# Pharmacy Prior Authorization Form

**Fax completed form to: 877.974.4411 toll free, or 616.942.8206**

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

# Odomzo® (sonidegib)

## Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

## Product Information

☐ New Request ☐ Continuation Request

Drug product: ☐ Odomzo 200 mg capsule

**Start date** (or date of next dose): _____

**Date of last dose** (if applicable): _____

**Dosing frequency:** _____

**Number of cycles requested:** _____

## Oral oncology partial fill program

Each fill of Odomzo is limited to a 14 day supply at any network pharmacy. Patients are responsible for applicable deductable and copayments.

## Drug cost information

The wholesale acquisition cost for each Odomzo capsule is $335.34. The annual cost of treatment with this drug may be more than $120,700.00.

## Precertification Requirements

**Before this drug is covered, the patient must have one of the following conditions:**

1. Must be used for locally advanced basal cell carcinoma
2. Carcinoma must have recurred following surgery or radiation therapy or in patients who are not candidates for surgery or radiation

## Priority Health Precertification Documentation

**A. What condition is this drug being requested for?**

☐ advanced basal cell carcinoma

**B. Which of the following apply to this patient?**

☐ Patient previously had surgery or radiation therapy

☐ Patient is not a candidate for surgery or radiation therapy because: _____

_____



**All fields must be complete and legible for review. Your office will receive a response via fax.**

New 11/2015
Last reviewed 11/2018