

# Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  **Commercial (Traditional)**  **Commercial Individual (Optimized)**  
 **Medicaid**

This request is:  **Urgent** (life threatening)  **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Temozolomide (generic for Temodar®)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

Drug product:  Temozolomide 5 mg capsule  Temozolomide 20 mg capsule  
 Temozolomide 100 mg capsule  Temozolomide 140 mg capsule  
 Temozolomide 180 mg capsule  Temozolomide 250 mg capsule  
 Temodar 100 mg injection

**Start date** (or date of next dose): \_\_\_\_\_  
**Date of last dose** (if applicable): \_\_\_\_\_  
**Dosing frequency:** \_\_\_\_\_

### Precertification Requirements

Patient must have one of the following diagnoses:

- Acute lymphocytic leukemia
- Acute myelogenous leukemia
- Anaplastic astrocytoma of brain
- Glioblastoma multiforme of brain
- Intracranial malignant tumor
- Malignant glioma
- Metastatic malignant melanoma

### Additional information

Requests for any condition not listed as covered require evidence of current medical literature that substantiates the drug's efficacy or that recognized oncology organizations generally accept the treatment for the condition. At the time of this review, the following conditions do not meet these criteria:

- Carcinoma of pancreas
- Malignant tumor of nasopharynx
- Non-Hodgkin's lymphoma