

Leuprolide mesylate (Camcevi®)

Place of Service

Office Administration

Infusion Center Administration

Outpatient Facility Administration

HCPCS: J1952 per 1 mg

Condition(s) listed in policy (see criteria for details)

- [Gender dysphoria in adolescents](#)
- [Prostate cancer, advanced](#)

AHFS therapeutic class: Gonadotropin

Mechanism of action: Gonadotropin releasing hormone (GnRH) agonist

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Camcevi® (leuprolide mesylate) not listed in section (3) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Gender dysphoria in adolescents

Covered Doses

Up to 42 mg leuprolide SC once every 6 months

Coverage Period

Indefinite

ICD-10:

F64.1, F64.2, F64.9

Prostate cancer, advanced

Covered Doses

Up to 42 mg leuprolide SC once every 6 months

Coverage Period

Indefinite

ICD-10:

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Camcevi® (leuprolide mesylate) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

42 mg of leuprolide mesylate in prefilled syringe

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of Transgender Health (2022); 23(S1). S1-S260.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com>
- Camcevi® (leuprolide mesylate) [Prescribing Information]. Raleigh, NC: Accord BioPharma Inc.; 3/2024.
- Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, Rosenthal SM, Safer JD, Tangpricha V, T'Sjoen GG. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2017;102(11):3869-3903.
- National Comprehensive Cancer Network. Prostate Cancer (Version 3.2024). Available at: <http://www.nccn.org>.

(7) Policy Update

Date of last review: 2Q2024

Date of next review: 2Q2025

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*