

Policy Type: PA/SP

Pharmacy Coverage Policy: EOCCO163

Description

Temozolomide is an alkylating agent that undergoes rapid nonenzymatic conversion to the reactive compound 5-(3-methyltriazen-1-yl) imidazole-4-carboxamide (MTIC). The cytotoxicity of MTIC is thought to be caused primarily by alkylation of DNA. Alkylation (methylation) occurs mainly at the O⁶ and N⁷ positions of guanine which leads to DNA double strand breaks and apoptosis.

Length of Authorization

- Initial: Three months
- Renewal: Six months

Quantity Limits

Product Name	Dosage Form	Indication	Quantity Limit
temozolomide (Temodar)	5 mg capsules	All indications	Maximum 200 mg/m ² /day
	20 mg capsules		
	100 mg capsules		
	140 mg capsules		
	180 mg capsules		
	250 mg capsules		
Provider Administered Agents*			
temozolomide (Temodar)	100 mg vial	All indications	Maximum 200 mg/m ² /day

**Medical drug that requires administration by a healthcare professional and is not available for self-administration by the member, considered one of the excluded classes under the prescription benefit.*

Initial Evaluation

- I. Temozolomide (Temodar) may be considered medically necessary when treatment with generic temozolomide has been ineffective, contraindicated, or not tolerated.

Renewal Evaluation

- I. Member has received a previous prior authorization approval for this agent through this health plan; **AND**

- II. Disease response to treatment defined by stabilization of disease or decrease in tumor size or tumor spread.

References

1. Temodar (temozolomide) [Prescribing Information]. Whitehouse Station, NJ: Merck & Co. October 2017.

Policy Implementation/Update:

Action and Summary of Changes	Date
<ul style="list-style-type: none"> • Removed generic temozolomide from the policy • Removed indication-specific criteria 	03/2020
Updated to policy format	12/2019
Previous reviews	03/2016
Policy created	05/2012