

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use TEMODAR safely and effectively. See full prescribing information for TEMODAR.

**TEMODAR® (temozolomide) capsules, for oral use**  
**TEMODAR® (temozolomide) for injection, for intravenous use**  
Initial U.S. Approval: 1999

### INDICATIONS AND USAGE

TEMODAR is an alkylating drug indicated for the treatment of adult patients with:

- Newly diagnosed glioblastoma concomitantly with radiotherapy and then as maintenance treatment. (1.1)
- Refractory anaplastic astrocytoma who have experienced disease progression on a drug regimen containing nitrosourea and procarbazine. (1.2)

### DOSAGE AND ADMINISTRATION

- Administer either orally or intravenously.
- **Newly Diagnosed Glioblastoma:**
  - 75 mg/m<sup>2</sup> once daily for 42 days concomitant with focal radiotherapy followed by initial maintenance dose of 150 mg/m<sup>2</sup> once daily for Days 1 to 5 of each 28-day cycle for 6 cycles. May increase maintenance dose to 200 mg/m<sup>2</sup> for cycles 2 to 6 based on toxicity. (2.1)
  - Provide *Pneumocystis* pneumonia (PCP) prophylaxis during concomitant phase and continue in patients who develop lymphopenia until resolution to Grade 1 or less. (2.1)
- **Refractory Anaplastic Astrocytoma:** Initial dose of 150 mg/m<sup>2</sup> once daily on Days 1 to 5 of each 28-day cycle. (2.2)

### DOSAGE FORMS AND STRENGTHS

- Capsules: 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, and 250 mg. (3)
- For injection: 100 mg as a lyophilized powder in single-dose vial for reconstitution. (3)

### CONTRAINDICATIONS

- History of hypersensitivity to temozolomide or any other ingredients in TEMODAR and dacarbazine.

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### WARNINGS AND PRECAUTIONS

- **Myelosuppression:** Monitor absolute neutrophil count (ANC) and platelet count prior to each cycle and during treatment. Geriatric patients and women have a higher risk of developing myelosuppression. (5.1)
- **Myelodysplastic Syndrome and Secondary Malignancies,** including myeloid leukemia, have been observed. (5.2)
- ***Pneumocystis* Pneumonia (PCP):** Closely monitor all patients, particularly those receiving steroids, for the development of lymphopenia and PCP. (5.3)
- **Hepatotoxicity:** Fatal and severe hepatotoxicity have been reported. Perform liver tests at baseline, midway through the first cycle, prior to each subsequent cycle, and approximately 2 to 4 weeks after the last dose of TEMODAR. (5.4)
- **Embryo-Fetal Toxicity:** Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception. Advise male patients with pregnant partners or female partners of reproductive potential to use condoms. (5.5, 8.1, 8.3)

### ADVERSE REACTIONS

- The most common adverse reactions (≥20% incidence) are: alopecia, fatigue, nausea, vomiting, headache, constipation, anorexia, and convulsions. (6.1)
- The most common Grade 3 to 4 hematologic laboratory abnormalities (≥10% incidence) in patients with anaplastic astrocytoma are: decreased lymphocytes, decreased platelets, decreased neutrophils, and decreased leukocytes. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., at 1-877-888-4231 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

### USE IN SPECIFIC POPULATIONS

- Lactation: Advise not to breastfeed. (8.2)

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## FULL PRESCRIBING INFORMATION

### 1 INDICATIONS AND USAGE

#### 1.1 Newly Diagnosed Glioblastoma

TEMODAR® is indicated for the treatment of adult patients with newly diagnosed glioblastoma concomitantly with radiotherapy and then as maintenance treatment.

#### 1.2 Refractory Anaplastic Astrocytoma

TEMODAR is indicated for the treatment of adult patients with refractory anaplastic astrocytoma who have experienced disease progression on a drug regimen containing nitrosourea and procarbazine.

### 2 DOSAGE AND ADMINISTRATION

#### 2.1 Recommended Dosage and Dosage Modifications for Newly Diagnosed Glioblastoma

Administer TEMODAR either orally or intravenously once daily for 42 consecutive days during the concomitant phase with focal radiotherapy and then once daily on Days 1 to 5 of each 28-day cycle for 6 cycles during the maintenance phase.

Provide *Pneumocystis* pneumonia (PCP) prophylaxis during the concomitant phase and continue in patients who develop lymphocytopenia until resolution to Grade 1 or less [see *Warnings and Precautions* (5.3)].

##### Concomitant Phase

The recommended dosage of TEMODAR is 75 mg/m<sup>2</sup> either orally or intravenously once daily for 42 days (up to 49 days) concomitant with focal radiotherapy (60 Gy administered in 30 fractions). Focal radiotherapy includes the tumor bed or resection site with a 2- to 3-cm margin.

Obtain a complete blood count weekly. No dose reductions are recommended during the concomitant phase. The recommended dosage modifications during the concomitant phase are provided in **Table 1**.

**TABLE 1: Temozolomide Dosage Modifications During Concomitant Phase**

Adverse Reaction	Interruption	Discontinuation
Absolute Neutrophil Count	Withhold TEMODAR if ANC is greater than or equal to $0.5 \times 10^9/L$ and less than $1.5 \times 10^9/L$ .  Resume TEMODAR when ANC is greater than or equal to $1.5 \times 10^9/L$ .	Discontinue TEMODAR if platelet count is less than $0.5 \times 10^9/L$ .
Platelet Count	Withhold TEMODAR if platelet count is greater than or equal to $10 \times 10^9/L$ and less than $100 \times 10^9/L$ .  Resume TEMODAR when platelet count is greater than or equal to $100 \times 10^9/L$ .	Discontinue TEMODAR if platelet count is less than $10 \times 10^9/L$ .
Non-hematological Adverse Reaction (except for alopecia, nausea, vomiting)	Withhold TEMODAR if Grade 2 adverse reaction occurs.  Resume TEMODAR when resolution to Grade 1 or less.	Discontinue TEMODAR if Grade 3 or 4 adverse reaction occurs.

##### Maintenance Phase:

Beginning 4 weeks after Concomitant Phase completion, administer TEMODAR either orally or intravenously once daily on Days 1 to 5 of each 28-day cycle for 6 cycles. The recommended dosage of TEMODAR is as follows:

- Cycle 1: 150 mg/m<sup>2</sup> per day
- Cycles 2 to 6: May increase to 200 mg/m<sup>2</sup> per day if the following conditions are met before starting cycle 2. If the dose was not escalated at the onset of Cycle 2, **do not** increase the dose for Cycles 3 to 6.
  - Nonhematologic toxicity is Grade 2 or less (except for alopecia, nausea, and vomiting)
  - ANC is greater than or equal to  $1.5 \times 10^9/L$ , and
  - Platelet count is greater than or equal to  $100 \times 10^9/L$ .

