

**Firmagon (degarelix)  
Effective 01/01/2026**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.			
<b>Contact Information</b>	<b>Medical Benefit</b>	Phone: 833-895-2611	Fax: 888-656-6671	
	<b>Pharmacy Benefit</b>	Phone: 800-711-4555	Fax: 844-403-1029	
<b>Exceptions</b>	N/A			

### Overview

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.

#### FDA-Approved Indication

1. Firmagon is indicated for the treatment of advanced prostate cancer.

#### Compendial Uses

1. Prostate cancer

All other indications are considered experimental/investigational and not medically necessary.

### Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted when the following criteria is met:

1. Member has a diagnosis of prostate cancer.

#### Continuation of Therapy

Reauthorization 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.

### Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

### References

1. Firmagon [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; February 2020.

2. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc.  
<http://www.nccn.org>. Accessed February 1, 2022.

**Review History**

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024

10/08/2025 – Reviewed and updated at October P&T. Updated policy to indicate it no longer applies to medical benefit. Effective 01/01/2026.

