

Clinical Policy Title:	leuprolide mesylate
Policy Number:	RxA.693
Drug(s) Applied:	Camcevi™
Original Policy Date:	08/17/2021
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All line of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Prostate Cancer (must meet all):

1. Diagnosis of advanced prostate cancer.

Approval Duration

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

A. Prostate Cancer (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network. Prostate Cancer. Version 4.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed August 28, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	08/17/2021	09/14/2021
Policy was reviewed: 1. References were reviewed and updated.	4/20/2022	07/18/2022
Policy was reviewed: 1. References were reviewed and updated.	05/26/2023	07/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions.	08/28/2024	9/13/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<ol style="list-style-type: none"> 4. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 5. Removed reauthorization requirement for positive response to therapy. 6. Updated approval duration verbiage. 7. References were reviewed and updated. 		
<p>Policy was reviewed.</p>	<p>12/05/2024</p>	<p>N/A</p>
<p>Policy reviewed.</p>	<p>12/11/2025</p>	<p>12/11/2025</p>