Obtain a complete blood count on Day 22 and then weekly until the ANC is above  $1.5 \times 10^9/L$  and the platelet count is above  $100 \times 10^9/L$ . Do not start the next cycle until the ANC and platelet count exceed these levels.

The recommended dosage modifications during the maintenance phase are provided in **Table 2**. If TEMODAR is withheld, reduce the dose for the next cycle by 50 mg/m<sup>2</sup> per day. Permanently discontinue TEMODAR in patients who are unable to tolerate a dose of 100 mg/m<sup>2</sup> per day.

**TABLE 2: Temozolomide Dosage Modifications During Maintenance Treatment**

Toxicity	Interruption and Dose Reduction	Discontinuation
Absolute Neutrophil Count	Withhold TEMODAR if ANC less than $1 \times 10^9/L$ .  When ANC is above $1.5 \times 10^9/L$ , resume TEMODAR at reduced dose for the next cycle.	Unable to tolerate a dose of $100 \text{ mg/m}^2$ per day.
Platelet Count	Withhold TEMODAR if platelet less than $50 \times 10^9/L$ .  When platelet count is above $100 \times 10^9/L$ , resume TEMODAR at reduced dose for the next cycle.	Unable to tolerate a dose of $100 \text{ mg/m}^2$ per day.
Nonhematological Adverse Reaction (except for alopecia, nausea, vomiting)	Withhold TEMODAR if Grade 3 adverse reaction.  When resolved to Grade 1 or less, resume TEMODAR at reduced dose for the next cycle.	Recurrent Grade 3 after dose reduction.  Grade 4  Unable to tolerate a dose of $100 \text{ mg/m}^2$ per day.

## 2.2 Recommended Dosage and Dosage Modifications for Refractory Anaplastic Astrocytoma

The recommended initial dosage of TEMODAR is  $150 \text{ mg/m}^2$  once daily on Days 1 to 5 of each 28-day cycle. Increase the TEMODAR dose to  $200 \text{ mg/m}^2$  per day if the following conditions are met at the nadir and on Day 1 of the next cycle:

- ANC is greater than or equal to  $1.5 \times 10^9/L$ , and
- Platelet count is greater than or equal to  $100 \times 10^9/L$ .

Continue TEMODAR until disease progression or unacceptable toxicity. In the clinical trial, treatment could be continued for a maximum of 2 years, but the optimum duration of therapy is not known.

Obtain a complete blood count on Day 22 and then weekly until the ANC is above  $1.5 \times 10^9/L$  and the platelet count is above  $100 \times 10^9/L$ . Do not start the next cycle until the ANC and platelet count exceed these levels.

If the ANC is less than  $1 \times 10^9/L$  or the platelet count is less than  $50 \times 10^9/L$  during any cycle, reduce the TEMODAR dose for the next cycle by  $50 \text{ mg/m}^2$  per day. Permanently discontinue TEMODAR in patients who are unable to tolerate a dose of  $100 \text{ mg/m}^2$  per day.

## 2.3 Preparation and Administration

TEMODAR is a cytotoxic drug. Follow applicable special handling and disposal procedures.<sup>1</sup>

### TEMODAR capsules

Administer TEMODAR consistently with respect to food (fasting vs. nonfasting) [see *Clinical Pharmacology (12.3)*]. To reduce nausea and vomiting, take TEMODAR on an empty stomach or at bedtime and consider antiemetic therapy prior to and/or following TEMODAR administration.

Swallow TEMODAR capsules whole. Do not open or chew capsules.

If capsules are accidentally opened or damaged, take precautions to avoid inhalation or contact with the skin or mucous membranes. In case of powder contact, the hands should be washed.

### TEMODAR for injection

Bring the vial to room temperature prior to reconstitution with Sterile Water for Injection.

Reconstitute the vial with 41 mL of Sterile Water for Injection to yield a TEMODAR solution with a concentration of 2.5 mg/mL temozolomide. Reconstituted TEMODAR is a clear solution and essentially free of visible particles.

Gently swirl vial. Do not shake.

Visually inspect reconstituted solution for particulate matter and discoloration. Discard if particulate matter or discoloration is observed.

Do not further dilute the reconstituted solution.

Store reconstituted solution at room temperature ( $25^\circ\text{C}$  [ $77^\circ\text{F}$ ]). Discard reconstituted solution if not used within 14 hours, including infusion time.

Withdraw up to 40 mL from each vial to make up the total dose and discard any unused portion. Transfer reconstituted solution from each vial into an empty 250 mL infusion bag.

Administer reconstituted solution using a pump over a period of 90 minutes. Administer TEMODAR by intravenous infusion only. Infusion over a shorter or longer period of time may result in suboptimal dosing. Flush the lines before and after each infusion. TEMODAR for injection may be administered in the same intravenous line with 0.9% Sodium Chloride injection only.

Because no data are available on the compatibility of TEMODAR for injection with other intravenous substances or additives, do not infuse other medications simultaneously through the same intravenous line.

### 3 DOSAGE FORMS AND STRENGTHS

- Capsules:
  - 5 mg: opaque white bodies with green caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR."
  - 20 mg: opaque white bodies with yellow caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR."
  - 100 mg: opaque white bodies with pink caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR."
  - 140 mg: opaque white bodies with blue caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR."
  - 180 mg: opaque white bodies with orange caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR."
  - 250 mg: opaque white bodies with white caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR."
- For injection: 100 mg white to light tan/light pink lyophilized powder for reconstitution in a single-dose vial.

### 4 CONTRAINDICATIONS

TEMODAR is contraindicated in patients with a history of hypersensitivity reactions to:

- temozolomide or any other ingredients in TEMODAR; and
- dacarbazine, since both temozolomide and dacarbazine are metabolized to the same active metabolite 5-(3-methyltriazen-1-yl)-imidazole-4-carboxamide.

Reactions to TEMODAR have included anaphylaxis [see *Adverse Reactions* (6.2)].

### 5 WARNINGS AND PRECAUTIONS

#### 5.1 Myelosuppression

Myelosuppression, including pancytopenia, leukopenia and anemia, some with fatal outcomes, have occurred with TEMODAR [see *Adverse Reactions* (6.1, 6.2)]. Geriatric patients and women have been shown in clinical trials to have a higher risk of developing myelosuppression.

