

Clinical Pharmacy Program Guidelines for Odomzo

Program	Prior Authorization
Medication	Odomzo [®] (sonidegib)
Issue Date	12/2015
Pharmacy and Therapeutics Approval Date	9/2017
Effective Date	11/2017

1. Background:

Odomzo[®] (sonidegib) is a hedgehog pathway inhibitor indicated for the treatment of adult patients with locally advanced basal cell carcinoma (BCC), that has recurred following surgery or radiation therapy, or who are not candidates for surgery or radiation therapy.¹

2. Coverage Criteria:

<p>A. <u>Basal Cell Carcinoma</u></p> <p>1. <u>Initial Authorization</u></p> <p>a. Odomzo will be approved based on <u>both</u> of the following criteria:</p> <p>(1) Diagnosis of locally advanced basal cell carcinoma (BCC)</p> <p align="center">-AND-</p> <p>(2) <u>One</u> of the following:</p> <p>(a) Cancer has recurred following surgery (b) Cancer has recurred following radiation (c) Patient is not a candidate for surgery (d) Patient is not a candidate for radiation</p> <p>Authorization will be issued for 12 months.</p> <p>2. <u>Reauthorization</u></p> <p>a. Odomzo will be approved based on the following criterion:</p> <p>(1) Patient does not show evidence of progressive disease while on Odomzo therapy</p> <p>Authorization will be issued for 12 months.</p>

3. References:

1. Odomzo [package insert]. Novartis Pharmaceuticals Corporation: East Hanover, NJ; February 2017.
2. The NCCN Drugs and Biologics Compendium (NCCN Compendium™). Available at http://www.nccn.org/professionals/drug_compendium/content/contents.asp. Accessed July 19, 2017.

Program	Prior Authorization - Odomzo (sonidegib)
Change Control	
Date	Change
12/2015	New program
9/2016	Updated clinical criteria to align with E&I notification policy and updated policy template.
9/2017	Annual Review. Updated References.