

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Deflazacort (Emflaza)

Initiation (new start) criteria: Non-formulary **deflazacort (Emflaza)** will be covered for 12 months under the prescription drug benefit when the following criteria are met:

- Prescriber is a Neurologist experienced in the treatment of muscular dystrophy
- Diagnosis of Duchenne Muscular Dystrophy (DMD) with confirmatory genetic testing
- Patient is at least 5 years of age
- Onset of muscle weakness before the age of 5
- Patient has used prednisone for at least 12 months
- Patient experienced clinically significant weight gain, defined as crossing at least two stanines on the weight growth chart, during the first two years of prednisone use
- Patient has documented baseline hemoglobin A1c (a *measure of average blood sugar levels*), blood pressure, and body mass index (BMI)

Continued use criteria (12 months after initiation): Non-formulary **deflazacort (Emflaza)** will continue to be covered for 12 months under the prescription drug benefit when the following criteria are met:

- Patient continues to be under the care of a Neurologist
- Patient has hemoglobin A1c, blood pressure, and BMI monitored over the last 12 months
- The patient is NOT experiencing persistent or worsening abnormal weight gain