**Emflaza (deflazacort)**

1. Initial Approval Requirements

 a. Diagnosis: Duchenne Muscular Dystrophy (DMD)

 b. Age≥2 years

 c. Prescribed by or in consultation with neurologist

 d. Prior trial of at least 6 months of continuous use of prednisone/prednisolone equivalent in previous 2 years and had adverse effect (specifically uncontrolled weight gain)

 e. Dose (obtain current patient weight)

 i. Tablet: 0.9 mg/kg once daily (round to nearest possible tablet size)

 ii. Suspension: 0.9 mg/kg once daily (round to nearest tenth of ml)

 f. Initial authorization: Six (6) months

2. Renewal Requirements

 a. Obtain current weight to calculate dose

 b. Verify diagnosis, age, and prescriber specialty

 c. Verify a claim for Emflaza in the last 90 days

 d. Prescriber’s attestation on patient’s improvement, clinical benefit, stabilization of the disease or significantly limiting disease progression, improved strength and timed motor function, pulmonary function, etc.

 e. Renewal: Six (6) months