

# Firmagon® (degarelix) (Subcutaneous)

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## I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 12 months.
- Renewal: Prior authorization validity may be renewed every 12 months thereafter

## II. Dosing Limits

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

- Starting Dose
  - 240 billable units for one dose
- Maintenance Dose
  - 80 billable units every 28 days

## III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

**Prostate Cancer † ‡ <sup>1,2</sup>**

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Ⓞ Orphan Drug

## IV. Renewal Criteria <sup>1</sup>

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/Administration <sup>1</sup>

Indication	Dose
Prostate Cancer	Starting Dose: Administer 240 mg (given as two 120 mg subcutaneous injections) for 1 dose

Maintenance Dose: Administer 80 mg subcutaneously 28 days after the starting dose, and then once every 28 days thereafter
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## VI. Billing Code/Availability Information

### HCPCS Code:

- J9155 – Injection, degarelix, 1 mg; 1 billable unit = 1 mg

### NDC(s):

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

## VII. References

1. Firmagon [package insert]. Parsippany, NJ; Ferring Pharmaceuticals, Inc; February 2020. Accessed May 2025.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Degarelix. National Comprehensive Cancer Network, 2025. 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 May 2025.

## 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)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologics. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

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

### Medicare Part B Administrative Contractor (MAC) Jurisdictions

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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
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
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