Louisiana Medicaid
Vamorolone (Agamree®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for vamorolone (Agamree®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation of Therapy

- The recipient has a documented diagnosis of Duchenne muscular dystrophy (DMD); **AND**
- The recipient is 2 years of age or older on the date of the request; **AND**
- The medication is prescribed by, or the request states that this medication is being prescribed in consultation with, a neurologist; **AND**
- If request is for a non-preferred agent - **ONE** of the following is required: (See Glucocorticoids, Oral on the PDL/NPDL for list of preferred agents)
    - The recipient has had a *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
    - There is *no preferred product that is appropriate* to use for the condition being treated; **AND**
- **ONE** of the following:
    - The recipient had an inadequate response to a preferred prednisone / prednisolone product after 6 months or more of treatment (**medication name with begin and end dates of treatment are stated on the request**); **OR**
    - The recipient has a documented adverse reaction, intolerance, or contraindication to treatment with generic prednisone / prednisolone that is not expected to occur with the requested medication (explanation of why it is not expected to occur with the requested medication is required and **is stated on the request**).

Duration of approval for initiation of therapy: 6 months

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is receiving clinical benefit from vamorolone therapy, such as stabilization, maintenance, or improvement of muscle strength or pulmonary function, indicating a slowing of disease progression relative to the projected natural course of DMD.

Duration of approval for continuation of therapy: 12 months

References

Agamree (vamorolone) [package insert]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc; October 2023. https://agamree.com/pdf/agamree-pi.pdf

American Academy of Neurology. (2016). Practice Guideline Update Summary: Corticosteroid Treatment of Duchenne Muscular Dystrophy. https://n.neurology.org/content/86/5/465.full

Revision / Date	**Implementation Date**
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