Prior to dosing, patients must have an ANC of  $1.5 \times 10^9/L$  or greater and a platelet count of  $100 \times 10^9/L$  or greater.

For the concomitant phase with radiotherapy, obtain a complete blood count prior to initiation of treatment and weekly during treatment [see *Dosage and Administration* (2.1)].

For the 28-day treatment cycles, obtain a complete blood count prior to treatment on Day 1 and on Day 22 of each cycle. Perform complete blood counts weekly until recovery if the ANC falls below  $1.5 \times 10^9/L$  and the platelet count falls below  $100 \times 10^9/L$  [see *Dosage and Administration* (2.1, 2.2)].

#### 5.2 Myelodysplastic Syndrome and Secondary Malignancies

Cases of myelodysplastic syndrome and secondary malignancies, including myeloid leukemia, have been observed following TEMODAR administration.

#### 5.3 *Pneumocystis* Pneumonia

*Pneumocystis pneumonia* (PCP) can occur in patients receiving TEMODAR. The risk of PCP is increased in patients receiving steroids or with longer treatment regimens.

For patients with newly diagnosed glioblastoma, provide PCP prophylaxis for all patients during the concomitant phase. Continue in patients who experience lymphopenia until resolution to Grade 1 or less [see *Dosage and Administration* (2.1)].

Monitor all patients receiving TEMODAR for the development of lymphopenia and PCP.

#### 5.4 Hepatotoxicity

Fatal and severe hepatotoxicity have been reported in patients receiving TEMODAR. Perform liver tests at baseline, midway through the first cycle, prior to each subsequent cycle, and approximately two to four weeks after the last dose of TEMODAR.

#### 5.5 Embryo-Fetal Toxicity

Based on findings from animal studies and its mechanism of action, TEMODAR can cause fetal harm when administered to a pregnant woman. Adverse developmental outcomes have been reported in both pregnant patients and pregnant partners of male

patients. Oral administration of temozolomide to rats and rabbits during the period of organogenesis resulted in embryoletality and polymalformations at doses less than the maximum human dose based on body surface area.

Advise pregnant women of the potential risk to the fetus. Advise females of reproductive potential to use effective contraception during treatment with TEMODAR and for at least 6 months after the final dose. Because of potential risk of genotoxic effects on sperm, advise male patients with female partners of reproductive potential to use condoms during treatment with TEMODAR and for at least 3 months after the final dose. Advise male patients not to donate semen during treatment with TEMODAR and for at least 3 months after the final dose [see *Use in Specific Populations (8.1, 8.3)*].

## 6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in the labeling:

- Myelosuppression [see *Warnings and Precautions (5.1)*].
- Myelodysplastic Syndrome and Secondary Malignancies [see *Warnings and Precautions (5.2)*].
- *Pneumocystis* Pneumonia [see *Warnings and Precautions (5.3)*].
- Hepatotoxicity [see *Warnings and Precautions (5.4)*].

### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

#### Newly Diagnosed Glioblastoma

The safety of TEMODAR was evaluated in Study MK-7365-051 [see *Clinical Studies (14.1)*].

Forty-nine percent (49%) of patients treated with TEMODAR reported one or more severe or life-threatening reactions, most commonly fatigue (13%), convulsions (6%), headache (5%), and thrombocytopenia (5%).

The most common adverse reactions ( $\geq 20\%$ ) across the cumulative TEMODAR experience were alopecia, fatigue, nausea, and vomiting. **Table 3** summarizes the adverse reactions in Newly Diagnosed Glioblastoma Trial. Overall, the pattern of reactions during the maintenance phase was consistent with the known safety profile of TEMODAR.

**TABLE 3: Adverse Reactions ( $\geq 5\%$ ) in Patients Receiving TEMODAR in Newly Diagnosed Glioblastoma Trial**

Adverse Reactions	Concomitant Phase				Maintenance Phase	
	Radiation Therapy and TEMODAR N=288*		Radiation Therapy Alone N=285		TEMODAR N=224	
	All Grades (%)	Grade $\geq 3$ (%)	All Grades (%)	Grades $\geq 3$ (%)	All Grades (%)	Grade $\geq 3$ (%)
<b>Skin and Subcutaneous Tissue</b>						
Alopecia	69		63		55	
Rash	19	1	15		13	1
Dry Skin	2		2		5	<1
Pruritus	4		1		5	
Erythema	5		5		1	
<b>General</b>						
Fatigue	54	7	49	5	61	9
Anorexia	19	1	9	<1	27	1
Headache	19	2	17	4	23	4
Weakness	3	2	3	1	7	2
Dizziness	4	1	4		5	
<b>Gastrointestinal System</b>						
Nausea	36	1	16	<1	49	1
Vomiting	20	<1	6	<1	29	2
Constipation	18	1	6		22	
Diarrhea	6		3		10	1

Stomatitis	7		5	<1	9	1
Abdominal Pain	2	<1	1		5	<1
<b>Eye</b>						
Vision Blurred	9	1	9	1	8	
<b>Injury</b>						
Radiation Injury NOS	7		4	<1	2	
<b>Central and Peripheral Nervous System</b>						
Convulsions	6	3	7	3	11	3
Memory Impairment	3	<1	4	<1	7	1
Confusion	4	1	4	2	5	2
<b>Special Senses Other</b>						
Taste Perversion	6		2		5	
<b>Respiratory System</b>						
Coughing	5	1	1		8	<1
Dyspnea	4	2	3	1	5	<1
<b>Psychiatric</b>						
Insomnia	5		3	<1	4	
<b>Immune System</b>						
Allergic Reaction	5		2	<1	3	
<b>Platelet, Bleeding and Clotting</b>						
Thrombocytopenia	4	3	1		8	4
<b>Musculoskeletal System</b>						
Arthralgia	2	<1	1		6	

\* One patient who was randomized to radiation therapy-only arm received radiation therapy and TEMODAR.

NOS = not otherwise specified.

**Note:** Grade 5 (fatal) adverse reactions are included in the Grade  $\geq 3$  column.

When laboratory abnormalities and adverse reactions were combined, Grade 3 or Grade 4 neutrophil abnormalities including neutropenic reactions were observed in 8% of patients, and Grade 3 or Grade 4 platelet abnormalities including thrombocytopenic reactions were observed in 14% of patients.

#### Refractory Anaplastic Astrocytoma

The safety of TEMODAR was evaluated in Study MK-7365-006 [see *Clinical Studies (14.2)*].

