SmartHealth Ascension

Degarelix

(Firmagon®) J9155 (1mg)

Covered with prior authorization

Degarelix (Firmagon®) may be authorized when the following criteria are met:

Prostate Cancer
Individual meets one of the following:

- Degarelix is used as androgen deprivation therapy as a single agent or in combination with an antiandrogen; **OR**
- Degarelix is used for clinically localized disease with intermediate (T2b to T2c cancer, Gleason score of 7/Gleason grade group 2-3, or prostate specific antigen (PSA) value of 10-20 ng/mL) or higher risk of recurrence as neoadjuvant therapy with radiation therapy or cryosurgery; **OR**
- Degarelix is used for progressive castration-naïve disease; **OR**
- Degarelix is used for castration-recurrent disease; **OR**
- Other advanced, recurrent, or metastatic diseases,

AND

- Prescribed by or in consultation with a Hematology/Oncology physician

Preservation of fertility in pre-menopausal women

- Individual currently has a cancer diagnosis; **AND**
- Individual meets one of the following:
  - Individual will receive chemotherapy for cancer with a curative intent; **OR**
  - Individual will receive radiation therapy for cancer with a curative intent.

Exclusion criteria:
Requests may not be approved for the following:

- Firmagon® used as neoadjuvant therapy prior to radical prostatectomy
- Firmagon® used in pregnancy
- Product use for non-FDA approved indications or indications not supported by industry-accepted guidelines.
- Doses, durations, or dosing intervals that exceed FDA maximum limits for any FDA-approved indication or are not supported by industry-accepted practice guidelines or peer-reviewed literature for the relevant off-label use.

Initial authorization approval is up to 12 months.

Reauthorization approval is up to 12 months.

Reauthorization Criteria

Degarelix (Firmagon®) is considered medically necessary for continued use when the individual has had a positive response to therapy without unacceptable toxicity.
Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

U.S. Food and Drug Administration:
This section is to be used for informational purposes. FDA approval alone is not a basis for coverage.

Degarelix (Firmagon®) is a GnRH receptor antagonist indicated for treatment of patients with advanced prostate cancer.

References:

1. Chen H, Xiao L, Cui T, Huang W. Adjuvant gonadotropin-releasing hormone analogues for the prevention of chemotherapy induced premature ovarian failure in premenopausal women. Cochrane Database Syst Rev. 2019 Mar 3;(3):CD008018.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
3. Firmagon [Prescribing Information]. Parsippany, NY: Ferring Pharmaceuticals Inc.; 2020.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022.

Criteria History/ Revision Information:

Date	Summary of Changes
August 2022	Criteria for use summary developed by the Ascension Medical Specialty Prior Authorization Team.
September 2022	Criteria for use summary approved by the Ascension Ambulatory Care Expert Review Panel.
October 2022	Criteria for use summary approved by the Ascension Therapeutic Affinity Group.

If you have questions, call 833-980-2352 to speak to a member of the Ascension Rx prior authorization team, or email your questions to smarthealthspecialty@ascension.org.