were edema, diarrhea, nausea, and fatigue/asthenia.

Advise patients to stop taking AYVAKIT and tell their healthcare provider right away if they develop any symptoms such as severe headache, vomiting, drowsiness, dizziness, confusion, or severe weakness on one or more side of their body.

Advise females and males of reproductive potential to use 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. Advise females of reproductive potential that AYVAKIT may impair fertility. Advise males of reproductive potential that AYVAKIT may decrease sperm production.

Ensure they understand the possible adverse reactions of treatment with AYVAKIT and know to contact you if they are experiencing side effects.

Please see Important Safety Information on page 16 and the full Prescribing Information for AYVAKIT.

your blueprint™

Personalized support for your patients

YourBlueprint™ provides dedicated, personalized assistance to help your patients access their prescribed therapy. Through this program, your patients will have a specialized support team that provides:

- Benefits investigation
- Prior authorization support
- Financial assistance options
- Helpful resources

To see how we can help:

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

Visit **YourBlueprint.com/HCP**

Important Safety Information

INDICATION

AYVAKIT™ (avapritinib) is indicated for the treatment of adult patients with 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 x 10^9/L.

IMPORTANT SAFETY INFORMATION

There are no contraindications for AYVAKIT.

Serious intracranial hemorrhage (ICH) may occur with AYVAKIT treatment; fatal events occurred in <1% of patients. Overall, ICH (eg, subdural hematoma, ICH, and cerebral hemorrhage) occurred in 2.9% of 749 patients who received AYVAKIT. In AdvSM patients who received AYVAKIT at 200 mg daily, ICH occurred in 2 of 75 patients (2.7%) who had platelet counts ≥50 x 10^9/L prior to initiation of therapy and in 3 of 80 patients (3.8%) regardless of platelet counts. Monitor patients closely for risk of ICH including those with thrombocytopenia, vascular aneurysm or a history of ICH or cerebrovascular accident within the prior year. Permanently discontinue AYVAKIT if ICH of any grade occurs. A platelet count must be performed prior to initiating therapy. AYVAKIT is not recommended in AdvSM patients with platelet counts <50 x 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 x 10^9/L by treatment interruption or dose reduction.

Cognitive adverse reactions can occur in patients receiving AYVAKIT. Cognitive adverse reactions occurred in 39% of 749 patients and in 28% of 148 SM patients (3% were Grade >3). Memory impairment occurred in 16% of patients; all events were Grade 1 or 2. Cognitive disorder occurred in 10% of patients; <1% of these events were Grade 3. Confusional state occurred in 6% of patients; <1% of these events were Grade 3. Other events occurred in <2% of patients. Depending on the severity, withhold AYVAKIT and then resume at same dose or at a reduced dose upon improvement, or permanently discontinue.

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 method of 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 after the final dose.

The most common adverse reactions (≥20%) were edema, diarrhea, nausea, and fatigue/asthenia.

Avoid coadministration of AYVAKIT with strong and moderate CYP3A inhibitors. If coadministration with a moderate CYP3A inhibitor cannot be avoided, reduce dose of AYVAKIT. Avoid coadministration of AYVAKIT with strong and moderate CYP3A inducers.

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.

Please see the accompanying full Prescribing Information for AYVAKIT.

Explore AYVAKIT case studies on next page.

Patient Case Studies

The following case studies are fictional portrayals based on actual clinical trial experiences with AYVAKIT. Healthcare providers should make all treatment decisions based on the prescribing information, individual patient profile, and their clinical judgment.

