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| <b>Reference number(s)</b> |
| 2147-A                     |

## 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 advanced prostate cancer.

B. Compendial Uses

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® © 2020 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed February 11, 2020.
3. 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](http://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf). Accessed February 11, 2020.