

Reference number(s)

4763-A

Specialty Guideline Management Camcevi

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Camcevi ETM	leuprolide mesylate
Camcevi Kit	leuprolide mesylate

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indication^{1,2}

Camcevi is indicated for the treatment of adult patients with advanced prostate cancer.

Compendial Uses³

- Prostate Cancer
- Salivary Gland Tumor

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Camcevi SGM 4763-A P2025a.docx

© 2025 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Prostate Cancer¹⁻³

Authorization of 12 months may be granted for treatment of prostate cancer.

Salivary Gland Tumor³

Authorization of 12 months may be granted for treatment of recurrent, unresectable, or metastatic salivary gland tumor as a single agent or in combination with abiraterone and prednisone when the tumor is androgen receptor positive.

Continuation of Therapy

Prostate Cancer

Authorization of 12 months may be granted for continued treatment of prostate cancer in members requesting reauthorization who are experiencing clinical benefit to therapy (e.g., serum testosterone less than 50 ng/dL) and who have not experienced an unacceptable toxicity.

Salivary Gland Tumor

Authorization of 12 months may be granted for continued treatment of salivary gland tumor in members requesting reauthorization when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

- 1. Camcevi [package insert]. Raleigh, NC: Accord BioPharma Inc.; February 2025.
- 2. Camcevi ETM [package insert]. Idron, France: Fareva Pau; August 2025.
- 3. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed February 4, 2025.