# 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 advanced prostate cancer.
- B. <u>Compendial Uses</u> Prostate cancer

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

#### **II. CRITERIA FOR INITIAL APPROVAL**

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.

## V. REFERENCES

- 1. Firmagon [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; October 2016.
- 2. The NCCN Drugs & Biologics Compendium<sup>®</sup> © 2020 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed February 11, 2020.
- National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: prostate cancer. Version 4.2019. http://www.nccn.org/professionals/physician\_gls/pdf/prostate.pdf. Accessed February 11, 2020.

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