

Iowa Department of Human Services

FAX Completed Form To 1 (800) 574-2515

Provider Help Desk 1 (877) 776-1567

Request for Prior Authorization **Deflazacort (Emflaza)**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name		DOB
Patient address			L
Provider NPI	Prescriber name		Phone
Prescriber address			Fax
Pharmacy name	Address		Phone
Prescriber must complete all inform	mation above. It must be legible, correc	ct, and complete or f	orm will be returned.
Pharmacy NPI	Pharmacy fax	NDC	
gene; and 2) Patient is within the and 4) Is prescribed by or in co- documentation of an adequate t defined as 1 standard deviation a dose; and 6) Is dosed based on F	sis of Duchenne muscular dystrophy (I FDA labeled age; and 3) Patient expensions and the spectral and therapy failure, intolerance, above baseline percentile rank weigh EDA approved dosing. The required triats would be medically contraindicated	erienced onset of w cializes in treatmer or significant weigh at for height) while als may be overridd	veakness before 5 years of age; nt of DMD; and 5) Patient has ht gain (significant weight gain on prednisone at a therapeutic
Non-Preferred			
I I Emilaza			
☐ Emflaza Strength	Usage Instructions	Quantity	Day's Supply
Strength	Usage Instructions	Quantity	Day's Supply
Strength Diagnosis:			
Strength Diagnosis:	ystrophin gene? Yes (attach d		
Strength Diagnosis: Documented mutation of the diagnosis	ystrophin gene?	locumentation) [
Diagnosis: Documented mutation of the diagnosis current weight (kg): Does prescriber specialize in	ystrophin gene?	locumentation) [at onset of weak	□ No ness:
Strength Diagnosis: Documented mutation of the diagnosis current weight (kg): Does prescriber specialize in Yes No If no, note contact the strength of the diagnosis of the d	ystrophin gene? Yes (attach decomposition patient's age not treatment of DMD?	locumentation) [at onset of weak	No ness: nt of DMD:
Diagnosis: Documented mutation of the diagnosis current weight (kg): Does prescriber specialize in Yes No If no, note consultation date:	ystrophin gene? Yes (attach de Patient's age not treatment of DMD?	locumentation) [e at onset of weaked cializes in treatme me & phone:	No ness: nt of DMD:
Diagnosis: Documented mutation of the diagnosis: Patient's current weight (kg): Does prescriber specialize in Yes No If no, note conconsultation date: Prednisone Trial: Drug name	ystrophin gene? Yes (attach degrees) Yes (attach d	locumentation) [e at onset of weak cializes in treatme me & phone:	No ness: nt of DMD:
Strength Diagnosis: Documented mutation of the divided patient's current weight (kg): Does prescriber specialize in Yes No If no, note consultation date: Prednisone Trial: Drug name Trial start date:	ystrophin gene? Yes (attach degrees) Yes (attach degrees) Yes (attach degrees) Patient's age on treatment of DMD? Insultation with physician who speced Physician nai	locumentation) [at onset of weak cializes in treatme me & phone: e:	No ness: nt of DMD:
Strength Diagnosis: Documented mutation of the divided patient's current weight (kg): Does prescriber specialize in Yes No If no, note consultation date: Prednisone Trial: Drug name Trial start date: Reason for failure:	ystrophin gene? Yes (attach de Patient's age not reatment of DMD? Insultation with physician who spect Physician naional Physician naiona naiona naiona naiona naiona naiona naiona naiona naio	locumentation) [at onset of weak cializes in treatme me & phone:	No ness: nt of DMD:
Strength Diagnosis: Documented mutation of the divided patient's current weight (kg): Does prescriber specialize in Yes No If no, note consultation date: Prednisone Trial: Drug name Trial start date: Reason for failure:	ystrophin gene? Yes (attach de Patient's age not reatment of DMD? Insultation with physician who spece Physician naire Insultation with physician who speceed Physician naire Insultation with physician with physician naire Insultation with physician with physician who speceed Physician naire Insultation with physician naire Insultation with physician with physician with physician with physician with physician naire Insultation with physician with	locumentation) [e at onset of weak cializes in treatme me & phone: e:	No ness: nt of DMD:

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.