

## Pharmacy Policy Bulletin

**Title:** Alpelisib (Vioice®)

**Policy #:** Rx.01.267

**Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.**

**This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.**

**Members are advised to use participating pharmacies in order to receive the highest level of benefits.**

### **Intent:**

The intent of this policy is to communicate the medical necessity criteria for **Alpelisib (Vioice®)** as provided under the member's prescription drug benefit.

### **Description:**

Testing for genetic mutations in the PIK3CA gene is done at initial MBC diagnosis if tumor is HR+/HER2- following progression on or after an endocrine-based regimen. This gene effects cell growth and development and can contribute to a worse prognosis for patients. Knowledge of the presence of this mutation can inform providers in their treatment selection for these patients.

Alpelisib is a small-molecule phosphatidylinositol-3-kinase (PI3K) inhibitor with selective (and strong) activity against PI3K $\alpha$  (André 2019). Mutations in the gene encoding the catalytic  $\alpha$ -subunit of PI3K (PI3KCA) lead to activation of PI3K $\alpha$  and Akt-signaling, cellular transformation, and tumor generation. Alpelisib inhibits phosphorylation of PI3K downstream targets (including Akt) and demonstrated activity in cell lines harboring a PIK3CA mutation. When compared with either agent alone, the combination of alpelisib with fulvestrant has synergistic antitumor activity in PIK3CA-mutated, estrogen receptor-positive models.

Activating mutations in PIK3CA may induce a spectrum of overgrowths/malformations comprising clinically recognizable disorders commonly known as PIK3CA-related overgrowth spectrum (PROS). In an animal model PROS phenotype (congenital lipomatous overgrowth, vascular malformations, epidermal nevi, scoliosis/skeletal and spinal syndrome [CLOVES]), alpelisib inhibited the PI3K pathway, resulting in prevention or improvement of organ abnormalities associated with the disease; findings were reversed following alpelisib withdrawal

Breast cancer, advanced or metastatic: Treatment (in combination with fulvestrant) of HR-positive, HER2-negative, PIK3CA-mutated (as detected by an approved test), advanced or metastatic breast cancer in males and postmenopausal females following progression on or after an endocrine-based regimen.

PIK3CA-related overgrowth spectrum: Treatment of severe manifestations of PIK3CA-related overgrowth spectrum in patients  $\geq 2$  years of age who require systemic therapy.

### **Policy:**

**INITIAL CRITERIA** Alpelisib (Vioice) is approved when ALL of the following are met:

1. Diagnosis of PIK3CA-Related Overgrowth Spectrum (PROS); and
2. Documentation of mutation in the PIK3CA gene; and
3. Member is 2 years of age or older; and
4. Documentation of severe clinical manifestations (e.g., Congenital Lipomatous Overgrowth, Vascular malformations, Epidermal nevi, Scoliosis/skeletal and spinal [CLOVES], Facial Infiltrating Lipomatosis [FIL], Klippel-Trenaunay Syndrome [KTS], Megalencephaly-Capillary Malformation Polymicrogyria [MCAP]); and
5. Prescribed by or in consultation with a provider who specialized in the treatment of PROS

Initial authorization duration: 6 months

**REAUTHORIZATION CRITERIA** Alpelisib (Vijoice®) is re-approved when ALL of the following are met:

1. Documentation of positive clinical response to therapy (e.g., radiological response defined as a  $\geq$  20% reduction from baseline in the sum of target lesion volume); and
2. Prescribed by or in consultation with a provider who specializes in the treatment of PROS

Reauthorization duration: 12 months

**Black Box Warning as shown in the drug Prescribing Information:**

N/A

**Guidelines:**

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

**BENEFIT APPLICATION**

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

**References:**

André F, Ciruelos E, Rubovszky G, et al; SOLAR-1 Study Group. Alpelisib for PIK3CA-mutated, hormone receptor-positive advanced breast cancer. N Engl J Med. 2019;380(20):1929-1940.[PubMed 31091374]

Venot Q, Blanc T, Rabia SH, et al. Targeted therapy in patients with PIK3CA-related overgrowth syndrome. Nature. 2018;558(7711):540-546. doi:10.1038/s41586-018-0217-9[PubMed 29899452]

Vijoice® (alpelisib) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2022. Available from: [https://www.novartis.com/us-en/sites/novartis\\_us/files/vijoice.pdf](https://www.novartis.com/us-en/sites/novartis_us/files/vijoice.pdf). Accessed October 31, 2022.

**Applicable Drugs:**

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

| Brand Name | Generic Name |
|------------|--------------|
| Vijoice®   | Alpelisib    |

**Cross References:**

Rx.01.33 Off Label Use

Rx.01.76 Quantity Level Limits for Pharmaceuticals Covered Under the Prescription Drug Benefit

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| <b>Policy Version Number:</b>     | 1.00               |
| <b>P&amp;T Approval Date:</b>     | September 15, 2022 |
| <b>Policy Effective Date:</b>     | January 01, 2023   |
| <b>Next Required Review Date:</b> | September 15, 2023 |

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The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

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