



Pre - PA Allowance

None

Prior-Approval Requirements

Age 2 years of age or older

Diagnosis

Patient must have the following:

Duchenne muscular dystrophy (DMD)

AND ALL of the following:

- a. Genetic confirmation of DMD
- b. Serum creatinine kinase activity at least 10 times the upper limit of normal (ULN) prior to initiating treatment
- c. Inadequate treatment response, intolerance, or contraindication to a 3 month trial of prednisone
- d. Obtain a baseline motor milestone score from **ONE** the following assessments:
 - i. 6-minute walk test (6MWT)
 - ii. North Star Ambulatory Assessment (NSAA)
 - iii. Motor Function Measure (MFM)
- e. **NOT** given concurrently with live vaccinations
- f. Absence of active infection [including tuberculosis and hepatitis B virus (HBV)]
- g. If the patient has a history of hepatitis B (HBV) infection
Prescriber agrees to monitor for HBV reactivation

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 2 years of age or older



**BlueCross
BlueShield**

Federal Employee Program.

**EMFLAZA
(deflazacort)**

Diagnosis

Patient must have the following:

Duchenne muscular dystrophy (DMD)

AND ALL of the following:

- a. Stabilization OR improvement in motor milestone score from baseline from **ONE** the following assessments:
 - i. 6-minute walk test (6MWT)
 - ii. North Star ambulatory assessment (NSAA)
 - iii. Motor Function Measure (MFM)
- b. **NOT** given concurrently with live vaccinations
- c. Absence of active infection [including tuberculosis and hepatitis B virus (HBV)]
- d. If the patient has a history of hepatitis B (HBV) infection
 - i. Prescriber agrees to monitor for HBV reactivation

Prior - Approval *Renewal* Limits

Duration 12 months