MEDICAL MUTUAL®

Drug Policy

Policy:	Emflaza (deflazacort)	Annual Review Date: 03/21/2024 Last Revised Date: 03/21/2024

OVERVIEW

Emflaza is a corticosteroid indicated for the treatment of patients ≥ 2 years of age with Duchenne muscular dystrophy (DMD). The efficacy and safety of Emflaza have not been established in patients < 2 years of age. The Emflaza oral suspension contains benzyl alcohol as a preservative and therefore carries a warning about the risk of gasping syndrome which can occur in neonates and low birth weight infants. Discontinue at the first sign of rash, unless the rash is clearly not drug related.

Emflaza was brought to market in various countries outside of the United States in 1969. It exhibits anti-inflammatory and immunosuppressive effects much like other glucocorticoids. The efficacy of Emflaza and prednisone are thought to be similar and there is no clear superiority for altering the decline in motor, respiratory, or cardiac function in DMD. The American Academy of Neurology (2016) states that prednisone probably improves strength and pulmonary function and Emflaza possibly improves strength, delays the age at loss of ambulation, and improves timed motor function. Both may delay development of scoliosis and delay onset of cardiomyopathy. At this time, Emflaza offers a therapeutic alternative when members are experiencing intolerable or concerning side effects from prednisone.

DMD is an X-linked recessive disease affecting 1 in 3,600 to 6,000 newborn male infants. The disease is attributed to large frame-shift deletions in the DMD gene (chromosome Xp21) which lead to loss of a structural protein of muscle cells (dystrophin). Over 4,700 mutations on the DMD gene have been identified which lead to a deficiency in production of dystrophin. Therefore, the type of mutation and its effect on the production of dystrophin accounts for the variable phenotypic expression. Female carriers are usually asymptomatic, but some may show mild symptoms. Most patients present with symptoms of DMD between the ages of 3 and 5 years. There are wide variances in how quickly DMD progresses, but without intervention death is at approximately 19 years of age. With respiratory, cardiac, orthopedic and rehabilitative interventions and use of corticosteroids, children born today can have a life expectancy of up to 40 years.

POLICY STATEMENT

This policy involves the use of Emflaza. Prior authorization is recommended for pharmacy benefit coverage of Emflaza. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

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Because of the specialized skills required for evaluation and diagnosis of patients treated with Emflaza as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Emflaza be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Emflaza is recommended in those who meet the following criteria:

1. **Duchenne Muscular Dystrophy (DMD), initial therapy**
   Criteria. *Patient must meet the following criteria*
   - **A.** The patient is 2 years of age or older; AND
   - **B.** The patient meets ONE of the following conditions:
     - **a.** The patient has tried prednisone or prednisolone for 6 months or longer **[documentation required]** AND according to the prescribing physician, the patient has had at least one of the following significant intolerable adverse effects:
       - **i.** Cushingoid appearance **[documentation required]**; OR
       - **ii.** Central (truncal) obesity **[documentation required]**; OR
       - **iii.** Undesirable weight gain defined as ≥ 10% of body weight increase over a 6-month period **[documentation required]**; OR
       - **iv.** Diabetes and/or hypertension that is difficult to manage according to the prescribing physician **[documentation required]**; or
     - **b.** According to the prescribing physician, the patient has experienced a severe behavioral adverse effect while on prednisone or prednisolone therapy that has or would require a prednisone or prednisolone dose reduction **[documentation required]**; AND
   - **C.** The medication is prescribed by or in consultation with a physician who specializes in the treatment of Duchenne Muscular Dystrophy (DMD) and/or neuromuscular disorders.

2. **Duchenne Muscular Dystrophy (DMD), patient is currently receiving Emflaza**
   Criteria. *Patient must meet the following criteria*
   - **A.** Patient is ≥ 2 years of age; AND
   - **B.** Patient has tried prednisone or prednisolone [documentation required]; AND
   - **C.** According to the prescriber, the patient has responded to or continues to have improvement or benefit from Emflaza therapy [documentation required]; AND

     Note: Examples of improvement or benefit from Emflaza therapy would include improvements in motor function (time from supine to standing, time to climb four stairs, time to run or walk 10 meters, 6-minute walk test), improvement in muscle strength, improve pulmonary function, etc.
   - **D.** The medication is prescribed by or in consultation with a physician who specializes in the treatment of Duchenne muscular dystrophy and/or neuromuscular disorders.

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Initial Approval/ Extended Approval.
A) *Initial Approval:* 1 year
B) *Extended Approval:* 1 year

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Emflaza has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

2. Concomitant use of strong (e.g., efavirenz) or moderate (e.g., carbamazepine, phenytoin) CYP3A4 inducers are contraindicated with EMFLAZA.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational, or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Emflaza™ tablets and oral suspension [prescribing information]. Northbrook, IL: Marathon Pharmaceuticals, LLC; February 9 2017.
2. Annexstad EJ, Lund-Petersen I, Rasmussen M. Duchenne muscular dystrophy. *Tidsskr Nor Laegeforen*. 2014;134(14):1361-1364.
3. Wood MJA. To skip or not to skip: that is the question for Duchenne muscular dystrophy. *Mol Ther*. 2013;21(12):2131-2132.
4. Bushby K, Finkel R, Birnkrant DJ, et al. Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and pharmacological and psychosocial management. *Lancet Neurol*. 2010;9(1):77-93.
5. 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.
6. Angelini C, Pegoraro E, Turella E, et al. Emflaza in Duchenne dystrophy: study of long-term effect. *Muscle Nerve*. 1994;17(4):386-391.
7. Gloss D, Moxley RT 3rd, Ashwal S, Oskoui M. Practice guideline update summary: corticosteroid treatment of Duchenne muscular dystrophy: report of the Guideline Development Subcommittee of the American Academy of Neurology. Neurology. 2016;86(5):465-472
8. Nayak S, Acharjya B. Deflazacort versus other glucocorticoids: a comparison. Indian J Dermatol. 2008; 53(4): 167–170.
9. Matthews E, Brassington R, Kuntzer T et al. Corticosteroids for the treatment of Duchenne muscular dystrophy. Cochrane Database Syst Rev. 2016 May 5;(5):CD003725.
10. Prednisone. In: In Depth Answers [database on the Internet]. Ann Arbor (MI): Truven Health Analytics; 2016 [cited 15 Feb 2016 Jun]. Available from: www.micromedexsolutions.com.

11. Summary of Practice Guidelines for Patients and their families. American Academy of Neurology. https://www.aan.com/Guidelines/home/GetGuidelineContent/733
12. Moxley RT, Ashwal S, Pandya S, et al. Quality Standards Subcommittee of the American Academy of Neurology; Practice Committee of the Child Neurology Society. Neurology. 2005 Jan 11;64(1):13-20. Available at: http://www.neurology.org/content/64/1/13.full
13. Deflazacort. In: DRUGDEX (online database). Truven Health Analytics; Greenwood Village, CO. Last updated on 24 June 2019. Accessed on 14 June 2020..
14. Deflazacort. Lexicomp (online database). Wolters Kluwer; Last updated on 12 June 2020. Accessed on 14 June 2020.