

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: 10/5/2020

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. National Comprehensive Cancer Network (NCCN). Central Nervous System Cancers. Version 3.2020. Updated September 11, 2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cns.pdf. Accessed October 5, 2020.
2. National Comprehensive Cancer Network (NCCN). Cutaneous Melanoma. Version 4.2020. Updated September 1, 2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf. Accessed October 5, 2020.
3. Medi-Span[®].
4. Temodar (temozolomide) [prescribing information]. Whitehouse Station, NJ: Merck & Co Inc; January 2020. Available at: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=046a9011-3911-4d3f-a15f-fbb56d5aad56>. Accessed October 5, 2020.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.