



**BlueCross
BlueShield**

Federal Employee Program.

TEMODAR CAPSULES (temozolomide)

Temodar injection is not included in this policy

Pre - PA Allowance

None

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 Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above