



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

PREDNISONE DELAYED-RELEASE TABS

Generic	Brand	HICL	GCN	Exception/Other
PREDNISONE	RAYOS		33097 33098 33099	

**GUIDELINES FOR USE**

**INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)**

1. Is the request for an FDA approved indication and the patient meets **ALL** of the following criteria?
  - The patient had a previous trial of or contraindication to **ONE** of the following: generic prednisone, prednisolone, or methylprednisolone
  - Physician attestation of subclinical response or treatment failure of generic prednisone, prednisolone, or methylprednisolone

If yes, **approve for 6 months by GPID for the requested strength.**

**APPROVAL TEXT:** Renewal requires physician attestation of clinical benefit from using Rayos (e.g., improvement in inflammatory condition from baseline) and physician attestation that the patient cannot be tapered off corticosteroid (i.e., Rayos).

If no, do not approve.

**INITIAL DENIAL TEXT:** The guideline named **PREDNISONE DELAYED-RELEASE TABS (Rayos)** requires that the request is for an FDA approved indication. In addition, the following criteria must be met:

- The patient had a previous trial of or contraindication to **ONE** of the following: generic prednisone, prednisolone, or methylprednisolone
- Physician attestation of subclinical response or treatment failure of generic prednisone, prednisolone, or methylprednisolone

**RENEWAL CRITERIA**

1. Is the request for an FDA approved indication and the patient meets **ALL** of the following criteria?
  - Physician attestation of clinical benefit from using Rayos (e.g., improvement in inflammatory condition from baseline)
  - Physician attestation that the patient cannot be tapered off corticosteroid (i.e., Rayos)

If yes, **approve for 6 months by GPID for the requested strength.**

If no, do not approve.

**RENEWAL DENIAL TEXT:** The guideline named **PREDNISONE DELAYED-RELEASE TABS (Rayos)** requires that the request is for an FDA approved indication. In addition, the following criteria must be met:

- Physician attestation of clinical benefit from using Rayos (e.g., improvement in inflammatory condition from baseline)
- Physician attestation that the patient cannot be tapered off corticosteroid (i.e., Rayos)

**CONTINUED ON NEXT PAGE**



**STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES**

**PREDNISONE DELAYED-RELEASE TABS**

---

**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Rayos.

**REFERENCES**

- Rayos [Prescribing Information]. Lake Forest, IL: Horizon Pharma USA, Inc., September 2017.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Created: 08/19

Commercial Effective: 10/01/19

Client Approval: 08/19

P&T Approval: 07/19