



**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

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## **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

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## 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	<b>Age &lt; 19 years:</b> End of plan year <b>Age ≥ 19 years:</b> 2 years
ART - IVF procedures	4 months
ART - AI procedures	12 months
All other indications	12 months



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## **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



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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

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### **Diagnosis**

Patient must have the following:

Gender Dysphoria (GD)

### **Prior - Approval *Renewal* Limits**

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