

Vijoice (alpelisib)
Effective 09/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	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
Exceptions	N/A		

Overview

Vijoice is a kinase inhibitor 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

Authorization may be granted for members new to the plan within the past 90 days 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 when all of the following criteria are met:

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 presence of PIK3CA mutation

Continuation of Therapy

Requests for reauthorization will be approved when all of the following criteria are met:

1. Attestation that the member has 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.
3. The following quantity limitations apply:

Drug Name and Dosage Form	Quantity Limit
Vijoice 50 mg, 125 mg tablet	1 tablet per day
Vijoice 250 mg tablet	2 tablets per day
Vijoice 50 mg granule	1 packet per day

References

1. Vioice [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2024.

Review History

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

08/14/2024 – Reviewed and updated at August P&T. Added Vioice granule to the policy. Administrative update, specified quantity limitations. Effective 10/1/2024.

08/13/2025 – Reviewed at August P&T. No clinical changes. Effective 09/01/2025.

