



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

ALPELISIB - VIJOICE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ALPELISIB	VIJOICE	45761		GPI-10 (9948601000)	BRAND ≠ PIQRAY

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of PIK3CA-related overgrowth spectrum (PROS) and meet **ALL** of the following criteria?
- The patient is 2 years of age or older
  - The patient has severe manifestations of PROS that require systemic therapy

If yes, approve for 12 months by GPID or GPI-14 for the requested strength as follows:

- 50 mg daily dose: #28 per 28 days.
- 125 mg daily dose: #28 per 28 days.
- 250 mg daily dose: #56 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 - VIJOICE** requires the following rule(s) be met for approval:

- A. You have PIK3CA-related overgrowth spectrum (PROS: group of disorders that cause overgrowth of parts of the body due to mutations in a type of gene)
- B. You are 2 years of age or older
- C. You have severe manifestations of PROS that require systemic therapy (treatment that targets the entire body)

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.

**RATIONALE**

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

**REFERENCES**

- Vioice [Prescribing Information]. East Hanover, NJ: Novartis Pharmaceuticals, Corp.; April 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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