Myelosuppression (thrombocytopenia and neutropenia) was the dose-limiting adverse reaction. It usually occurred within the first few cycles of therapy and was not cumulative. Myelosuppression occurred late in the treatment cycle and returned to normal, on average, within 14 days of nadir counts. The median nadirs occurred at 26 days for platelets (range: 21 to 40 days) and 28 days for neutrophils (range: 1 to 44 days). Only 14% (22/158) of patients had a neutrophil nadir and 20% (32/158) of patients had a platelet nadir, which may have delayed the start of the next cycle. Less than 10% of patients required hospitalization, blood transfusion, or discontinuation of therapy due to myelosuppression.

The most common adverse reactions ( $\geq 20\%$ ) were nausea, vomiting, headache, fatigue, constipation, and convulsions.

**Tables 4 and 5** summarize the adverse reactions and hematological laboratory abnormalities in Refractory Anaplastic Astrocytoma Trial.

**TABLE 4: Adverse Reactions ( $\geq 5\%$ ) in Patients Receiving TEMODAR in Refractory Anaplastic Astrocytoma Trial**

Adverse Reactions	TEMODAR N=158	
	All Reactions (%)	Grades 3-4 (%)
<b>Gastrointestinal System</b>		
Nausea	53	10

Vomiting	42	6
Constipation	33	1
Diarrhea	16	2
Abdominal pain	9	1
Anorexia	9	1
<b>General</b>		
Headache	41	6
Fatigue	34	4
Asthenia	13	6
Fever	13	2
Back pain	8	3
<b>Central and Peripheral Nervous System</b>		
Convulsions	23	5
Hemiparesis	18	6
Dizziness	12	1
Coordination abnormal	11	1
Amnesia	10	4
Insomnia	10	
Paresthesia	9	1
Somnolence	9	3
Paresis	8	3
Urinary incontinence	8	2
Ataxia	8	2
Dysphasia	7	1
Convulsions local	6	
Gait abnormal	6	1
Confusion	5	
<b>Cardiovascular</b>		
Edema peripheral	11	1
<b>Resistance Mechanism</b>		
Infection viral	11	
<b>Endocrine</b>		
Adrenal hypercorticism	8	
<b>Respiratory System</b>		
Upper respiratory tract infection	8	
Pharyngitis	8	
Sinusitis	6	
Coughing	5	
<b>Skin and Appendages</b>		
Rash	8	
Pruritus	8	1
<b>Urinary System</b>		
Urinary tract infection	8	
Micturition increased frequency	6	
<b>Psychiatric</b>		

Anxiety	7	1
Depression	6	
<b>Reproductive Disorders</b>		
Breast pain, female	6	
<b>Metabolic</b>		
Weight increase	5	
<b>Musculoskeletal System</b>		
Myalgia	5	
<b>Vision</b>		
Diplopia	5	
Vision abnormal*	5	

\* This term includes blurred vision; visual deficit; vision changes; and vision troubles.

**TABLE 5: Grade 3 to 4 Adverse Hematologic Laboratory Abnormalities in Refractory Anaplastic Astrocytoma Trial**

	<b>TEMODAR**†</b>
Decreased lymphocytes	55%
Decreased platelets	19%
Decreased neutrophils	14%
Decreased leukocytes	11%
Decreased hemoglobin	4%

\* Change from Grade 0 to 2 at baseline to Grade 3 or 4 during treatment.

† Denominator range= 142, 158

#### Hematological Toxicities for Advanced Gliomas:

In clinical trial experience with 110 to 111 females and 169 to 174 males (depending on measurements), females experienced higher rates of Grade 4 neutropenia (ANC  $<0.5 \times 10^9/L$ ) and thrombocytopenia ( $<20 \times 10^9/L$ ) than males in the first cycle of therapy (12% vs. 5% and 9% vs. 3%, respectively).

In the entire safety database for which hematologic data exist (N=932), 7% (4/61) and 9.5% (6/63) of patients  $>70$  years experienced Grade 4 neutropenia or thrombocytopenia in the first cycle, respectively. For patients  $\leq 70$  years, 7% (62/871) and 5.5% (48/879) experienced Grade 4 neutropenia or thrombocytopenia in the first cycle, respectively. Pancytopenia, leukopenia, and anemia also occurred.

#### Adverse reactions with TEMODAR for injection

Adverse reactions that were reported in 35 patients who received TEMODAR for injection that were not reported in patients who received TEMODAR capsules were pain, irritation, pruritus, warmth, swelling, and erythema at infusion site; petechiae; and hematoma.

#### **6.2 Postmarketing Experience**

The following adverse reactions have been identified during post-approval use of TEMODAR. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to the drug exposure.

Dermatologic: Toxic epidermal necrolysis and Stevens-Johnson syndrome

Immune System: Hypersensitivity reactions, including anaphylaxis. Erythema multiforme, which resolved after discontinuation of TEMODAR and, in some cases, recurred upon rechallenge.

Hematopoietic: Prolonged pancytopenia, which may result in aplastic anemia and fatal outcomes.

Hepatobiliary: Fatal and severe hepatotoxicity, elevation of liver enzymes, hyperbilirubinemia, cholestasis, and hepatitis.

Infections: Serious opportunistic infections, including some cases with fatal outcomes, with bacterial, viral (primary and reactivated), fungal, and protozoan organisms.

Pulmonary: Interstitial pneumonitis, pneumonitis, alveolitis, and pulmonary fibrosis.

Endocrine: Diabetes insipidus

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

#### Risk Summary

Based on its mechanism of action [see *Clinical Pharmacology (12.1)*] and findings from animal studies, TEMODAR can cause fetal harm when administered to a pregnant woman. Available postmarketing reports describe cases of spontaneous abortions and congenital malformations, including polymalformations with central nervous system, facial, cardiac, skeletal, and genitourinary system anomalies with exposure to TEMODAR during pregnancy. These cases report similar adverse developmental outcomes to those observed in animal studies. Administration of TEMODAR to rats and rabbits during the period of organogenesis caused numerous external, internal, and skeletal malformations at doses less than the maximum human dose based on body surface area (see *Data*). Advise pregnant women of the potential risk to a fetus.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

#### Data

##### *Animal Data*

Five consecutive days of oral administration of temozolomide at doses of 75 and 150 mg/m<sup>2</sup> (0.38 and 0.75 times the human dose of 200 mg/m<sup>2</sup>) in rats and rabbits, respectively, during the period of organogenesis (Gestation Days 8-12) caused numerous malformations of the external and internal organs and skeleton in both species. In rabbits, temozolomide at the 150 mg/m<sup>2</sup> dose (0.75 times the human dose of 200 mg/m<sup>2</sup>) caused embryoletality as indicated by increased resorptions.

