



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 17, 2017  June 28, 2019

### **EMFLAZA® (deflazacort)**

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must **2** years old or older.
- Prescribed by or in consultation with a neurologist or a specialist in Duchenne Muscular Dystrophy (DMD) or neuromuscular disorders.
- Patient must have the diagnosis of DMD (supported with progress notes and confirmed genetic testing).
- Documentation of inadequate treatment response, contraindication or intolerance to a six month trial of oral prednisone.

**DOSING AND ADMINISTRATION:**

- Recommended once daily dosage is approximately 0.9mg/kg/day by mouth; if tablets are used, round up to the nearest possible dose. If the oral suspension is used, round up to the nearest tenth of a milliliter (ml).
- Dosage form: Tablets: 6mg, 18mg 30mg and 36mg Oral Suspension: 22.75mg/ml