

Odomzo[®] (sonidegib) Prior Authorization Form**Member Name:** _____ **Date of Birth:** _____ **Member ID#:** _____**Drug Information****Pharmacy billing (NDC: _____) Start Date (or date of next dose):** _____**Dose:** _____ **Regimen:** _____**Pharmacy Information****Pharmacy NPI:** _____ **Pharmacy Name:** _____**Pharmacy Phone:** _____ **Pharmacy Fax:** _____**Prescriber Information****Prescriber NPI:** _____ **Prescriber Name:** _____**Prescriber Phone:** _____ **Prescriber Fax:** _____ **Specialty:** _____**Criteria****For Initial Authorization (Initial approval will be for the duration of 6 months):**

1. Please indicate the diagnosis and information:

 Basal Cell Carcinoma (BCC)

- a. Is diagnosis locally advanced BCC? Yes ___ No ___
- b. Has disease recurred following surgery or radiation therapy? Yes ___ No ___
- c. Is surgery or radiation contraindicated? Yes ___ No ___

 Other: _____**For Continued Authorization:**

- 1. Date of last dose: _____
- 2. Does the member have any evidence of progressive disease while on sonidegib? Yes ___ No ___
- 3. Has member experienced any adverse drug reactions related to sonidegib therapy? Yes ___ No ___

If yes, please specify adverse reactions: _____
_____**Additional Information:** _____

_____**Prescriber Signature:** _____ **Date:** _____***I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. Please do not send in chart notes. Specific information will be requested if necessary.*****PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:**University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Product Based Prior Authorization Unit
Fax: 1-800-224-4014
Phone: 1-800-522-0114 Option 4**CONFIDENTIALITY NOTICE***This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*