



**BlueCross
BlueShield**

Federal Employee Program.

LEUPROLIDE

leuprolide acetate 1mg/0.2mL

Eligard, Fensolvi, Leuprolide Acetate Depot, Lupron Depot (leuprolide acetate)
Camcevi (leuprolide mesylate)

Pre - PA Allowance

None

Prior-Approval Requirements

When used for medically assisted reproduction the use of Leuprolide is limited to 3 cycles per benefit year for in vitro fertilization procedures. There are no cycle limits when used for artificial insemination procedures.

Diagnoses

Female

Patient must have **ONE** of the following:

1. Infertility, **NOT** used in conjunction with assisted reproductive technology (ART) procedures
2. Infertility, used in conjunction with assisted reproductive technology (ART) procedures which include but are not limited to:
 - i. Artificial insemination (AI), including the following:
 1. Intravaginal insemination (IVI)
 2. Intracervical insemination (ICI)
 3. Intrauterine insemination (IUI)
 - ii. In vitro fertilization (IVF), including the following:
 1. Embryo transfer and gamete intrafallopian transfer (GIFT)
 2. Zygote intrafallopian transfer (ZIFT)
 3. Intracytoplasmic sperm injection (ICSI)
3. Fensolvi **only**:
 - a. Central precocious puberty (CPP)
 - i. 2 years of age or older
4. Lupron Depot and Leuprolide Acetate Depot **only**:
 - a. Central precocious puberty (CPP)
 - i. 2 years of age or older
 - b. Endometriosis
 - c. Uterine fibroids
 - d. Breast cancer

Male

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Camcevi (leuprolide mesylate)

Patient must have **ONE** of the following:

1. Camcevi, Eligard and leuprolide acetate 1mg/0.2mL **only**:
 - a. Advanced prostate cancer
 - i. 18 years of age or older
2. Fensolvi **only**:
 - a. Central precocious puberty (CPP)
 - i. 2 years of age or older
3. Lupron Depot and Leuprolide Acetate Depot **only**:
 - a. Central precocious puberty (CPP)
 - i. 2 years of age or older
 - b. Advanced prostate cancer
 - i. 18 years of age or older
 - c. Breast cancer

AND NOT used for the following for both males and females:

1. Weight loss
2. Anti-aging effects
3. Performance (athletic) enhancement
4. Erectile or sexual dysfunction

Diagnosis

Patient must have the following:

Gender Dysphoria (GD)

Prior - Approval Limits

When used for medically assisted reproduction the use of Leuprolide is limited to 3 cycles per benefit year for *in vitro* fertilization procedures. There are no cycle limits when used for artificial insemination procedures.

Diagnosis	Duration
Gender Dysphoria	Age < 19 years: End of plan year Age ≥ 19 years: 2 years
ART - IVF procedures	4 months
ART - AI procedures	12 months
All other indications	12 months



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Camcevi (leuprolide mesylate)**

Prior – Approval *Renewal* Requirements

Diagnoses

Female

Patient must have **ONE** of the following:

1. Infertility, **NOT** used in conjunction with assisted reproductive technology (ART) procedures
2. Infertility, used in conjunction with assisted reproductive technology (ART) procedures which include but are not limited to:
 1. Artificial insemination (AI), including the following:
 - a. Intravaginal insemination (IVI)
 - b. Intracervical insemination (ICI)
 - c. Intrauterine insemination (IUI)
 2. In vitro fertilization (IVF), including the following:
 - a. Embryo transfer and gamete intrafallopian transfer (GIFT)
 - b. Zygote intrafallopian transfer (ZIFT)
 - c. Intracytoplasmic sperm injection (ICSI)
3. Fensolvi **only**:
 - a. Central precocious puberty (CPP)
 - i. 2 years of age or older
4. Lupron Depot and Leuprolide Acetate Depot **only**:
 - a. Central precocious puberty (CPP)
 - i. 2 years of age or older
 - b. Endometriosis
 - c. Uterine fibroids
 - d. Breast cancer

Male

Patient must have **ONE** of the following:

1. Camcevi, Eligard and leuprolide acetate 1mg/0.2mL **only**:
 - a. Advanced prostate cancer
 - i. 18 years of age or older



LEUPROLIDE

leuprolide acetate 1mg/0.2mL

**Eligard, Fensolvi, Leuprolide Acetate Depot, Lupron Depot (leuprolide acetate)
Camcevi (leuprolide mesylate)**

2. Fensolvi **only**:
 - a. Central precocious puberty (CPP)
 - i. 2 years of age or older
3. Lupron Depot and Leuprolide Acetate Depot **only**:
 - a. Central precocious puberty (CPP)
 - i. 2 years of age or older
 - b. Advanced prostate cancer
 - i. 18 years of age or older
 - c. Breast cancer

AND NOT used for the following for both males and females:

1. Weight loss
2. Anti-aging effects
3. Performance (athletic) enhancement
4. Erectile or sexual dysfunction

Diagnosis

Patient must have the following:

Gender Dysphoria (GD)

Prior - Approval *Renewal* Limits

Diagnosis	Duration
Gender Dysphoria	Age < 19 years: End of plan year Age ≥ 19 years: 2 years
ART - IVF procedures	4 months* * ONLY two renewals every calendar year
ART - AI procedures	12 months
All other indications	12 months