



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SONIDEGIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SONIDEGIB PHOSPHATE	ODOMZO	42369		GPI-10 (2137006020)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of locally advanced basal cell carcinoma (BCC) and meet the following criteria?
 - The patient is 18 years of age or older
 - This is a recurrence of BCC after the patient has already had surgery or radiation therapy or the patient is not a candidate for surgery or radiation therapy

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the denial text at end of the guideline.

2. Has the patient obtained the following tests prior to initiating therapy?
 - Baseline serum creatinine kinase (CK) level
 - Baseline serum creatinine
 - Pregnancy status of females of reproductive potential

If yes, **approve for 12 months by HICL or GPI 10 with a quantity limit of #1 per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **SONIDEGIB (Odomzo)** requires the following rule(s) be met for approval:

- A. You have locally advanced basal cell carcinoma (BCC: type of skin cancer).
- B. You are 18 years of age or older
- C. This is a recurrence (disease returns) of basal cell carcinoma after surgery or radiation therapy OR you are not a candidate for surgery or radiation therapy
- D. Baseline serum creatine kinase (CK: type of lab test) and serum creatinine levels have been obtained before starting therapy
- E. If you are a female of reproductive potential, you must verify your pregnancy status before starting therapy

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Odomzo.

REFERENCES

- Odomzo [Prescribing Information]. East Hanover, NJ: Novartis Pharmaceuticals, Corp. May 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/22

Created: 10/15

Client Approval: 12/21

P&T Approval: 01/22