



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LEUPROLIDE MESYLATE (INTERIM)

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LEUPROLIDE MESYLATE	CAMCEVI	47414		GPI-10 (2140501055)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of advanced prostate cancer **AND** meet the following criterion?
- The patient is 18 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per 168 days.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **LEUPROLIDE MESYLATE (Camcevi)** requires the following rule(s) be met for approval:

- A. You have advanced prostate cancer (a type of cancer that has spread to other parts of the body)
- B. You are 18 years of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Camcevi.

REFERENCES

- Camcevi [Prescribing Information]. Durham, NC: Accord BioPharma Inc.; May 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/15/22

Created: 04/22

Client Approval:

P&T Approval: 07/22