



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Deflazacort

Page: 1 of 3

Effective Date: 2/11/2026

Last Review Date: 1/2026

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> KY PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for deflazacort and Jaythari under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications^{1,7-11}

Deflazacort (branded Emflaza product) is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older.

Deflazacort (generic), Kymbee, Jaythari, and Pyquvi are indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 5 years of age and older.

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Deflazacort
Jaythari
Kymbee
Pyquvi

Policy/Guideline:

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- Laboratory confirmation of DMD diagnosis by genetic testing or muscle biopsy.
- Chart documentation of weight gain/obesity or persistent psychiatric/behavioral issues with previous prednisone or prednisolone treatment.

Prescriber Specialties

This medication must be prescribed by or in consultation with a physician who specializes in the treatment of Duchenne muscular dystrophy (DMD).



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Deflazacort Page: 2 of 3

Effective Date: 2/11/2026 Last Review Date: 1/2026

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> KY PRMD

Coverage Criteria

Duchenne Muscular Dystrophy¹⁻¹¹

Authorization of 6 months may be granted for treatment of DMD when all of the following criteria are met:

- The diagnosis of DMD was confirmed by one of the following criteria:
 - Genetic testing demonstrating a mutation in the DMD gene.
 - Muscle biopsy demonstrating absent dystrophin.
- Member is 2 years of age or older.
- Member has tried prednisone or prednisolone and experienced unmanageable and clinically significant weight gain/obesity or psychiatric/behavioral issues (e.g., abnormal behavior, aggression, irritability):
 - For weight gain/obesity: body mass index is in the overweight or obese category while receiving treatment with prednisone or prednisolone (refer to Appendix for weight status categories for children and adults).

Continuation of Therapy

Authorization of 12 months may be granted for members requesting continuation of therapy when all of the following criteria are met:

- The member meets all requirements in the coverage criteria section.
- The member is receiving a clinical benefit from therapy with the requested medication (e.g., improvement or stabilization of muscle strength or pulmonary function).

Appendix

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	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	Healthy Weight
25.0 – 29.9	Overweight



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Deflazacort Page: 3 of 3

Effective Date: 2/11/2026 Last Review Date: 1/2026

<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
Applies to: <input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> KY PRMD

30.0 and Above	Obese
----------------	-------

Approval Duration and Quantity Restrictions:

Approval:

- Initial = 6 months; renewal = 12 months

Quantity Level Limit:

- Deflazacort, Jaythari, and Kymbee tablets 6 mg: 60 tablets per 30 days
- Deflazacort, Jaythari, and Kymbee tablets 18 mg: 30 tablets per 30 days
- Deflazacort, Jaythari, and Kymbee tablets 30 mg: 30 tablets per 30 days
- Deflazacort, Jaythari, and Kymbee tablets 36 mg: 30 tablets per 30 days
- Deflazacort, Jaythari, and Pyquvi suspension 22.75 mg/mL: 52 mL per 30 days (1.8 mL/day)

References:

- Emflaza [package insert]. South Plainfield, NJ: PTC Therapeutics, Inc.; June 2024.
- 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;9:77-93.
- Gloss D, Moxley RT, 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.
- Griggs RC, Miller JP, Greenberg CR, et al. Efficacy and safety of deflazacort vs prednisone and placebo for Duchenne muscular dystrophy. *Neurology.* 2016;87(20):2123-2131.
- Centers for Disease Control and Prevention. Assessing Your Weight. <https://www.cdc.gov/healthyweight/assessing/bmi/> Accessed March 1, 2024.
- Birnkrant DJ, Bushby, K, Bann CM, et al. 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.
- Deflazacort [package insert]. East Windsor, NJ: Aurobindo Pharma USA, Inc.; June 2024.
- Deflazacort oral suspension [package insert]. Monmouth Junction, NJ: Tris Pharma, Inc.; June 2024.
- Jaythari [package insert]. Pennington, NJ: Zydus Pharmaceuticals (USA) Inc.; May 2025.
- Pyquvi [package insert]. Piscataway, NJ: Aucta Pharmaceuticals, Inc.; February 2025.
- Kymbee [package insert]. Maple Grove, MN: Upsher-Smith Laboratories, LLC.; July 2025.