

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

Locally advanced basal cell carcinoma

**AND ONE** of the following:

- a. Reoccurrence following surgery
- b. **NOT** a candidate for surgery or radiation

**AND ALL** of the following:

1. Has **NOT** been previously treated with vismodegib
2. Females of reproductive potential **only**: patient is **NOT** pregnant and will be advised to use effective contraception during treatment with Odomzo and for 20 months after the last dose
3. Males with female partners of reproductive potential **only**: patient will be advised to use condoms, even after a vasectomy, during treatment with Odomzo and for 8 months after the last dose

## Prior - Approval Limits

**Quantity** 90 capsules per 90 days

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

### Diagnosis

Locally advanced basal cell carcinoma

**AND NONE** of the following:

1. Disease progression
2. Signs or symptoms of toxicity

## **Prior - Approval *Renewal* Limits**

Same as above