



Federal Employee Program,  
Federal Employee Program®  
1310 G Street, N.W.  
Washington, D.C. 20005  
202.942.1000  
Fax 202.942.1125

# 5.21.159

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	October 1, 2023
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	January 1, 2021
<b>Subject:</b>	Temodar	<b>Page:</b>	1 of 3

---

**Last Review Date:** September 8, 2023

---

## Temodar capsules

### Description

#### Temodar (temozolomide) capsules

Temodar injection is not included in this policy

---

#### Background

Temodar (temozolomide) is an alkylating drug. Temozolomide is not directly active but undergoes rapid nonenzymatic conversion at physiologic pH to the reactive compound 5-(3-methyltriazene-1-yl)-imidazole-4-carboxamide (MTIC). The cytotoxicity of MTIC is thought to be primarily due to alkylation of DNA (1).

#### Regulatory Status

FDA-approved indication: Temodar is indicated for: (1)

- Glioblastoma multiforme (GBM)
- Astrocytoma

#### Related policies

### Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Temodar may be considered **medically necessary** if the conditions indicated below are met.

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	October 1, 2023
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	January 1, 2021
<b>Subject:</b>	Temodar	<b>Page:</b>	2 of 3

---

Temodar may be considered **investigational** for all other indications.

## Prior-Approval Requirements

### Diagnoses

Patient must have **ONE** of the following:

1. Glioblastoma multiforme (GBM)
2. Astrocytoma

**AND** the following for **ALL** diagnoses:

- a. Patient **MUST** have tried the preferred product (generic Temodar: temozolomide) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

---

## Prior – Approval *Renewal* Requirements

Same as above

### Policy Guidelines

## Prior - Approval Limits

**Duration** 12 months

## Prior – Approval *Renewal* Limits

Same as above

### Rationale

#### Summary

Temodar (temozolomide) is an alkylating drug. Temozolomide is not directly active but undergoes rapid nonenzymatic conversion at physiologic pH to the reactive compound 5-(3-methyltriazene-1-yl)-imidazole-4-carboxamide (MTIC). The cytotoxicity of MTIC is thought to be primarily due to alkylation of DNA (1).

# 5.21.159

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	October 1, 2023
<b>Subsection:</b>	Antineoplastic Agents	<b>Original Policy Date:</b>	January 1, 2021
<b>Subject:</b>	Temodar	<b>Page:</b>	3 of 3

---

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Temodar while maintaining optimal therapeutic outcomes.

## References

1. Temodar [package insert]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; November 2022.
2. NCCN Drugs & Biologics Compendium<sup>®</sup> Temozolomide 2023. National Comprehensive Cancer Network, Inc. Accessed on July 25, 2023.

## Policy History

Date	Action
December 2020	Addition to PA. Annual review
December 2021	Annual review and reference update
December 2022	Annual review and reference update
September 2023	Annual review and reference update

## Keywords

**This policy was approved by the FEP<sup>®</sup> Pharmacy and Medical Policy Committee on September 8, 2023 and is effective on October 1, 2023.**