Reference number(s)
4763-A

SPECIALTY GUIDELINE MANAGEMENT

CAMCEVI (leuprolide mesylate)

POLICY

I. 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.

A. FDA-Approved Indication
Camcevi is indicated for the treatment of adult patients with advanced prostate cancer.

B. Compendial Use
Prostate Cancer

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

II. CRITERIA FOR INITIAL APPROVAL

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

III. CONTINUATION OF THERAPY

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

IV. REFERENCES

1. Camcevi [package insert]. Durham, NC: Accord BioPharma Inc.; May 2021.
2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed February 1, 2024.