**Initiation (new start) criteria:** Formulary sonidegib (Odomzo) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a dermatologist or oncologist
- Prescribed for the indication of local advanced basal cell carcinoma (BCC) that has recurred following surgery or radiation therapy, or those who are not candidates for surgery or radiation therapy

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Formulary sonidegib (Odomzo) will be covered on the prescription drug benefit when the following criteria are met:

- See initiation criteria

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously.** Formulary sonidegib (Odomzo) will be covered on the prescription drug benefit when the following criteria are met:

- See initiation criteria