Generic Name: alpelisib

Applicable Drugs: Vijoice®

Preferred: N/A

Non-preferred: Vijoice® (alpelisib)

Date of Origin: 5/22/2023

Date Last Reviewed / Revised: 1/31/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VII are met)

I. Documented diagnosis of PIK3CA-Related Overgrowth Spectrum (PROS) and all of the following:
   A. Documentation of a pathogenic or likely pathogenic PIK3CA gene variant confirmed by testing.
   B. Documentation of congenital or early childhood onset.
   C. Documentation of sporadic (patchy) and mosaic (irregular) overgrowth.
   D. Documentation of features i) or ii):
      i. ≥ 2 of the following spectrum features:
         1. Overgrowth of adipose, muscle, nerve or skeletal tissue.
         2. Vascular malformations (arteriovenous, capillary, lymphatic, or venous)
         3. Epidermal Nevus
      ii. Documentation of ≥ 1 or more isolated features:
         1. Large Isolated Lymphatic Malformation
         2. Isolated Macrodactyly or Overgrown Splayed Feet/ Hands, Overgrown Limbs
         3. Truncal Adipose Overgrowth
         4. Hemimegalencephaly (bilateral)/ Dysplastic Megalencephaly/ Focal Cortical Dysplasia type 2
         5. Epidermal nevus
         6. Seborrheic Keratoses
         7. Benign Lichenoid Keratoses

II. Documentation of severe manifestations of PROS (e.g., severe vascular malformations, severe epilepsy, chronic bleeding, severe manifestations despite prior surgical or interventional modalities) requiring systemic therapy.

III. Documentation of at least one target lesion and measurement of target lesion volume on imaging at baseline.

IV. Age: ≥ 2 years and older.

V. Medication dose, plan for appropriate monitoring, and/or dose adjustment(s) consistent with FDA labeling (Tables 1 and 2).

VI. Must be prescribed by or in consultation with a physician specializing in the management of PROS or treatment of genetic disorders.

VII. Refer to plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Pregnancy/Breastfeeding

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Patients 2 to < 6 years old:
  - 50 mg per day dose: twenty-eight 50 mg tablets per 28 days
- Patients 6 to < 18 years old:
  - 50 mg per day dose: twenty-eight 50 mg tablets per 28 days
  - 125 mg per day dose: twenty-eight 125 mg tablets per 28 days
- Patients > 18 years old:
  - 50 mg per day dose: twenty-eight 50 mg tablets per 28 days.
  - 125 mg per day dose: twenty-eight 125 mg tablets per 28 days.
  - 250 mg per day dose: twenty-eight 50 mg tablets and twenty-eight 200 mg tablets per 28 days.

APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** 12 months, progress notes showing positive clinical benefits from the drug treatment (e.g., ≥ 20% reduction in measurement of target lesion volume, reduction of sum of

lesion volume, and/or improvements disease symptomatology [e.g., pain, limb asymmetry, vascular malformation, bleeding, or functional improvement].

APPENDIX

Table 1. FDA dosage recommendation by age.

Patient age	Initial dose	Dose increase after 24 weeks
2 to < 6 years old	50 mg orally once daily	Not applicable
6 to < 18 years old	50 mg orally once daily	125 mg orally once daily
≥ 18 years old	250 mg orally once daily	Not applicable

Table 2. FDA recommended dose reduction for adverse reactions.

Patient age	Baseline dose	First-dose reduction	Second dose-reduction
2 to < 6 years old	50 mg once daily	Not applicable	Not applicable
6 to < 18 years old	125 mg once daily	50 mg once daily	Not applicable
≥ 18 years old	250 mg once daily	125 mg once daily	50 mg once daily

REFERENCES

1. Vijoice. Prescribing information. Novartis Pharmaceuticals Corporation; 2022. Accessed March 25, 2023. https://www.novartis.com/us-en/sites/novartis_us/files/vijoice.pdf
2. Novartis Clinical Trial Results. BYL719/alpelisib - PIK3CA related overgrowth spectrum (PROS) technical result summary (CBYL719F12002). Novartis. Accessed April 8, 2023. https://www.novctrd.com/#/product?type=clinicalP&medicalConditionId=769&productId=69
3. Mirzaa G, Graham JM Jr, Keppler-Noreuil K. PIK3CA-Related Overgrowth Spectrum. NIH Gene Reviews. August 15, 2013. Updated April 6, 2023. Accessed April 8, 2023. https://www.ncbi.nlm.nih.gov/books/NBK153722/pdf/Bookshelf_NBK153722.pdf
4. Douzgou S, Rawson M, Baselga E, et al. A standard of care for individuals with PIK3CA-related disorders: An international expert consensus statement. *Clin Genet.* 2022;101(1):32-47. doi: 10.1111/cge.14027
5. Bernhard SM, Adam L, Atef H, et al. A systematic review of the safety and efficacy of currently used treatment modalities in the treatment of patients with PIK3CA-related overgrowth spectrum. *J Vasc Surg Venous Lymphat Disord.* 2022;10(2):527-538.e2. doi: 10.1016/j.jvsv.2021.07.008
6. Center for Drug Evaluation and Research Application number: 215039Orig1s000. NDA/BLA multidisciplinary review and evaluation. April 5, 2022. Accessed April 24, 2023. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2022/215039Orig1s000MultidisciplineR.pdf
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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.