

Vijoice (alpelisib) Effective 11/01/2022 ☐ MassHealth UPPL Plan Prior Authorization □ Commercial/Exchange **Program Type** ☐ Quantity Limit □ Pharmacy Benefit **Benefit** ☐ Step Therapy ☐ Medical Benefit Specialty This medication has been designated specialty and must be filled at a contracted Limitations specialty pharmacy. **Medical and Specialty Medications** All Plans Phone: 877-519-1908 Fax: 855-540-3693 Contact Information **Non-Specialty Medications** All Plans Phone: 800-711-4555 Fax: 844-403-1029 N/A

Overview

Vijoice is indicated for the treatment of adult and pediatric patients 2 years of age and older with severe manifestations of PIK3CA-Related Overgrowth Spectrum (PROS) who require systemic therapy.

Coverage Guidelines

Exceptions

Authorization may be reviewed for members new to the plan who are currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

- 1. Member has a diagnosis of PIK3CA-Related Overgrowth Spectrum (PROS)
- 2. Member is at least 2 years of age
- 3. The member has severe manifestations of disease and requires systemic therapy
- 4. Documented test confirming prescence of PIK3CA mutation

Continuation of Therapy

Reauthorization will be granted for a covered indication and physician attestation that there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Limitations

- 1. Initial approvals will be granted for 6 months
- 2. Reauthorizations will be granted for 12 months.

Review History

09/21/2022 - Reviewed and created for July P&T. Effective 11/01/2022

References

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

Vijoice [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2022.

