Use Dispense As Written (DAW) to ensure your patients have access to EMFLAZA® and PTC Cares™.

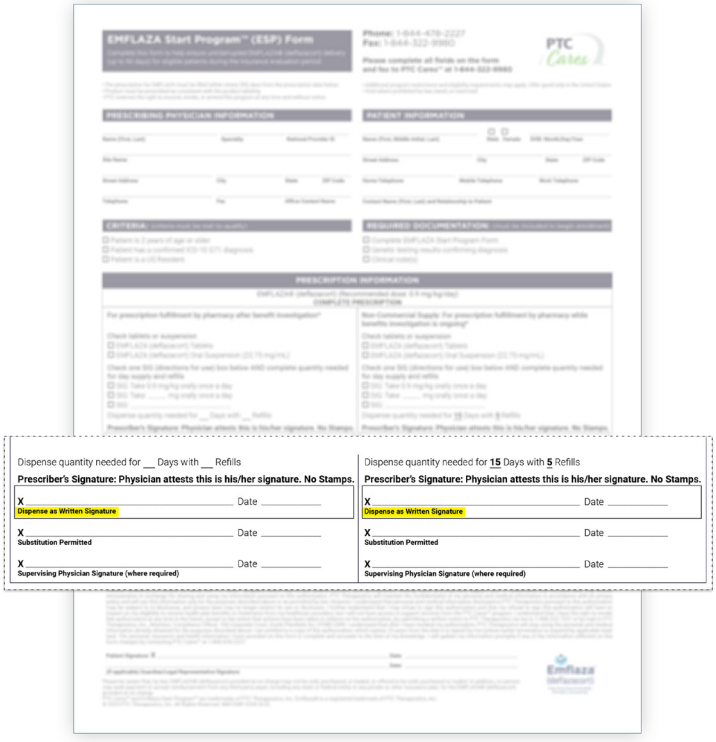
Actual EMFLAZA patients.

Dispense as Written (DAW) requirements help health care providers like you ensure patients get the right medication.

Use the following guide to find out which language or special instructions are required by your state or territory.

By utilizing DAW, your patients retain access to branded EMFLAZA® and the PTC Cares™ support services, including:

- Eligible patients receive financial and co-pay assistance via PTC Cares
- Adherence and Compliance support
- Less likelihood of interruptions in treatment.



INDICATION & IMPORTANT SAFETY INFORMATION FOR EMFLAZA® (deflazacort)

What is EMFLAZA® (deflazacort) used for? EMFLAZA is a prescription medicine used to treat Duchenne muscular dystrophy (DMD) in patients 2 years of age and older.

Please see Indication and Important Safety Information on the back cover and accompanying full Prescribing Information.

Emflaza®
(deflazacort)
6 mg | 18 mg | 30 mg | 36 mg tablets
22.75 mg/mL oral suspension

Specific Dispense as Written (DAW) Requirements by State or Territory

Refer to the chart below for state or territory-specific instructions on preserving your choice for branded medication.
Disclaimer: Note that information may change based on federal and local government updates; Please check your state or territory guidelines for the latest information.