### 8.2 Lactation

There are no data on the presence of TEMODAR or its metabolites in human milk, the effects on a breastfed child, or the effects on milk production. Because of the potential for serious adverse reactions, including myelosuppression from temozolomide in the breastfed children, advise women not to breastfeed during treatment with TEMODAR and for at least 1 week after the final dose.

### 8.3 Females and Males of Reproductive Potential

#### Pregnancy Testing

Verify pregnancy status in females of reproductive potential prior to initiating TEMODAR [see *Use in Specific Populations (8.1)*].

#### Contraception

##### *Females*

TEMODAR can cause embryo-fetal harm when administered to a pregnant woman [see *Use in Specific Populations (8.1)*]. Advise females of reproductive potential to use effective contraception during treatment with TEMODAR and for at least 6 months after the last dose.

##### *Males*

Because of the potential for embryofetal toxicity and genotoxic effects on sperm cells, advise male patients with pregnant partners or female partners of reproductive potential to use condoms during treatment with TEMODAR and for at least 3 months after the final dose [see *Use in Specific Populations (8.1)*, *Nonclinical Toxicology (13.1)*].

Advise male patients not to donate semen during treatment with TEMODAR and for at least 3 months after the final dose.

#### Infertility

TEMODAR may impair male fertility [see *Nonclinical Toxicology (13.1)*]. Limited data from male patients show changes in sperm parameters during treatment with TEMODAR; however, no information is available on the duration or reversibility of these changes.

### 8.4 Pediatric Use

Safety and effectiveness of TEMODAR have not been established in pediatric patients. Safety and effectiveness of TEMODAR capsules were assessed, but not established, in 2 open-label studies in pediatric patients aged 3 to 18 years. In one study, 29 patients with recurrent brain stem glioma and 34 patients with recurrent high-grade astrocytoma were enrolled. In a second study conducted by the Children's Oncology Group (COG), 122 patients were enrolled, including patients with medulloblastoma/PNET (29), high grade astrocytoma (23), low grade astrocytoma (22), brain stem glioma (16), ependymoma (14), other CNS tumors (9), and non-CNS tumors (9). The adverse reaction profile in pediatric patients was similar to adults.

### 8.5 Geriatric Use

In the Newly Diagnosed Glioblastoma trial, Study MK-7365-051, 15% of patients were 65 years and older. This study did not include sufficient numbers of patients aged 65 years and older to determine differences in effectiveness from younger patients. No overall differences in safety were observed between patients ≥65 years and younger patients.

In the Refractory Anaplastic Astrocytoma trial, Study MK-7365-0006, 4% of patients were 70 years and older. This study did not include sufficient numbers of patients aged 70 years and older to determine differences in effectiveness from younger patients. Patients 70 years and older had a higher incidence of Grade 4 neutropenia (25%) and Grade 4 thrombocytopenia (20%) in the first cycle of therapy than patients less than 70 years of age [see *Warnings and Precautions (5.1)*, *Adverse Reactions (6.1)*].

### 8.6 Renal Impairment

No dosage adjustment is recommended for patients with creatinine clearance (CL<sub>cr</sub>) of 36 to 130 mL/min/m<sup>2</sup> [see *Clinical Pharmacology* (12.3)]. The recommended dose of TEMODAR has not been established for patients with severe renal impairment (CL<sub>cr</sub> <36 mL/min/m<sup>2</sup>) or for patients with end-stage renal disease on dialysis.

### 8.7 Hepatic Impairment

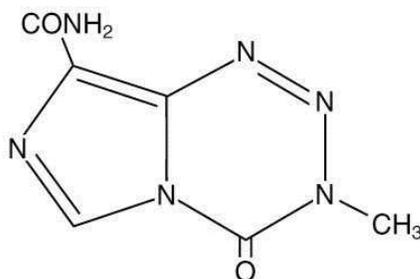
No dosage adjustment is recommended for patients with mild to moderate hepatic impairment (Child Pugh class A and B) [see *Clinical Pharmacology* (12.3)]. The recommended dose of TEMODAR has not been established for patients with severe hepatic impairment (Child-Pugh class C).

### 10 OVERDOSAGE

Dose-limiting toxicity was myelosuppression and was reported with any dose but is expected to be more severe at higher doses. An overdose of 2000 mg per day for 5 days was taken by one patient and the adverse reactions reported were pancytopenia, pyrexia, multi-organ failure, and death. There are reports of patients who have taken more than 5 days of treatment (up to 64 days), with adverse reactions reported including myelosuppression, which in some cases was severe and prolonged, and infections and resulted in death. In the event of an overdose, monitor complete blood count and provide supportive measures as necessary.

### 11 DESCRIPTION

Temozolomide is an alkylating drug. The chemical name of temozolomide is 3,4-dihydro-3-methyl-4-oxoimidazo[5,1-d]-as-tetrazine-8-carboxamide. The structural formula of temozolomide is:



The material is a white to light tan/light pink powder with a molecular formula of C<sub>6</sub>H<sub>6</sub>N<sub>6</sub>O<sub>2</sub> and a molecular weight of 194.15. The molecule is stable at acidic pH (<5) and labile at pH >7; hence TEMODAR can be administered orally and intravenously. The prodrug, temozolomide, is rapidly hydrolyzed to the active 5-(3-methyltriazene-1-yl) imidazole-4-carboxamide (MTIC) at neutral and alkaline pH values, with hydrolysis taking place even faster at alkaline pH.

#### TEMODAR capsules

TEMODAR (temozolomide) capsules for oral use contains either 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, or 250 mg of temozolomide. The inactive ingredients are as follows:

- **TEMODAR 5 mg:** lactose anhydrous (132.8 mg), colloidal silicon dioxide (0.2 mg), sodium starch glycolate (7.5 mg), tartaric acid (1.5 mg), and stearic acid (3 mg).
- **TEMODAR 20 mg:** lactose anhydrous (182.2 mg), colloidal silicon dioxide (0.2 mg), sodium starch glycolate (11 mg), tartaric acid (2.2 mg), and stearic acid (4.4 mg).
- **TEMODAR 100 mg:** lactose anhydrous (175.7 mg), colloidal silicon dioxide (0.3 mg), sodium starch glycolate (15 mg), tartaric acid (3 mg), and stearic acid (6 mg).
- **TEMODAR 140 mg:** lactose anhydrous (246 mg), colloidal silicon dioxide (0.4 mg), sodium starch glycolate (21 mg), tartaric acid (4.2 mg), and stearic acid (8.4 mg).
- **TEMODAR 180 mg:** lactose anhydrous (316.3 mg), colloidal silicon dioxide (0.5 mg), sodium starch glycolate (27 mg), tartaric acid (5.4 mg), and stearic acid (10.8 mg).
- **TEMODAR 250 mg:** lactose anhydrous (154.3 mg), colloidal silicon dioxide (0.7 mg), sodium starch glycolate (22.5 mg), tartaric acid (9 mg), and stearic acid (13.5 mg).

