

Alpelisib (Vioice)

Coverage Criteria:

Initial Authorization Criteria:

1. The medication must be prescribed by or in consultation with a physician that specializes in treatment of genetic disorders; **and**,
2. The patient has been diagnosed with severe manifestations of PIK3CA Related Overgrowth Spectrum (confirmed by genetic testing); **and**,
3. The patient requires systemic therapy; **and**,
4. The patient's disease is considered severe or life-threatening, per provider attestation; **and**,
5. The medication is prescribed per FDA-approved dosing.

Renewal Criteria:

1. The patient continues to meet above criteria; **and**,
2. The patient has been seen by prescriber in last 6 months; **and**,
3. The patient has demonstrated benefit on the medication as evidenced by at least a 7% reduction in overgrowth size.

Coverage Duration:

Initial authorization will be provided for 6 months.

Re-authorizations will be provided for 6 months.