UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1218-10
Program	Prior Authorization/Notification
Medication	Emflaza® (deflazacort)*, Jaythari (deflazacort)*, Kymbee (deflazacort)*, and Pyquvi (deflazacort)*
P&T Approval Date	5/2017, 10/2018, 10/2019, 10/2020, 10/2021, 10/2022, 10/2023, 10/2024, 10/2025, 12/2025
Effective Date	3/1/2026

1. Background:

Emflaza (deflazacort)* is a corticosteroid indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older.

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

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Emflaza*, Jaythari*, Kymbee*, or Pyquvi*** will be approved based on the following criterion:

   a. Diagnosis of Duchenne muscular dystrophy

   Authorization will be issued for 12 months

B. Reauthorization

1. **Emflaza*, Jaythari*, Kymbee*, or Pyquvi*** will be approved based on the following criterion:

   a. Documentation of positive clinical response to deflazacort therapy

   Authorization will be issued for 12 months

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

*Emflaza, Jaythari, Kymbee, and Pyquvi are typically excluded from coverage. Tried/Failed criteria may be in place. Please refer to plan specifics to determine exclusion status.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-

10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits, Medical Necessity and/or Step Therapy may be in place.

4. References:

1. Emflaza [package insert]. Warren, NJ: PTC Therapeutics, Inc.; May 2024.
2. Jaythari [package insert]. Pennington, NJ: Zydus Pharmaceuticals, Inc.; October 2024.
3. Kymbee [package insert]. Maple Grove, MN: Upsher-Smith Laboratories, LLC.; July 2025.
4. Pyquvi [package insert]. Piscataway, NJ: Aucta Pharmaceuticals, Inc.; February 2025.

Program	Prior Authorization/Notification - Deflazacort
Change Control	
5/2017	New program.
10/2018	Annual review. No changes to criteria. Updated reference.
10/2019	Annual review. Updated background updating indication in patients 2 years and older. Updated reference.
10/2020	Annual review. No change to clinical criteria.
10/2021	Annual review with no change to clinical criteria. Reference updated.
10/2022	Annual review with no change to clinical criteria. Added state mandate footnote.
10/2023	Annual review with no changes to coverage criteria.
10/2024	Annual review with no changes to coverage criteria. Added exclusion footnote and updated reference.
10/2025	Annual review with no changes.
12/2025	Added Jaythari, Kymbee, and Pyquvi to program.