MEDICATION POLICY:

Temodar®

Generic Name: Temozolomide

Therapeutic Class or Brand Name: Temodar

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 2110407000

Preferred: Temozolomide capsules (generic)

Non-preferred: Temodar capsules

Date of Origin: 2/1/2013

Date Last Reviewed / Revised: 12/5/2018

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

I. Documented diagnosis of one of the following conditions A through C:

   A. Glioblastoma multiforme treated concomitantly with radiotherapy and then as maintenance treatment.

   B. Refractory anaplastic astrocytoma (i.e. patients who have experienced disease progression on a drug regimen containing nitrosourea and procarbazine).

   C. Metastatic melanoma.

II. Minimum age requirement: 18 years old.

III. Prescriber is an oncologist or hematologist.

IV. Non-preferred products (i.e. Temodar capsules) require a documented clinical reason containing details as to why generic temozolomide is not appropriate or is contraindicated.

EXCLUSION CRITERIA

- N/A

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- The quantity is limited to a maximum of a 30 day supply per fill.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

APPENDIX

N/A

REFERENCES

1. Medi-Span®.
2. http://www.merck.com/product/usa/pi_circulars/t/temodar_capsules/temodar_pi.pdf.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
12/5/2018	1. Policy reviewed: no changes made.
1/2/2018	1. **Removed** "https://www.optumrx.com/rxsol/live/PAGDocs/Guideline_2710.pdf" **from References** (link no longer valid).
10/8/2016	1. **Changed** "N/A" **to** "Preferred: Temozolomide capsules (generic); Non-Preferred: Temodar® capsules" **following Applicable Drugs**. 2. **Added** "IV. Non-preferred products (i.e. Temodar® capsules) require a documented clinical reason containing details as to why generic temozolomide is not appropriate or is contraindicated" **under Prior Authorization**. 3. **Removed** "http://www.connecticare.com/provider/PDFs/Pharmacy/Temodar.pdf" **from References** (link no longer valid).
7/10/2015	1. **Changed** "B. …nitrosourea procarbazine" to "B. …nitrosourea and procarbazine" **under Prior Authorization Criteria**.
1/24/2014	1. Adapted policy to new format. 2. Added GPI Code. 3. **Updated references** to include Medi-Span.