

Degarelix (Firmagon®)

Place of Service
Office Administration
Outpatient Facility Infusion
Administration
Infusion Center Administration

HCPCS: J9155 per 1mg

Condition listed in policy (see criteria for details)

- [Gender dysphoria in adolescents](#)
- [Prostate cancer, advanced or metastatic](#)

AHFS therapeutic class: Antineoplastic agent

Mechanism of action: a gonadotropin-releasing hormone (GnRH), also known as a luteinizing hormone-releasing hormone (LHRH), antagonist

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Firmagon® (degarelix) for conditions NOT listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Firmagon® (degarelix) for conditions NOT listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Gender dysphoria in adolescents

Covered Doses

Initial: 240 mg SC x1

Maintenance: Up to 80 mg SC monthly

ICD-10:

F64.0, F64.1, F64.2, F64.9

Prostate cancer, advanced or metastatic

Covered Doses

Initial: 240 mg SC x1

Maintenance: Up to 80 mg SC monthly

ICD-10:

C61, Z85.46

(4) This Medication is NOT medically necessary for the following condition(s):

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 80 mg single-dose vial (lyophilized powder in vial for reconstitution with prefilled syringe)
- 120 mg single-dose vial (lyophilized powder in vial for reconstitution with prefilled syringe)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of Transgender Health (2022); 23(S1). S1-S260.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com>
- National Comprehensive Cancer Network. Prostate Cancer (Version 3.2024). Available at <http://www.nccn.org>.
- Firmagon [Prescribing Information]. Ferring Pharmaceuticals Inc.: Parsippany, NJ. 2/2020.
- Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2017;102(11): 3869-3903.

(7) Policy Update

Date of last review: 2Q2024

Date of next review: 2Q2025

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*