

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Alpelisib (Piqray)

#### Notes:

- Quantity Limits: Yes/No
- Type any relevant notes in this area in patient-friendly language
  - Relevant notes may include safety or any other important information relating to the medication or criteria details.
- Use Arial size 10 font for notes.
- ^ Adequate trial is defined as \*\*\* treatment duration
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Non-formulary **alpelisib (Piqray)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of metastatic or advanced, hormone receptor (HR) positive, Human Epidermal Growth Factor Receptor 2 (HER-2) negative breast cancer with Phosphoinositide 3-kinase (PI3K) mutation
- Male or postmenopausal female
- Adequate trial of aromatase inhibitor (anastrozole, exemestane, or letrozole) with documented intolerance or progression of disease
- Either of the following:
  - Adequate trial of fulvestrant in combination with Cyclin Dependent Kinase 4 and 6 (CDK 4/6) inhibitor (palbociclib or abemaciclib) with documented intolerance or progression of disease
  - Adequate trial of fulvestrant in combination with everolimus with documented intolerance or progression of disease