

DRUG POLICY

Avmapki™ Fakzynja™ Co-Pack (avutometinib; defactinib)

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Avmapki Fakzynja Co-Pack is indicated for the treatment of adult patients with KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) who have received prior systemic therapy.

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review for applicable indications as outlined in the criteria for initial approval section:

1. KRAS mutation documentation

Criteria for Initial Approval

Low-Grade Serous Ovarian Cancer

Authorization of 12 months may be granted for the treatment of KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) when the following criteria is met:

1. The member has received prior systemic therapy

Continuation of Therapy

Low-Grade Serous Ovarian Cancer

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the criteria for initial approval section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Other

Avmapki Fakzynja Co-Pack (avutometinib; defactinib) is considered **not medically necessary** for members who do not meet the criteria set forth above.

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limits Apply

Medication	Standard Limit	FDA Recommended Dosing
Avmapki Fakzynja Co-Pack (packaged as Avmapki 0.8 mg capsules and Fakzynja 200 mg tablets)	1 carton (Avmapki 24-count bottle and Fakzynja 42 count bottle) per 28 days	Avmapki 3.2 mg (four 0.8 mg capsules) taken orally twice weekly (Day 1 and Day 4) for the first 3 weeks of each 4-week cycle Fakzynja 200 mg (one tablet) taken orally twice daily for the first 3 weeks of each 4-week cycle

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

N/A

REFERENCES

Avmapki Fakzynja Co-Pack [package insert]. Needham, MA: Verastem, Inc.; May 2025.

The NCCN Drugs & Biologics Compendium ® © 2025 National Comprehensive Cancer Network, Inc. <https://www.nccn.org>. Accessed October 6, 2025.

POLICY HISTORY

Policy #: 05.05.95

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Revised:

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