Pharmacy Policy Bulletin: J-0543 Emflaza (deflazacort) – Commercial and Healthcare Reform	
Number: J-0543	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial (1.)**: **1.** Miscellaneous Specialty Oral = Yes w/ Prior Authorization **Healthcare Reform**: Not applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0543-014	**Original Date:** 03/17/2017
Effective Date: 04/25/2025	**Review Date:** 04/09/2025

Drugs Product(s):	• Emflaza (deflazacort)

FDA-Approved Indication(s):	• Emflaza
	  ○ Treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older.
	• Deflazacort
	  ○ Treatment of DMD in patients 5 years of age and older

Background:	• Emflaza is a corticosteroid prodrug, whose active metabolite, 21-desDFZ, acts through the glucocorticoid receptor to exert anti-inflammatory and immunosuppressive effects. The specific mechanism for its therapeutic effects in patients with DMD is unknown. Deflazacort is an oxazoline derivative of prednisolone with anti-inflammatory and immunosuppressive activity. • DMD is a rare genetic disorder characterized by progressive muscle degeneration and weakness due to alterations of the dystrophin protein. Dystrophin helps keep muscle cells intact, and lack of it is thought to cause muscle cells to become fragile. DMD is an X-linked disease that mostly affects males. DMD is the most common form of muscular dystrophy and is associated with the most severe clinical symptoms. It affects 1 in every 3,500 live male births or nearly 15,000 boys in the United States. • With DMD, the clinical onset of weakness occurs between 2 and 3 years of age. Patients with DMD are often confined to a wheelchair by the time they reach 12 to 13 years of age and die in their late teens or twenties from respiratory insufficiency or cardiomyopathy. Rarely, patients survive into their early thirties. • Corticosteroid therapy is the mainstay of treatment for DMD and is used to improve motor function, strength, pulmonary function, reduce the risk of scoliosis, and delay the onset of cardiomyopathy. In patients with DMD, prednisone is used at a dose of 0.75 mg/kg orally once daily. Emflaza (deflazacort) is another option for corticosteroid treatment; it is dosed at 0.9 mg/kg orally once daily. Use of Emflaza in patients 2 years to less than 5 years

	of age is supported by the findings of efficacy and safety in patients 5 years and older with DMD.
	• Guideline Recommendations for Use of Corticosteroids for Patients with DMD:
	  ○ Both prednisone and deflazacort are supported for use in DMD by AAN/CNS and CDC guidelines. The guidelines recommend using prednisone as an option to improve strength and pulmonary function. With lower level of evidence, the guidelines note that prednisone may improve timed motor function, reducing the need for scoliosis surgery and delaying the onset of cardiomyopathy by 18 years of age.
	  ○ Deflazacort is noted as an option to improve strength and timed motor function and to delay age at loss of ambulation by 1.4-2.5 years, but also with lower level of evidence. Other possible benefits of deflazacort may include improvement of pulmonary function, reduction in the need for scoliosis surgery, delayed onset of cardiomyopathy and increased survival at 5-15 years of follow-up.
	  ○ The guidelines note that deflazacort and prednisone may be equivalent in improving motor function. Both are recommended to continue, even when non-ambulatory, for retarding of scoliosis, decline in pulmonary function tests, and possibly heart failure.
	• Additional Considerations:
	  ○ There is moderate evidence that prednisone can help improve muscle strength and lung function in DMD, compared to weak evidence that deflazacort may help with these symptoms.
	  ○ There is moderate evidence that prednisone likely causes shortness in height, behavioral changes, fractures and cataracts.
	  ○ There is also moderate evidence that prednisone is likely linked to significant risk of weight gain, excessive body hair growth, and puffiness of the face. Deflazacort is inconsistently associated with weight gain, hirsutism, and Cushingoid appearance.
	  ○ Prednisone may be associated with greater weight gain in the first year of treatment compared to deflazacort, whereas deflazacort may be associated with greater risk of cataracts compared to prednisone.
	• Prescribing Considerations:
	  ○ Corticosteroids have demonstrated efficacy for the treatment of signs and symptoms of DMD, with the goal of preserving ambulation and minimizing future respiratory, cardiac, and orthopedic complications. When used long-term, however, patients should be monitored for adverse events and complications, taking care to minimize these events where possible.
	  ○ Hypothalamic-pituitary-adrenal (HPA) axis suppression may occur in patients receiving long-term corticosteroids. Rapid reduction or abrupt discontinuation of a long-term or high-dose corticosteroid may lead to secondary adrenal insufficiency; as such, patients should be monitored and specific guidance from a healthcare provider followed for dose reduction and stress-dosing, as needed.
	  ○ Administer all immunizations according to immunization guidelines prior to starting Emflaza. Live attenuated or live vaccines must be administered at least 4 to 6 weeks prior to starting Emflaza. Patients on Emflaza may receive concurrent vaccinations, except for live attenuated or live vaccines.
	  ○ Emflaza Oral Suspension contains benzyl alcohol and is not approved for use in pediatric patients less than 2 years of age. Serious and fatal adverse reactions including “gasping syndrome” can occur in neonates and low birth weight infants treated with benzyl alcohol-preserved drugs, including Emflaza.

