

**Vioice (apelsib)**  
Effective 11/01/2022

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	These medications have been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Vioice is 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 reviewed for members new to the plan 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 for members when all the following criteria are met, and documentation is provided:

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

Reauthorization will be granted for a covered indication and physician attestation that there is 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.



### **Review History**

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

### **References**

1. Vioice [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2022.

### **Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.