



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ALPELISIB-PIQRAY

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ALPELISIB	PIQRAY	45761		GPI-10 (2153801000)	BRAND ≠ VIJOICE

GUIDELINES FOR USE

1. Does the patient have a diagnosis of advanced or metastatic breast cancer and meet **ALL** of the following criteria?
 - The patient is a postmenopausal female or a male
 - Piqray will be used in combination with Faslodex (fulvestrant)
 - The patient's breast cancer is hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative with PIK3CA-mutation as detected by an FDA-approved test
 - The patient has disease progression on or after an endocrine-based regimen

If yes, **approve for 12 months by GPID or GPI -14 for all strengths as follows:**

- **Piqray 300mg daily dose: #56 per 28 days.**
- **Piqray 250mg daily dose: #56 per 28 days.**
- **Piqray 200mg daily dose: #28 per 28 days.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **ALPELISIB-PIQRAY** requires the following rule(s) be met for approval:

- A. You have advanced or metastatic breast cancer (breast cancer that has spread to other parts of the body)
- B. You are a postmenopausal (after menopause) female or a male
- C. Piqray will be used in combination with Faslodex (fulvestrant)
- D. Your breast cancer is hormone receptor (HR: type of protein)-positive, human epidermal growth factor receptor 2 (HER2: type of protein)-negative with PIK3CA (type of gene)-mutation as detected by a Food and Drug Administration (FDA)-approved test
- E. You have disease progression on or after an endocrine-based regimen (your disease has worsened after using a type of hormone therapy)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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ALPELISIB-PIQRAY

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Piqray.

REFERENCES

- Piqray [Prescribing Information]. East Hanover, NJ. Novartis Pharmaceuticals Corp., July 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 05/09/22

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P&T Approval: 07/19