	○ Emflaza tablets can be administered whole or crushed and taken immediately after mixing with applesauce.

Approval Criteria

I. Initial Authorization

When a benefit, coverage of Emflaza (deflazacort) may be approved when all of the following criteria are met **(A. through I.)**:

- **A.** If the request is for brand Emflaza, the member is 2 years of age or older.
- **B.** If the request is for generic deflazacort, the member is 5 years of age or older.
- **C.** The member has a confirmed diagnosis of DMD (ICD-10: G71.01) with documented mutation of the dystrophin gene.
- **D.** The medication is being prescribed by or in consultation with a physician who specializes in treating neuromuscular disorders (e.g., neurologist).
- **E.** The member has onset of weakness prior to age 5 or documented history of the disease starting before age 5.
- **F.** The member meets one (1) of the following criteria **(1. or 2.)**:
  - **1.** The member has experienced intolerable adverse events from trial of plan-preferred prednisone for a duration of at least 6 months, which may be defined by at least one (1) of the following **(a. through d.)**:
    - **a.** Diabetes and/or hypertension that is difficult to manage
    - **b.** Cushingoid appearance or features
    - **c.** Central (truncal) obesity
    - **d.** Undesirable increase (at least 10%) in body weight over a 6-month period
  - **2.** The prescriber indicates that the member has experienced a severe behavioral adverse event while on plan-preferred prednisone therapy that would warrant a prednisone dose reduction, impacting efficacy for management of DMD. Behavioral adverse events may be defined by at least one (1) of the following **(a. through d.)**:
    - **a.** Abnormal behavior
    - **b.** Aggression
    - **c.** Irritability
    - **d.** Disturbance in mood
- **G.** If the member is 5 years of age or older and the request is for brand Emflaza tablets, the member has experienced therapeutic failure or intolerance to generic deflazacort tablets.
- **H.** If the member is 5 years of age or older and the request is for brand Emflaza suspension, the member has experienced therapeutic failure or intolerance to all of the following **(1. and 2.)**:
  - **1.** plan preferred generic deflazacort tablets
  - **2.** generic deflazacort suspension
- **I.** If the member is 5 years of age or older and the request is for generic deflazacort suspension, the member has experienced therapeutic failure or intolerance to generic deflazacort tablets.

II. Reauthorization

When a benefit, reauthorization of Emflaza (deflazacort) may be approved when all of the following criteria are met **(A. through D.):**

- **A.** The prescriber attests that the member has experienced positive clinical response to therapy.
- **B.** If the member is 5 years of age or older and the request is for brand Emflaza tablets, the member has experienced therapeutic failure or intolerance to generic deflazacort tablets.
- **C.** If the member is 5 years of age or older and the request is for brand Emflaza suspension, the member has experienced therapeutic failure or intolerance to all of the following **(1. and 2.)**:
  - **1.** Plan-preferred generic deflazacort tablets
  - **2.** generic deflazacort suspension
- **D.** If the member is 5 years of age or older and the request is for generic deflazacort suspension, the member has experienced therapeutic failure or intolerance to generic deflazacort tablets.

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.
II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization will be granted.

Automatic Approval Criteria

None

References:

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3. Centers for Disease Control and Prevention. Duchenne Muscular Dystrophy Care Considerations. Available at: https://www.cdc.gov/muscular-dystrophy/hcp/clinical-overview/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/musculardystrophy/care-considerations.html. Accessed February 11, 2025.
4. Birnkrant DJ, Bushby K, Bann C, et al. Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and neuromuscular, rehabilitation, endocrine, and gastrointestinal and nutritional management. *Lancet Neurol.* 2018 March;17(3):251-267.
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7. Gloss D, Moxley RT, Ashwal S, et al. Practice guideline update summary: Corticosteroid treatment of Duchenne muscular dystrophy: Report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2016 Feb;86(5):465-72.
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11. Campbell C, Jacob P. Deflazacort for the treatment of Duchenne Dystrophy: a systematic review. *BMC Neurology*. 2003 Sep 8;3:7. Epub 2003 Sep 8.
12. Mah JK, Korngut L, Dykeman J, et al. A systematic review and meta-analysis on the epidemiology of Duchenne and Becker muscular dystrophy. *Neuromuscular Disorders*. 2014 Jun;24(6):482-91.

13. Griggs RC, Miller JP, Greenberg CR, et al. Efficacy and safety of Emflaza vs prednisone and placebo for Duchenne muscular dystrophy. *Neurology*. 2016;87(20):2123-2131.
14. Angelini C, Pegoraro E, Turella E, et al. Emflaza in Duchenne dystrophy: study of long-term effect. Muscle Nerve. 1994;17(4):386-391.