

SPECIALTY GUIDELINE MANAGEMENT

FIRMAGON (degarelix)

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

Firmagon is indicated for the treatment of 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 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. Firmagon [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; February 2020.
2. The NCCN Drugs & Biologics Compendium®© 2024 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed February 1, 2024.