Mass General Brigham
Health Plan

Deflazacort Effective 07/01/2025			
Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Deflazacort is a corticosteroid used to treat Duchenne muscular dystrophy (DMD) in patients 2 years of age and older.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all of the following criteria are met:

1. Member is 2 years of age or older
2. Diagnosis of Duchenne muscular dystrophy (DMD) that has been confirmed by genetic testing demonstrating a mutation in the DMD gene. Laboratory confirmation of genetic testing is required.
3. The member has tried prednisone and has experienced one of the following:
    a. Unmanageable and clinically significant weight gain while receiving prednisone. Body mass index is in the overweight or obese category with prednisone treatment. Chart documentation of weight gain is required. Refer to Appendix A for weight status categories for children and adult.
    b. Psychiatric/behavioral issues (e.g. abnormal behavior, aggression, irritability) have persisted beyond the first 6 weeks of treatment with prednisone. Chart documentation of persistent psychiatric/behavioral issues with prednisone treatment is required.

Continuation of Therapy

1. The member meets all initial authorization criteria.
2. Member demonstrates a positive clinical response to therapy (e.g., improvement in stabilization of muscle strength or pulmonary function) from deflazacort therapy

Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months

Appendix A

Body Mass Index Percentile and Weight Status Category for Children 2 Through 19 Years of Age

Body Mass Index Percentile Range	Weight Status
Less than the 5th percentile	Underweight
5th percentile to less than the 85th percentile	Normal or Healthy Weight
85th to less than the 95th percentile	Overweight
Equal to or greater than the 95th percentile	Obese

Body Mass Index and Weight Status Category for Adults (20 Years of Age and Older)

Body Mass Index	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0 and Above	Obese

References

1. Birnkrant DJ, Bushby K, Bann CM, et al; DMD Care Considerations Working Group. Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and neuromuscular, rehabilitation, endocrine, and gastrointestinal and nutritional management. *Lancet Neurol.* 2018;17(3):251-267. doi:10.1016/S1474-4422(18)30024-3
2. Emflaza (deflazacort) [prescribing information]. Warren, NJ: PTC Therapeutics, Inc; May 2024.

Review History

07/21/2021- Reviewed July P&T; Changed from CVS standard criteria to custom template. Effective 10/01/2021.
03/13/2024 – Reviewed and Updated for March P&T; Brand removed because generic is available. Effective 4/1/2024
06/11/2025 – Reviewed and Updated for June P&T. Administrative update – updated language for members who are new to the Plan. Effective 07/01/2025.