

Reference number(s)
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 are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

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 meet all initial authorization criteria.

V. REFERENCES

1. Firmagon [package insert]. Parsippany, NJ: Ferring Pharmaceuticals; October 2016.
2. The NCCN Drugs & Biologics Compendium® © 2017 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed November 29, 2017.
3. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: prostate cancer. Version 2.2017. http://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed November 29, 2017.