BlueCross BlueShield
Federal Employee Program
Federal Employee Program®
1310 G Street, N.W.
Washington, D.C. 20005
202.942.1000
Fax 202.942.1125

5.75.16

Section:	Prescription Drugs	**Effective Date:**	April 1, 2021
Subsection:	Neuromuscular Agents	**Original Policy Date:**	March 10, 2017
Subject:	Emflaza	**Page:**	1 of 5

Last Review Date: March 12, 2021

Emflaza

Description

Emflaza (deflazacort)

Background
Emflaza (deflazacort) is a corticosteroid indicated for the treatment of Duchenne muscular dystrophy (DMD). Specifically, deflazacort is a corticosteroid prodrug, whose active metabolite acts through the glucocorticoid receptor to exert anti-inflammatory and immunosuppressive effects. The precise mechanism by which deflazacort exerts its therapeutic effects in patients with DMD is unknown (1).

Regulatory Status
FDA approved indication: Emflaza is a corticosteroid indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older (1).

Emflaza can suppress the immune system and increase the risk of infection with any pathogen, including viral, bacterial, fungal, protozoan, or helminthic. Corticosteroids reduce resistance to new infections, exacerbate existing infections, increase the risk of disseminated infections, increase the risk of reactivation or exacerbation of latent infections, and mask some signs of infection (1).

All immunizations should be administered according to immunization guidelines prior to starting Emflaza. Live or live attenuated vaccines should be administered at least 4 to 6 weeks prior to starting Emflaza. Patients on Emflaza may receive concurrent vaccinations, except for live or live-attenuated vaccines (1).

Monitoring motor changes in patients with DMD requires functional evaluation along with measurement of muscle strength. The need for a reliable outcome measure in diseases of rapid deterioration such as DMD has led to the use of motor functional tests. In a large, multicenter, international clinical trial, the six minute walk test (6MWT) proved to be feasible and highly reliable. This study and additional longitudinal natural history support acceptance of the 6MWT as the primary outcome measure of choice for ambulatory DMD clinical trials. And it was confirmed that in the 6MWT a clinically meaningful change in 6MWD to be in the range of 20–30 meters, which can serve as the targeted treatment effect. Also used are the Motor Function Measure (MFM), North Star Ambulatory Assessment (NSAA) and Hammersmith Functional Motor Scale (HFMS) to help predict loss of ambulation 1 year before its occurrence in order to allow time to adapt rehabilitation, change the patient's environment, and consider acquisition of assistive aids or the use of medications (2-5).

Safety and effectiveness in patients 2 years and older have been established (1).

Related policies
Exondys 51, Viltepso, Vyondys 53

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Emflaza may be considered **medically necessary** for patients 2 years of age or older with the diagnosis of Duchenne muscular dystrophy (DMD) and if the conditions indicated below are met.

Emflaza may be considered **investigational** in patients less than 2 years of age and for all other indications.

Prior-Approval Requirements

Age 2 years of age or older

Diagnosis

Patient must have the following:

1. Duchenne muscular dystrophy (DMD)

   AND ALL of the following:
   a. Diagnosis confirmed by the documented presence of abnormal dystrophin or a confirmed mutation of the dystrophin gene
   b. Serum creatinine kinase activity at least 10 times the upper limit of normal (ULN) prior to initiating treatment
   c. Inadequate treatment response, intolerance, or contraindication to a 3 month trial of prednisone
   d. Obtain a baseline motor milestone score from **ONE** the following assessments:
      i. 6-minute walk test (6MWT)
      ii. North Star Ambulatory Assessment (NSAA)
      iii. Motor Function Measure (MFM)
      iv. Hammersmith Functional Motor Scale (HFMS)
   e. **NOT** given concurrently with live vaccinations
   f. Absence of active infection (including tuberculosis and hepatitis B virus (HBV)
   g. If the patient has a history of Hepatitis B (HBV) infection
      i. Prescriber agrees to monitor for HBV reactivation

Prior – Approval *Renewal* Requirements

Age 2 years of age or older

Diagnosis

Patient must have the following:

1. Duchenne muscular dystrophy (DMD)

   AND ALL of the following:
   a. Improvement in motor milestone score from baseline from **ONE** the following assessments:
      i. 6MWT – improvement of 20 meters from baseline
      ii. NSAA – improvement of 2 points from baseline

iii. MFM – improvement of 2 points from baseline
iv. HFMS – improvement of 2 points from baseline

b. **NOT** given concurrently with live vaccinations
c. Absence of active infection (including tuberculosis and hepatitis B virus (HBV)
d. If the patient has a history of Hepatitis B (HBV) infection
    i. Prescriber agrees to monitor for HBV reactivation

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Limits

Duration 12 months

Rationale

Summary

Emflaza (deflazacort) is a corticosteroid indicated for the treatment of Duchenne muscular dystrophy (DMD). Specifically, deflazacort is a corticosteroid prodrug, whose active metabolite, 21-desDFZ, acts through the glucocorticoid receptor to exert anti-inflammatory and immunosuppressive effects. The most common adverse reactions are Cushingoid appearance, increase weight, increase appetite, upper respiratory tract infection, cough, pollakiuria, hirsutism, central obesity, and nasopharyngitis (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Emflaza while maintaining optimal therapeutic outcomes.

References

1. Emflaza [package insert]. South Plainfield, NJ: PTC Therapeutics; June 2019.
2. Mcdonald C, Henricson E, et al. The 6-Minute Walk test and Other Clinical Endpoints in Duchenne Muscular Dystrophy: Reliability, Concurrent Validity, and Minimal Clinically

Important Differences from a Multicenter Study. Muscle Nerve. 2013 Sep; 48(3): 357–368.

3. Mcdonald C, Henricson E, et al. The 6-Minute Walk test and Other Endpoints in Duchenne Muscular Dystrophy: Longitudinal Natural History Observations Over 48 weeks from a Multicenter Study. Muscle Nerve. 2013 Sep; 48(3): 343–356.
4. Mazzone E, Bianco F, et al. Assessing upper limb function in nonambulant SMA patients: Development of a new module. *Neuromuscular Disorders* 21 (2011) pg:406–412.
5. Vuillerot C, Girardot F, et al. Monitoring changes and predicting loss of ambulation in Duchenne muscular dystrophy with the Motor Function Measure. *Developmental Medicine & Child Neurology* 2010, 52: 60–65.

Policy History

Date	Action
March 2017	Addition to PA
April 2017	Addition of NSAA, MFM and HFMS assessment tools to obtain baseline scores and improvement requirements
June 2017	Annual review
September 2018	Annual review and reference update
June 2019	Reduced age requirement to 2 and older from 5 and older and revised regulatory status section
September 2019	Annual review
June 2020	Annual review
December 2020	Annual review
March 2021	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.