

STANDARD MEDICARE PART B 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 will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

A. **Prostate cancer**

Authorization of 12 months may be granted for treatment of prostate cancer.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:

- A. The member is currently receiving therapy with Firmagon
- B. Firmagon is being used to treat an indication enumerated in Section II
- C. The member is receiving benefit from therapy. Benefit is defined as:
 - 1. No evidence of unacceptable toxicity while on the current regimen or
 - 2. No evidence of disease progression while on the current regimen

IV. REFERENCES

1. Firmagon [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; February 2020.
2. The NCCN Drugs & Biologics Compendium® © 2021 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed February 16, 2021.