

## SPECIALTY GUIDELINE MANAGEMENT

### ODOMZO (sonidegib)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Odomzo is indicated for the treatment of adult patients with locally advanced basal cell carcinoma (BCC) that has recurred following surgery or radiation therapy, or those who are not candidates for surgery or radiation therapy.

##### Compendial Uses

Basal cell carcinoma:

1. High-risk disease if residual disease is present and further surgery and radiation are contraindicated or if negative margins are unachievable by Mohs surgery or more extensive surgical procedures
2. Nodal or distant metastases

All other indications are considered experimental/investigational and are not a covered benefit.

##### II. CRITERIA FOR INITIAL APPROVAL

##### **Basal Cell Carcinoma**

Authorization of 12 months may be granted for treatment of basal cell carcinoma

##### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria

##### IV. REFERENCES

1. Odomzo [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; May 2016.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at <http://www.nccn.org>. Accessed December 23, 2016.