



Firmagon[®] (degarelix) (Subcutaneous)

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I. Length of Authorization

Coverage will be provided for 12 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Starting Dose: Firmagon 120 mg single-dose vial powder for injection: 2 vials first 28 days
- Maintenance Dose: Firmagon 80 mg single-dose vial powder for injection: 1 vial every 28 days

B. Max Units (per dose and over time) [HCPCS Unit]:

- Starting Dose
 - \circ 240 billable units one time
- Maintenance Dose
 - 80 billable units every 28 days

III. Initial Approval Criteria¹

Coverage is provided in the following conditions:

• Patient is at least 18 years of age; AND

Advanced Prostate Cancer † ‡ 1,2

 \dagger FDA Approved Indication(s); \ddagger Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria¹

Coverage can be renewed based upon the following criteria:

• Patient continues to meet the indication-specific relevant criteria identified in section III; AND



- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: QT interval prolongation, severe hypersensitivity reactions, etc.

V. Dosage/Administration¹

Indication	Dose	
	Starting Dose: Administer 240 mg (given as two 120 mg subcutaneous injections)	
Advanced	for 1 dose	
Prostate Cancer	Maintenance Dose: Administer 80 mg subcutaneously 28 days after the Starting	
	Dose, and then once every 28 days thereafter	

VI. Billing Code/Availability Information

HCPCS Code:

• J9155 – Injection, degarelix, 1 mg: 1 billable unit = 1 mg

NDC:

- Firmagon 80 mg single-dose vial powder for injection Maintenance Dose Kit: 55566-8303-xx
- Firmagon 120 mg single-dose vial (2) powder for injection Starting Dose Kit: 55566-8403-xx

VII. References

- 1. Firmagon [package insert]. Parsippany, NJ; Ferring Pharmaceuticals, Inc; February 2020. Accessed October 2023.
- 2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Degaralix. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed October 2023.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description	
C61	Malignant neoplasm of prostate	
Z85.46	Personal history of malignant neoplasm of prostate	

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination



(NCD), Local Coverage Articles (LCAs), and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <u>https://www.cms.gov/medicare-coverage-database/search.aspx</u>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Administrative Contractor (MAC) Jurisdictions			
Jurisdiction	Applicable State/US Territory	Contractor	
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC	
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC	
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)	
6	MN, WI, IL	National Government Services, Inc. (NGS)	
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.	
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)	
N (9)	FL, PR, VI	First Coast Service Options, Inc.	
J (10)	TN, GA, AL	Palmetto GBA, LLC	
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC	
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.	
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)	
15	KY, OH	CGS Administrators, LLC	

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

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