

Specialty Guideline Management

Odomzo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Odomzo	sonidegib

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 Indications¹

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 Uses²

Basal cell carcinoma

All other indications are considered experimental/investigational and not medically necessary.

Reference number(s)
1786-A

Coverage Criteria

Basal Cell Carcinoma^{1,2}

Authorization of 12 months may be granted as a single agent for treatment of locally advanced or diffuse (e.g., Gorlin syndrome) basal cell carcinoma.

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Odomzo [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; August 2023.
2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network Drugs, Inc. Available at <https://www.nccn.org>. Accessed November 11, 2024.