STATE	ON EACH PRESCRIPTION
Alabama	Sign on the appropriate prescription signature line.
Alaska	Handwrite “Brand Necessary” and sign.
Arizona	Expressly indicate that substitution is not allowed.
Arkansas	Handwrite “Brand Necessary” and sign.
California	Handwrite or verbally communicate “Do Not Substitute” or a similar expression. Allows use of preprinted “Do Not Substitute” as long as initialed.
Colorado	Handwrite “Dispense as Written” or initial a preprinted “Dispense as Written” box. Can be done electronically.
Connecticut	Indicate in own handwriting “DAW” or “Dispense as Written” along with the words “Medically Necessary.”
Delaware	Indicate in own handwriting: “DAW,” or “Dispense as Written.”
DOC	Expressly indicate brand name in some manner.
Florida	Expressly indicate brand name in some manner.
Georgia	Handwrite “Brand Necessary” or “Brand Medically Necessary” and sign.
Guam	Handwrite “No Substitution” or abbreviate to “No Sub” on the face of the prescription.
Hawaii	Handwrite “Brand Necessary” or “Brand Medically Necessary” or product selection is allowed. Refer to Department of Health, Food, and Drug Branch.
Idaho	Expressly indicate brand name in some manner, and that substitution is not allowed.
Illinois	Mark the “May Not Substitute” box on the prescription.
Indiana	Sign on the appropriate line of the prescription.
Iowa	Expressly indicate substitution is not allowed.
Kansas	Sign on the appropriate line of the prescription and expressly indicate substitution not allowed.
Kentucky	Handwrite “Brand Medically Necessary” on the face of the prescription for Medicaid patients, or product selection is allowed. Indicate “Do Not Substitute” in some manner. Do not preprint on the prescription. Expressly indicate brand name in some manner.
Louisiana	Place a check mark in the “Dispense as Written” and/or “DAW” box.
Maine	Expressly indicate in some manner that substitution is not allowed. Check the preprinted box on the prescription.
Maryland	Handwrite “Brand Medically Necessary” on the face of the prescription for Medicaid patients. Product selection is allowed. Must indicate that substitution is not allowed.
Massachusetts	Expressly indicate “No Substitution.”
Michigan	Indicate in own handwriting “Dispense as Written” or “DAW.” Expressly indicates that prescription is to be dispensed as communicated for prescriptions other than those written.
Minnesota	Indicate in own handwriting “Dispense as Written” or “DAW,” unless the prescription is transmitted electronically, in accordance with the Code of Federal Regulations title 42, section 423.
Mississippi	Sign on the appropriate line of the prescription.
Missouri	If a prescriber orders by any means that a brand-name drug must be dispensed, then no drug selection is permitted.
Montana	Handwrite “Brand Name Medically Necessary.” Can be printed if electronically generated.
Nebraska	Expressly indicate brand name in some manner.
Nevada	Handwrite “Dispense as Written” or “DAW.”
New Hampshire	Handwrite “Medically Necessary” on each paper prescription or use electronic indications when transmitted digitally. In addition, give instructions when transmitted orally that the brand is “Medically Necessary.”

STATE	ON EACH PRESCRIPTION
New Jersey	Sign on the appropriate line of the prescription.
New Mexico	Handwrite “No Substitution” or abbreviate “No Sub” on the face of the prescription.
New York	Indicate “Dispense as Written” in the designated box or positive indication of the brand for electronic prescriptions. Handwrite “Brand Medically Necessary” on the face of the prescription for Medicaid patients or product selection is allowed.
North Carolina	Expressly indicate in some manner that substitution is not allowed. Sign on the appropriate line of the prescription.
North Dakota	Indicate in own handwriting “Brand Medically Necessary” and sign. Expressly indicate in some manner that substitution is not allowed.
Ohio	In case of written or electronic prescription, including computer-generated prescription, the prescriber handwrites or actively causes to display on the prescription “dispense as written,” “DAW,” “do not substitute,” “brand medically necessary,” or any other numerical code that indicates the preserver’s intent to prevent substitution. Such a designation shall not be preprinted or stamped on the prescription, but a reminder to the prescriber of the designated procedure may be preprinted or displayed on the prescription form or electronic system the prescriber uses to issue the prescription.
Oklahoma	Under state law, pharmacies must dispense the prescriber’s choice. The patient or the prescriber can authorize a generic substitution
Oregon	Write, telephone, or electronically transmit that there shall be no substitution for the branded drug in any prescription. For an electronically transmitted prescription, the prescriber or the prescriber’s agent shall clearly indicate substitution instructions in the prescription drug order as well as all the relevant electronic indicators sent as part of the electronic prescription transmission.
Pennsylvania	Handwrite and sign “Brand Necessary” or “Brand Medically Necessary.”
Puerto Rico	Must write on the face of the prescription, use own handwriting in writing the phrase, “Do Not Interchange.”.
Rhode Island	Indicate “Brand Necessary” or “Brand Medically Necessary” and sign. Patient must also request in writing that the brand name be dispensed.
South Carolina	Sign on the appropriate line of the prescription.
South Dakota	Must write in own handwriting “Brand Necessary,” and sign.
Tennessee	Use own handwriting including writing the prescription with the following language (but not limited to): “brand name medically necessary,” “dispense as written,” “medically necessary,” “brand name,” “no generic,”; or any abbreviation of the language in the section above; or any other prescriber handwritten notation such as circling a preprinted “dispense as written” on the prescription order, that clearly conveys the intent that a brand name is necessary for the patient.
Texas	Use own handwriting to write “Brand Necessary” or “Brand Medically Necessary” or product selection is allowed.
Utah	Expressly indicate the brand name in some manner. Use of preprinted “Do Not Substitute” checked box is allowed.
Vermont	Use own handwriting to write “Brand Necessary,” “No Substitution,” “Dispense as Written,” or “DAW.”
Virginia	Handwrite “Brand Medically Necessary” on the face of the prescription for Medicaid patients. For non-Medicaid patients, the phrase must be included but is not required to be handwritten.
Washington	Sign on the appropriate line of the prescription.
West Virginia	Expressly indicate in some manner that substitution is not allowed. Must indicate by using own handwriting to write “Medically Necessary,” “Brand Necessary,” or “Brand Medically Necessary.”
Wisconsin	Expressly indicate the brand name in some manner.
Wyoming	Expressly indicate that substitution is not allowed.