The body of the capsules is made of gelatin, and is opaque white. The cap is also made of gelatin, and the colors vary based on the dosage strength. The capsule body and cap are imprinted with pharmaceutical branding ink, which contains shellac, dehydrated alcohol, isopropyl alcohol, butyl alcohol, propylene glycol, purified water, strong ammonia solution, potassium hydroxide, and ferric oxide.

- **TEMODAR 5 mg:** The green cap contains gelatin, titanium dioxide, iron oxide yellow, sodium lauryl sulfate, and FD&C Blue #2.
- **TEMODAR 20 mg:** The yellow cap contains gelatin, sodium lauryl sulfate, and iron oxide yellow.
- **TEMODAR 100 mg:** The pink cap contains gelatin, titanium dioxide, sodium lauryl sulfate, and iron oxide red.
- **TEMODAR 140 mg:** The blue cap contains gelatin, sodium lauryl sulfate, and FD&C Blue #2.
- **TEMODAR 180 mg:** The orange cap contains gelatin, iron oxide red, iron oxide yellow, titanium dioxide, and sodium lauryl sulfate.
- **TEMODAR 250 mg:** The white cap contains gelatin, titanium dioxide, and sodium lauryl sulfate.

## TEMODAR for injection

TEMODAR (temozolomide) for injection is for intravenous use. Each single-dose vial contains 100 mg of sterile and pyrogen-free lyophilized powder. The inactive ingredients are: mannitol (600 mg), L-threonine (160 mg), polysorbate 80 (120 mg), sodium citrate dihydrate (235 mg), and hydrochloric acid (160 mg).

## **12 CLINICAL PHARMACOLOGY**

### **12.1 Mechanism of Action**

Temozolomide is not directly active but undergoes rapid nonenzymatic conversion at physiologic pH to the reactive compound 5-(3-methyltriazen-1-yl)-imidazole-4-carboxamide (MTIC). The cytotoxicity of MTIC is thought to be primarily due to alkylation of DNA. Alkylation (methylation) occurs mainly at the O<sup>6</sup> and N<sup>7</sup> positions of guanine.

### **12.3 Pharmacokinetics**

Following a single oral dose of 150 mg/m<sup>2</sup>, the mean C<sub>max</sub> value for temozolomide was 7.5 mcg/mL and for MTIC was 282 ng/mL. The mean AUC value for temozolomide was 23.4 mcg·hr/mL and for MTIC was 864 ng·hr/mL.

Following a single 90-minute intravenous infusion of 150 mg/m<sup>2</sup>, the mean C<sub>max</sub> value for temozolomide was 7.3 mcg/mL and for MTIC was 276 ng/mL. The mean AUC value for temozolomide was 24.6 mcg·hr/mL and for MTIC was 891 ng·hr/mL.

Temozolomide exhibits linear kinetics over the therapeutic dosing range of 75 mg/m<sup>2</sup>/day to 250 mg/m<sup>2</sup>/day.

#### Absorption

The median T<sub>max</sub> is 1 hour.

#### *Effect of Food*

The mean C<sub>max</sub> and AUC decreased by 32% and 9%, respectively, and median T<sub>max</sub> increased by 2-fold (from 1 to 2.25 hours) when TEMODAR capsules were administered after a modified high-fat breakfast (587 calories comprised of 1 fried egg, 2 strips of bacon, 2 slices of toast, 2 pats of butter, and 8 oz whole milk).

#### Distribution

Temozolomide has a mean apparent volume of distribution of 0.4 L/kg (%CV=13%). The mean percent bound of drug-related total radioactivity is 15%.

#### Elimination

Clearance of temozolomide is about 5.5 L/hr/m<sup>2</sup> and the mean elimination half-life is 1.8 hours.

#### *Metabolism*

Temozolomide is spontaneously hydrolyzed at physiologic pH to the active species, MTIC and to temozolomide acid metabolite. MTIC is further hydrolyzed to 5-amino-imidazole-4-carboxamide (AIC), which is known to be an intermediate in purine and nucleic acid biosynthesis, and to methylhydrazine, which is believed to be the active alkylating species. Cytochrome P450 enzymes play only a minor role in the metabolism of temozolomide and MTIC. Relative to the AUC of temozolomide, the exposure to MTIC and AIC is 2.4% and 23%, respectively.

#### *Excretion*

About 38% of the administered temozolomide total radioactive dose is recovered over 7 days: 38% in urine and 0.8% in feces. The majority of the recovery of radioactivity in urine is unchanged temozolomide (6%), AIC (12%), temozolomide acid metabolite (2.3%), and unidentified polar metabolite(s) (17%).

#### Specific Populations

No clinically meaningful differences in the pharmacokinetics of temozolomide were observed based on age (range: 19 to 78 years), gender, smoking status (smoker vs. non-smoker), creatinine clearance (CL<sub>Cr</sub>) of 36 to 130 mL/min/m<sup>2</sup>, or mild to moderate hepatic impairment (Child Pugh class A and B). The pharmacokinetics of temozolomide has not been studied in patients with CL<sub>Cr</sub> <36 mL/min/m<sup>2</sup>, end-stage renal disease on dialysis, or severe hepatic impairment (Child-Pugh class C).

#### Drug Interaction Studies

##### *Effect of Other Drugs on Temozolomide Pharmacokinetics:*

In a multiple-dose study, administration of TEMODAR capsules with ranitidine did not change the C<sub>max</sub> or AUC values for temozolomide or MTIC.

A population analysis indicated that administration of valproic acid decreases the clearance of temozolomide by about 5%.

A population analysis did not demonstrate any influence of coadministered dexamethasone, prochlorperazine, phenytoin, carbamazepine, ondansetron, histamine-2-receptor antagonists, or phenobarbital on the clearance of orally administered TEMODAR.

