

## PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG (S)</b>	Rayos (prednisone) delayed-release tablets
<b>POLICY #</b>	12127
<b>INDICATIONS</b>	<b>Rayos</b> is a corticosteroid indicated for use as an anti-inflammatory or immunosuppressive agent for certain allergic, dermatologic, gastrointestinal, hematologic, ophthalmologic, nervous system, renal, respiratory, rheumatologic, specific infectious diseases or conditions and organ transplantation.
<b>CRITERIA</b>	ConnectiCare, Inc. considers Rayos to be medically necessary for patients who meet ALL of the following criteria: <ol style="list-style-type: none"><li>1. Patient has had a prior trial and inadequate response to one generic immediate-release oral prednisone agent; <b>AND</b></li><li>2. Documentation has been provided for why the delayed-release agent is clinically necessary and not for convenience; <b>AND</b></li><li>3. Patient has had a prior consecutive trial and inadequate response to <b>two</b> additional generic oral corticosteroid agents (such as but not limited to, prednisolone, methylprednisolone, hydrocortisone).</li></ol>
<b>LIMITATIONS</b>	<ol style="list-style-type: none"><li>1. Patients with severely reduced renal function (creatinine clearance less than 30 mL/minute)</li></ol>
<b>REFERENCES</b>	<ol style="list-style-type: none"><li>1. Rayos [package insert]. Lake Forest, IL: Horizon Pharma USA, Inc.</li></ol>
<b>P&amp;T REVIEW HISTORY</b>	5/18, 5/19
<b>REVISION RECORD</b>	5/18