Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	July 1, 2024

Agamree® (vamorolone)

LENGTH OF AUTHORIZATION: Up to 1 year

REVIEW CRITERIA:

- Patient must ≥ 2 years of age.
- Prescribed by or in consultation with a neurologist or a specialist in Duchenne Muscular Dystrophy (DMD) or neuromuscular disorders.
- Patient must have the diagnosis of DMD (supported with progress notes and confirmed genetic testing).
- Documentation of inadequate treatment response, contraindication or intolerance to a six-month trial of oral prednisone.

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as a 40 mg/mL oral suspension.