

Clinical Oversight Review Board (CORB) Criteria for Prescribing/
Criteria-Based Consultation (CBC) Criteria for Coverage

Sonidegib (Odomzo)

Notes:

- Quantity Limits: Yes

Formulary **sonidegib (Odomzo)** requires a clinical review. Appropriateness of therapy will be determined based on the following criteria:

Initiation (new start) criteria and 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:

- Prescriber is a dermatologist or oncologist
- Patient has a diagnosis 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