## **13 NONCLINICAL TOXICOLOGY**

### **13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

Temozolomide is carcinogenic in rats at doses less than the maximum recommended human dose. Temozolomide induced mammary carcinomas in both males and females at doses 0.13 to 0.63 times the maximum human dose (25-125 mg/m<sup>2</sup>) when administered orally on 5 consecutive days every 28 days for 6 cycles. Temozolomide also induced fibrosarcomas of the heart, eye, seminal vesicles, salivary glands, abdominal cavity, uterus, and prostate, carcinomas of the seminal vesicles, schwannomas of the heart, optic nerve, and parathyroid gland, and adenomas of the skin, lung, pituitary, and thyroid at doses 0.5 times the maximum daily dose. Mammary tumors were also induced following 3 cycles of temozolomide at the maximum recommended daily dose.

Temozolomide is a mutagen and a clastogen. In a reverse bacterial mutagenesis assay (Ames assay), temozolomide increased revertant frequency in the absence and presence of metabolic activation. Temozolomide was clastogenic in human lymphocytes in the presence and absence of metabolic activation.

Temozolomide impairs male fertility. Temozolomide caused syncytial cells/immature sperm formation at doses of 50 and 125 mg/m<sup>2</sup> (0.25 and 0.63 times the human dose of 200 mg/m<sup>2</sup>) in rats and dogs, respectively, and testicular atrophy in dogs at 125 mg/m<sup>2</sup>.

### **13.2 Animal Toxicology and/or Pharmacology**

Toxicology studies in rats and dogs identified a low incidence of hemorrhage, degeneration, and necrosis of the retina at temozolomide doses equal to or greater than 125 mg/m<sup>2</sup> (0.63 times the human dose of 200 mg/m<sup>2</sup>). These changes were most commonly seen at doses where mortality was observed.

## **14 CLINICAL STUDIES**

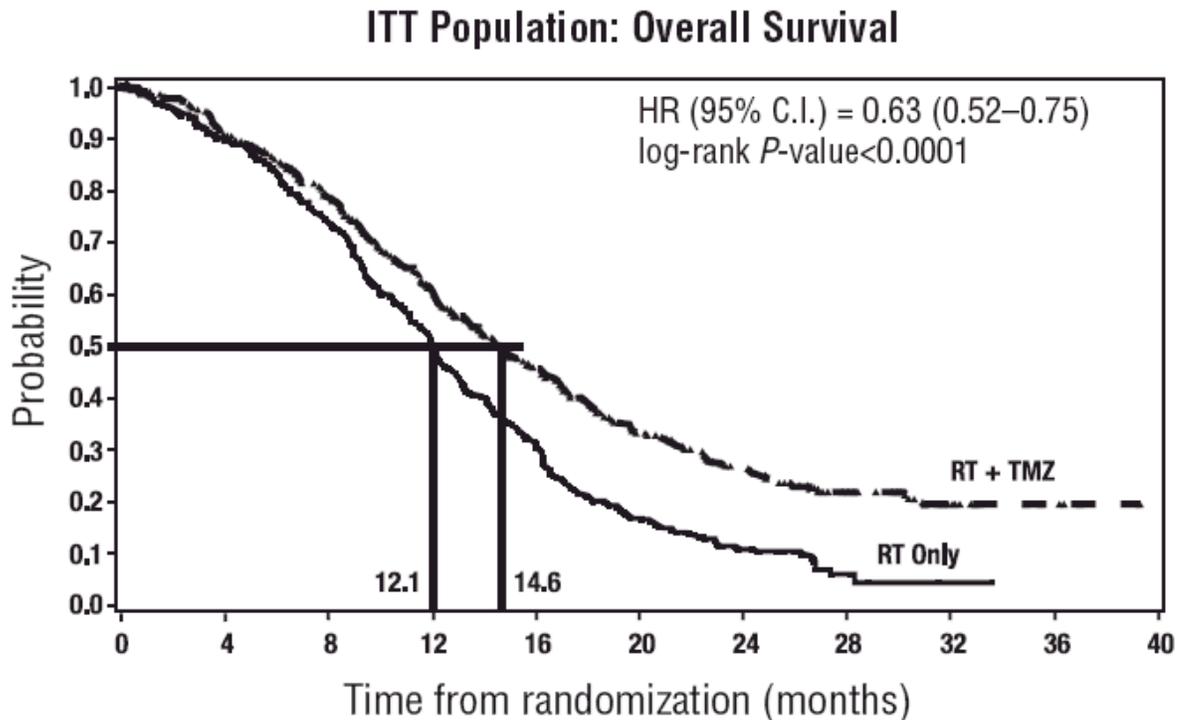
### **14.1 Newly Diagnosed Glioblastoma**

The efficacy of TEMODAR was evaluated in Study MK-7365-051, a randomized (1:1), multicenter, open-label trial. Eligible patients were required to have newly diagnosed glioblastoma. Patients were randomized to receive either radiation therapy alone or concomitant TEMODAR 75 mg/m<sup>2</sup> once daily starting the first day of radiation therapy and continuing until the last day of radiation therapy for 42 days (with a maximum of 49 days), followed by TEMODAR 150 mg/m<sup>2</sup> or 200 mg/m<sup>2</sup> once daily on Days 1 to 5 of each 28-day cycle, starting 4 weeks after the end of radiation therapy and continuing for 6 cycles. In both arms, focal radiation therapy was delivered as 60 Gy/30 fractions and included radiation to the tumor bed or resection site with a 2- to 3-cm margin. PCP prophylaxis was required during the concomitant phase regardless of lymphocyte count and continued until recovery of lymphocyte count to Grade 1 or less. The major efficacy outcome measure was overall survival.

A total of 573 patients were randomized, 287 to TEMODAR and radiation therapy and 286 to radiation therapy alone. At the time of disease progression, TEMODAR was administered as salvage therapy in 161 patients of the 282 (57%) in the radiation therapy alone arm and 62 patients of the 277 (22%) in the TEMODAR and radiation therapy arm.

The addition of concomitant and maintenance TEMODAR to radiation therapy for the treatment of patients with newly diagnosed glioblastoma showed a statistically significant improvement in overall survival compared to radiotherapy alone (**Figure 1**). The hazard ratio (HR) for overall survival was 0.63 (95% CI: 0.52, 0.75) with a log-rank  $P < 0.0001$  in favor of the TEMODAR arm. The median survival was increased by 2.5 months in the TEMODAR arm.

