

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 14, 2022

VIJOICE® (alpelisib)

LENGTH OF AUTHORIZATION: 6 Months

REVIEW CRITERIA:

- Patient must be ≥ 2 years of age.
- Patient must have a diagnosis of PIK3CA-Related Overgrowth Spectrum (PROS) with severe manifestations confirmed by genetic testing.
- Patient has at least one target lesion identified on imaging.

CONTINUATION OF THERAPY:

- Patient met the above criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not have experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 50 mg, 125 mg, and 200 mg tablets.