65-year-old female diagnosed with SM-AHN

PATIENT HISTORY AND INTRODUCTION OF AYVAKIT

- Patient was diagnosed with SM-AHN three months ago and was previously treated with midostaurin for two months before discontinuation due to tolerability
- Prior to therapy initiation with AYVAKIT, the patient's baseline platelet count was 65 x 10^9/L
- Patient was started on AYVAKIT 200 mg once daily. Per dosing guidelines, platelets were monitored every 2 weeks for the first 8 weeks[1]

ADVERSE EVENTS

- After 4 weeks of treatment, patient's platelet count decreased to 45 x 10^9/L
- Per dosing guidelines, due to increased risk of intracranial hemorrhage, patient was dose interrupted until counts recovered to >50 x 10^9/L[1]

CONTINUED TREATMENT

- After 2 weeks, platelet counts did not improve and the physician ordered a transfusion. Platelet counts improved to over 50 x 10^9/L and therapy was resumed at a reduced dose of 100 mg once daily[1]
- The patient proceeded treatment with continued platelet monitoring every 2 weeks[1]

58-year-old male diagnosed with ASM

INITIAL DIAGNOSIS

- Patient presented with hepatosplenomegaly, rash, itching, and fatigue
- Serum tryptase was 56 ng/mL and peripheral blood high-sensitivity PCR assay confirmed KIT D816V mutation at 10% allele fraction
- Bone marrow biopsy confirmed presence of spindle shaped neoplastic mast cell aggregates, positive for CD25 and tryptase
- Diagnosis of ASM, with a C-finding of ascites, which was being treated with diuretics (furosemide)

INTRODUCTION OF AYVAKIT

- Patient and caregiver reported no history of cognitive issues or risks for intracranial bleeding
- Patient was prescribed AYVAKIT 200 mg once daily.[1] Platelet count at therapy initiation was 188 x 10^9/L
- Within a week mild (grade 1) facial edema and peripheral edema occurred but were tolerable for the patient. At the 2-week CBC check, the platelets were 140 x 10^9/L, with no other cytopenias
- At the 1 month follow up visit, the caregiver noticed that patient had mild (grade 1) memory impairment, such as forgetting where he placed the keys. After discussing it with the physician, the patient and physician decided to continue at the same dose of 200 mg

CONTINUED TREATMENT

- After 2 months of therapy at 200 mg daily, the caregiver reported that the patient yesterday had an episode of confusion and feeling lost for several hours, which had not occurred before. The patient was assessed as having Grade 2 cognitive effects and advised not to drive or operate heavy machinery during any episodes of confusion
- In discussion with the patient and caregiver, the dose is interrupted, per dosing guidelines for cognitive effects. During the interruption, the cognitive effects improved[1]
- Per dosing guidelines, dosage was interrupted until resolution to baseline. After a 2-week break, patient resumed AYVAKIT therapy at 100 mg once daily; monitoring continued[1]
- After 1 year of treatment, patient continued to be maintained on therapy at 100 mg daily and was tolerating it well

Please see Important Safety Information on page 16 and the full Prescribing Information for AYVAKIT.

Managing your patients with Advanced SM taking AYVAKIT

INITIATE[1]

The recommended starting dose of AYVAKIT is 200 mg orally once daily on an empty stomach. AYVAKIT is also available in 100 mg, 50 mg, and 25 mg dose strengths for dose modifications based on adverse events or drug interactions.

A platelet count must be performed prior to initiating therapy. Do not initiate AYVAKIT in patients with platelet counts <50 x 10^9/L.

MONITOR[1]

Observe your patients for signs of adverse reactions and inform them of the potential side effects. The signs you identify or information they share can help you decide whether dose modifications may be appropriate.

Platelet counts should be monitored throughout AYVAKIT treatment. Please see page 12 for more details on platelet monitoring.

OPTIMIZE[1]

Modifying dosage for your individual patients based on adverse reactions may be necessary. See the detailed dose modification information within this guide and the AYVAKIT prescribing information.

TO LEARN MORE ABOUT AYVAKIT, VISIT AYVAKIT.COM/HCP.

Please see Important Safety Information on page 16 and the full Prescribing Information for AYVAKIT.

References: 1. AYVAKIT [prescribing information]. Cambridge, MA: Blueprint Medicines Corporation; June 2021. **2.** Data on file. Blueprint Medicines Corporation, Cambridge, MA. 2021. **3.** Jennings SV, et al. *Immunol Allergy Clin North Am.* 2018;38(3):505-525.

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