

sonidegib (ODOMZO)

Diagnosis Considered for Coverage:

- Locally advanced Basal Cell Carcinoma (BCC)

Coverage Criteria:

For diagnosis listed above:

Initial Authorization

- Being used as a single agent, **and**
- Patient did not experience disease progression despite treatment with a prior hedgehog inhibitor (eg. Erivedge, Odomzo), **and**
- One of the following:
 - Disease recurrence following surgery or radiation, **or**
 - Patient is not a candidate for surgery and radiation therapy, **and**
- Dose does not exceed 200 mg per day

Reauthorization

- Locally advanced basal cell carcinoma disease has NOT progressed since starting Odomzo therapy, **and**
- Dose does not exceed 200 mg per day

Coverage Duration: 6 months

Effective Date: 11/29/2023