FIGURE 1: Kaplan-Meier Curves for Overall Survival (ITT Population) in Newly Diagnosed Glioblastoma Trial



#### 14.2 Refractory Anaplastic Astrocytoma

The efficacy of TEMODAR was evaluated in Study MK-7365-006, a single-arm, multicenter trial. Eligible patients had anaplastic astrocytoma at first relapse and a baseline Karnofsky performance status (KPS) of 70 or greater. Patients had previously received radiation therapy and may also have previously received a nitrosourea with or without other chemotherapy. Fifty-four patients had disease progression on prior therapy with both a nitrosourea and procarbazine and their malignancy was considered refractory to chemotherapy (refractory anaplastic astrocytoma population). TEMODAR capsules were given on Days 1 to 5 of each 28-day cycle at a starting dose of 150 mg/m<sup>2</sup>/day. If ANC was  $\geq 1.5 \times 10^9$ /L and platelet count was  $\geq 100 \times 10^9$ /L at the nadir and on Day 1 of the next cycle, the TEMODAR dose was increased to 200 mg/m<sup>2</sup>/day. The major efficacy outcome measure was progression-free survival at 6 months and the additional efficacy outcome measures were overall survival and overall response rate.

In the refractory anaplastic astrocytoma population (n=54), the median age was 42 years (range: 19 to 76); 65% were male; and 72% had a KPS of >80. Sixty-three percent of patients had surgery other than a biopsy at the time of initial diagnosis. Of those patients undergoing resection, 73% underwent a subtotal resection and 27% underwent a gross total resection. Eighteen percent of patients had surgery at the time of first relapse. The median time from initial diagnosis to first relapse was 13.8 months (range: 4.2 months to 6.3 years).

In the refractory anaplastic astrocytoma population, the overall response rate (CR+PR) was 22% (12 of 54 patients) and the complete response rate was 9% (5 of 54 patients). The median duration of all responses was 50 weeks (range: 16 to 114 weeks) and the median duration of complete responses was 64 weeks (range: 52 to 114 weeks). In this population, progression-free survival at 6 months was 45% (95% CI: 31%, 58%) and progression-free survival at 12 months was 29% (95% CI: 16%, 42%). Median progression-free survival was 4.4 months. Overall survival at 6 months was 74% (95% CI: 62%, 86%) and 12-month overall survival was 65% (95% CI: 52%, 78%). Median overall survival was 15.9 months.

#### 15 REFERENCES

1. "OSHA Hazardous Drugs." OSHA. <http://www.osha.gov/SLTC/hazardousdrugs/index>.

#### 16 HOW SUPPLIED/STORAGE AND HANDLING

TEMODAR is a cytotoxic drug. Follow applicable special handling and disposal procedures.<sup>1</sup>

##### TEMODAR capsules

TEMODAR capsules are supplied in child-resistant sachets containing the following capsule strengths:

**5 mg:** opaque white bodies with green caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR". They are supplied as follows:

- 5-count – NDC 0085-3004-03
- 14-count – NDC 0085-3004-04

**20 mg:** opaque white bodies with yellow caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR". They are supplied as follows:

5-count – NDC 0085-1519-03  
14-count – NDC 0085-1519-04

*100 mg*: opaque white bodies with pink caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR". They are supplied as follows:

5-count – NDC 0085-1366-03  
14-count – NDC 0085-1366-04

*140 mg*: opaque white bodies with blue caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR". They are supplied as follows:

5-count – NDC 0085-1425-03  
14-count – NDC 0085-1425-04

*180 mg*: opaque white bodies with orange caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR". They are supplied as follows:

5-count – NDC 0085-1430-03  
14-count – NDC 0085-1430-04

*250 mg*: opaque white bodies with white caps. The capsule body is imprinted with two stripes, the dosage strength, and the Schering-Plough logo. The cap is imprinted with "TEMODAR". They are supplied as follows:

5-count – NDC 0085-1417-02

Store TEMODAR Capsules at 25°C (77°F); excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].

#### TEMODAR for injection

TEMODAR for injection is supplied in single-dose glass vials containing 100 mg temozolomide. The lyophilized powder is white to light tan/light pink.

NDC 0085-1381-01

Store TEMODAR for injection refrigerated at 2°C to 8°C (36°F to 46°F).

### **17 PATIENT COUNSELING INFORMATION**

Advise the patient to read the FDA-approved patient labeling (Patient Information).

#### Myelosuppression

Inform patients that TEMODAR can cause low blood cell counts and the need for frequent monitoring of blood cell counts. Advise patients to contact their healthcare provider immediately for bleeding, fever, or other signs of infection [see *Warnings and Precautions* (5.1)].

#### Myelodysplastic Syndrome and Secondary Malignancies

Advise patients of the increased risk of myelodysplastic syndrome and secondary malignancies [see *Warnings and Precautions* (5.2)].

#### Pneumocystis Pneumonia

Advise patients of the increased risk of Pneumocystis pneumonia and to contact their healthcare provider immediately for new or worsening pulmonary symptoms. Inform patients that prophylaxis for Pneumocystis pneumonia may be needed [see *Dosage and Administration* (2.1), *Warnings and Precautions* (5.3)].

#### Hepatotoxicity

Advise patients of the increased risk of hepatotoxicity and to contact their healthcare provider immediately for signs or symptoms of hepatotoxicity [see *Warnings and Precautions* (5.4)].

#### Administration Instructions

Advise patient to not open capsules. If capsules are accidentally opened or damaged, advise patients to take rigorous precautions with capsule contents to avoid inhalation or contact with the skin or mucous membranes. In case of powder contact, the hands should be washed [see *Dosage and Administration* (2.3)].

#### Embryo-Fetal Toxicity

Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females to inform their healthcare provider of a known or suspected pregnancy [see *Warnings and Precautions* (5.5), *Use in Specific Populations* (8.1)].

Advise females of reproductive potential to use effective contraception during treatment with TEMODAR and for at least 6 months after the last dose [see *Use in Specific Populations* (8.3)].

Advise male patients with pregnant partners or female partners of reproductive potential to use condoms during treatment with TEMODAR and for at least 3 months after the final dose [see *Use in Specific Populations* (8.3), *Nonclinical Toxicology* (13.1)].

Advise male patients not to donate semen during treatment with TEMODAR and for at least 3 months after the final dose [see *Use in Specific Populations* (8.3), *Nonclinical Toxicology* (13.1)].

Lactation

Advise women not to breastfeed during treatment with TEMODAR and for at least 1 week after the final dose [see *Use in Specific Populations (8.2)*].

Infertility

Advise males of reproductive potential that TEMODAR may impair fertility [see *Use in Specific Populations (8.3), Nonclinical Toxicology (13.1)*].

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