Please see full Prescribing Information, including Boxed WARNING and Medication Guide.

INDICATION & IMPORTANT SAFETY INFORMATION FOR EMFLAZA® (DEFLAZACORT)

INDICATION

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

IMPORTANT SAFETY INFORMATION

Contraindications: EMFLAZA is contraindicated in patients with a hypersensitivity to deflazacort or any of the inactive ingredients in EMFLAZA.

Warnings & Precautions

- **Alterations in Endocrine Function:** Corticosteroids, such as EMFLAZA, can cause serious and life-threatening alterations in endocrine function, especially with chronic use. Monitor patients receiving EMFLAZA for Cushing's syndrome, hyperglycemia, and adrenal insufficiency after EMFLAZA withdrawal. In addition, patients with hypopituitarism, primary adrenal insufficiency or congenital adrenal hyperplasia, altered thyroid function, or pheochromocytoma may be at increased risk for adverse endocrine events. Acute adrenal insufficiency or "withdrawal syndrome" can occur if corticosteroids are withdrawn abruptly, and can be fatal. The risk is reduced by gradually tapering the corticosteroid dose when withdrawing treatment. During times of medical stress, corticosteroid dosage may need to be increased.
- **Immunosuppression and Increased Risk of Infection:** Increased risk of new, exacerbation, dissemination, or reactivation of latent infections, which can be severe and at times fatal; Signs and symptoms of infection may be masked. Tell patients and/or caregivers to inform their healthcare provider if the patient has had recent or ongoing infections or if they have recently received a vaccine. Warn patients who are on corticosteroids who have not had chickenpox or measles to avoid exposure to chickenpox or measles and to alert their healthcare provider immediately if they are exposed.
- **Alterations in Cardiovascular/Renal Function:** Monitor for elevated blood pressure. Dietary salt restriction and potassium supplementation may be needed.
- **Gastrointestinal Perforation:** Increased risk of gastrointestinal perforation during corticosteroid use in patients with certain gastrointestinal disorders such as active or latent peptic ulcers, diverticulitis, recent intestinal anastomoses, and inflammatory bowel disease. Signs and symptoms may be masked.
- **Behavioral and Mood Disturbances:** May include euphoria, insomnia, mood swings, personality changes, severe depression, and psychosis. Encourage patients to seek medical attention if symptoms develop or worsen.
- **Effects on Bones:** The risk of osteoporosis increases with prolonged use of EMFLAZA, which can predispose patients to vertebral and long bone fractures. Monitor for decreases in bone density with chronic use of EMFLAZA.
- **Ophthalmic Effects:** May include cataract formation, ocular infections, and glaucoma. If treatment with corticosteroids, including EMFLAZA, are continued for more than 6 weeks, monitor intraocular pressure.
- **Vaccination:** Do not administer live or live attenuated vaccines to patients receiving immunosuppressive doses of corticosteroids. Administer live-attenuated or live vaccines at least 4 to 6 weeks prior to starting EMFLAZA.
- **Serious Skin Rashes:** Toxic epidermal necrolysis has been reported with the use of deflazacort. Discontinue at the first sign of rash, unless the rash is clearly not drug related.
- **Effects on Growth and Development:** Long-term use of corticosteroids, including EMFLAZA, may slow growth and development in children.
- **Thromboembolic Events:** Observational studies have shown an increased risk of thromboembolism. Use EMFLAZA with caution in patients who have or may be predisposed to thromboembolic disorders.

Adverse Reactions: The most common adverse reactions (≥10% for EMFLAZA and greater than placebo) are Cushingoid appearance, weight increased, increased appetite, upper respiratory tract infection, cough, pollakiuria, hirsutism, central obesity, and nasopharyngitis.

Drug Interactions: Give one third of the recommended dose of EMFLAZA when EMFLAZA is administered with strong or moderate CYP3A4 inhibitors. Avoid use of strong or moderate CYP3A4 inducers with EMFLAZA, as they may reduce efficacy.

Please see www.emflaza.com for the full Prescribing Information.

For medical information, product complaints, or to report an adverse event, please call **1-866-562-4620** or email at **usmedinfo@ptcbio.com**.

You may also report adverse events directly to FDA at **1-800-FDA-1088** or **www.fda.gov/medwatch**.

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22.75 mg/mL oral suspension