Emflaza (deflazacort) is a **non-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 5 years of age or older; AND
2. Member has documented onset of weakness before 5 years of age; AND
3. Member has documented serum creatinine kinase activity at least 10 times the upper limit of normal (ULN) at some stage in their illness; AND
4. Medication is prescribed by or in consultation with a physician who specializes in the treatment of DMD and/or neuromuscular disorders; AND
5. Member has documented trial and failure of prednisone for at least 6 months; AND
6. Member has documented baseline of Medical Research Council (MRC) 11-point scale score for Muscle Strength.
7. **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. Member has documented improvement of Medical Research Council (MRC) for Muscle Strength score.

*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.
References:


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