

Clinical Policy Title:	sonidegib
Policy Number:	RxA.856
Drug(s) Applied:	Odomzo®
Original Policy Date:	10/11/2024
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Basal Cell Carcinoma (must meet all):

1. Diagnosis of locally advanced basal cell carcinoma that meets one of the following (a, b, or c):
 - a. Disease that recurred following surgery;
 - b. Disease that recurred following radiation therapy;
 - c. Patient is not a candidate for surgery or radiation therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Basal Cell Carcinoma (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Odomzo Prescribing Information. Cranbury, NJ; Sun Pharmaceutical Industries, Inc.; August 2023; Available at: <https://www.dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=028312dc-d155-4fd5-8abd-6bb9f011d3cc&type=display#section-1>. Accessed October 11, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/11/2024	12/05/2024
Policy reviewed.	12/11/2025	12/11/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.