

PHARMACY POLICY STATEMENT

Indiana Medicaid

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| DRUG NAME | Emflaza (deflazacort) |
| BILLING CODE | 30 Must use valid NDC code |
| BENEFIT TYPE | Pharmacy 36 mg tablets - 90 per 30 days |
| SITE OF SERVICE ALLOWED | Home |
| COVERAGE REQUIREMENTS | Prior Authorization Required (Non-Preferred Product) Alternative preferred product iProduct 22.75 mg/mL suspension – 9 bottles (117 mL) per 30 days |
| LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY | Click Here |

Emflaza (deflazacort) is a preferred product and will only be considered for coverage under the pharmacy benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

DUCHENNE MUSCULAR DYSTROPHY (DMD)

For initial authorization:

1. Member must be 2 years of age or older; AND
2. Member has diagnosis of Duchene Muscular Dystrophy
3. Dosage allowed: 0.9 mg/kg/day once daily.

If member meets all the requirements listed above, the medication will be approved for 3 months.

For reauthorization :

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes must show stability or slowed rate of decline of the member's motor function and muscle strength.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months .

CareSource considers Emflaza (deflazacort) not medically necessary for the treatment of the diseases that are not listed in this document.

| DATE | ACTION/DESCRIPTION |
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| 05/15/2017 | New policy for Emflaza created. |
| 07/25/2019 | Age coverage expanded from 5 years of age and older to 2 years of age and older. |

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| 01/15/2021 | Added quantity limit for oral suspension. Removed serum CK requirement. Removed onset of weakness before 5 years of age, added must have genetic testing to confirm dystrophin gene mutation. Removed MRC score requirement in initial and reauth. Added that member must show stability or slowed rate of decline of motor function/muscle strength for reauth. |
| 11/18/2021 | Removed all but diagnosis and age requirement |

References:

1. Emflaza [package insert]. Northbrook, IL; Marathon Pharmaceuticals, LLC: June, 2019.