



STANDARD COMMERCIAL AND NSA DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

TEMOZOLOMIDE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TEMOZOLOMIDE	TEMODAR , TEMOZOLOMIDE	20355		GPI-10 (2110407000)	

**GUIDELINES FOR USE**

**INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)**

1. Does the patient have **ONE** of the following diagnoses?

- Anaplastic astrocytoma
- Glioblastoma multiforme
- Small cell lung cancer (SCLC)

If yes, **approve for 12 months as follows:**

- **If the plan covers non-self-administered (NSA) agents, approve by HICL or GPI-10.**
- **If the plan does NOT cover NSA agents, approve only Temozolomide PO for all strengths by GPID or GPI-14.**

If no, continue to #2.

2. Does the patient have a diagnosis of metastatic melanoma **AND** meet the following criterion?

- Temodar will NOT be used concurrently with an immunosuppressive therapy or a medical therapy for the treatment of melanoma

If yes, **approve for 12 months as follows:**

- **If the plan covers non-self-administered (NSA) agents, approve by HICL or GPI-10.**
- **If the plan does NOT cover NSA agents, approve only Temozolomide PO for all strengths by GPID or GPI-14.**

If no, do not approve.

**INITIAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **TEMOZOLOMIDE (Temodar)** requires the following rule(s) be met for approval:

A. You have **ONE** of the following diagnoses:

1. Anaplastic astrocytoma (type of brain tumor)
2. Glioblastoma multiforme (type of tumor affecting brain or spine)
3. Small cell lung cancer (SCLC: a type of lung cancer)
4. Metastatic melanoma (type of skin cancer)

***(Initial denial text continued on next page)***

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TEMOZOLOMIDE

INITIAL CRITERIA (CONTINUED)

**B. If you have metastatic melanoma, approval also requires:**

1. You are not concurrently (at the same time) using an immunosuppressive therapy (treatment that lowers the activity of the body's immune system) or a medical therapy for the treatment of melanoma

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

**NOTE:** For the diagnoses of Anaplastic astrocytoma, Glioblastoma multiforme, or Small cell lung cancer (SCLC), please refer to the Initial Criteria section.

1. Does the patient have a diagnosis of metastatic melanoma **AND** meet the following criterion?
  - Temodar will NOT be used concurrently with an immunosuppressive therapy or a medical therapy for the treatment of melanoma

If yes, **approve for 12 months as follows:**

- **If the plan covers non-self-administered (NSA) agents, approve by HICL or GPI-10.**
- **If the plan does NOT cover NSA agents, approve only Temozolomide PO for all strengths by GPID or GPI-14.**

If no, do not approve.

**RENEWAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **TEMOZOLOMIDE (Temodar)** requires the following rule(s) be met for renewal:

- A. You have metastatic melanoma (type of skin cancer)
- B. You are not concurrently (at the same time) using an immunosuppressive therapy (treatment that lowers the activity of the body's immune system) or a medical therapy for the treatment of melanoma

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**TEMOZOLOMIDE**

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Temodar.

**REFERENCES**

- Temodar [Prescribing Information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; November 2019.

Library	Commercial	NSA
Yes	Yes	Yes

Part D Effective: N/A

Commercial Effective: 07/01/22

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P&T Approval: 04/22