# 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. <u>FDA-Approved Indication</u> Firmagon is indicated for the treatment of patients with advanced prostate cancer.
- B. <u>Compendial Use</u> 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<sup>®</sup> © 2023 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed February 1, 2023.

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