blue california
Promise Health Plan

leuprolide mesylate (Camcevi)

Medical Benefit Drug Policy

For oncology-related indications, coverage will be made based on medical necessity. Medical necessity determinations are made based on U.S. Food and Drug Administration (FDA) labeling, peer-reviewed medical literature, Medi-Cal coverage guidelines, and Centers for Medicare & Medicaid Services (CMS) approved compendia support (i.e., Clinical Pharmacology, National Comprehensive Cancer Network® (NCCN), American Hospital Formulary Service Drug Information, Thomson Micromedex DrugDex,® and Lexicomp®).

Place of Service

Infusion Center Administration
Office Administration
Outpatient Facility Administration

Drug Details

USP Category: ANTINEOPLASTICS
Mechanism of Action: Gonadotropin releasing hormone (GnRH) agonist
HCPCS:
J1952:Leuprolide injectable, camcevi, 1 mg
How Supplied:
42 mg of leuprolide mesylate in prefilled syringe

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

- Gender Dysphoria in Adolescents

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria
The following condition(s) require Prior Authorization/Preservice.

Gender Dysphoria in Adolescents
Meets medical necessity if all the following are met:

Covered Doses:

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Not to exceed 42 mg leuprolide subcutaneously once every 6 months

Coverage Period:
Yearly, based on continued response to therapy

ICD-10:
F64.1, F64.2, F64.9

References

1. AHFS. Available by subscription at http://www.lexi.com
2. 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.
3. DrugDex. Available by subscription at http://www.micromedexsolutions.com
4. Camcevi (leuprolide mesylate) Prescribing Information. Accord BioPharma Inc., Raleigh, NC: 2/2026.
5. 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.

Review History

Date of Last Annual Review: 2Q2026
Changes from previous policy version:

- No clinical change following annual review.

Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee