



# AYVAKIT® (avapritinib) DOSE EXCHANGE FORM



At times, a patient's dose may need to be adjusted during the course of treatment, and in order to facilitate this process, the YourBlueprint™ AYVAKIT Dose Exchange Program is available. If your patient meets the requirements outlined in the Program Eligibility section below, they may qualify for this program. Please fax the completed and signed form to YourBlueprint.

Please note that the YourBlueprint AYVAKIT Dose Exchange Program is facilitated by the YourBlueprint non-commercial pharmacy and not by the pharmacy to which the patient's previous prescription was submitted. For future refills, a new prescription will need to be submitted to the patient's current dispensing pharmacy.

Patient's Current Pharmacy:  Biologics  PANTHERx Rare Pharmacy  Medically Integrated Dispenser (MID)

## 1. PROGRAM ELIGIBILITY

In order to be eligible to participate in the AYVAKIT Dose Exchange Program:

- Prescriber must complete the AYVAKIT Dose Exchange Form
- Patient must reside in the United States or its territories
- Patient must have remaining pills from a current prescription
- Patient must return his or her remaining pills. Instructions for return will be provided with a pre-addressed envelope for the patient to return the unused quantity of previous strength
- Patient must not have already had three (3) separate dose adjustments under the YourBlueprint AYVAKIT Dose Exchange Program

## 2. PATIENT INFORMATION

Patient Name (First, MI, Last): \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_  
 Patient Phone: \_\_\_\_\_ Patient Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## 3. PRESCRIBER INFORMATION

Prescriber Name (First, MI, Last): \_\_\_\_\_  
 Practice Name: \_\_\_\_\_ Practice Contact: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI #: \_\_\_\_\_

## 4. AYVAKIT REPLACEMENT PRESCRIPTION

Current AYVAKIT Dose:	New AYVAKIT Dose (No Refills):	
<input type="radio"/> 25 mg (30 tablets)	<input type="radio"/> 25 mg (30 tablets)	Directions for use: _____
<input type="radio"/> 50 mg (30 tablets)	<input type="radio"/> 50 mg (30 tablets)	
<input type="radio"/> 100 mg (30 tablets)	<input type="radio"/> 100 mg (30 tablets)	
<input type="radio"/> 200 mg (30 tablets)	<input type="radio"/> 200 mg (30 tablets)	
<input type="radio"/> 300 mg (30 tablets)	<input type="radio"/> 300 mg (30 tablets)	

**SIGN HERE** Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Special Note:** If a New York prescriber, please use an original New York State prescription form. The prescriber is to comply with the prescriber's state-specific prescription requirements.

## 5. TERMS AND CONDITIONS

- The AYVAKIT Dose Exchange Program is available to a given patient for up to three (3) separate dose adjustments. The quantity to exchange may not exceed 30 tablets per adjustment
- The prescriber, prescriber's institution, and patient will not submit a claim for reimbursement or otherwise seek payment from any source for the dose exchange product, and the dose exchange product will not be returned to Blueprint Medicines or its distributor for a refund or credit
- Product provided in this program is intended only for the patient listed on this form. The product provided may not be given to any other patient or distributed elsewhere

**I agree to the terms and conditions outlined on this form:**

**SIGN HERE** Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX COMPLETED AND SIGNED FORM TO 1-866-370-3082**

Phone: 1-888-BLUPRNT (1-888-258-7768)
 Fax: 1-866-370-3082
 Monday-Friday 8 AM-8 PM ET
 www.YourBlueprint.com