



## MEDICATION POLICY

**Generic Name:** Prednisone Delayed-Release

**Therapeutic Class or Brand Name:** Rayos®

**Applicable Drugs (if Therapeutic Class):** N/A

**Date of Origin:** 7/17/15

**Date Last Reviewed/Revised:** 12/19/17

**GPI Code:** 221000450006

### **Prior Authorization Criteria (may be considered medically necessary when criteria I through III are met):**

- I. Documented diagnosis of Rheumatoid Arthritis.
- II. Documented failure of an at least 3 month trial of or intolerance to generic oral immediate-release prednisone.
- III. Documented clinical reason containing details as to why treatment with Rayos® is necessary and why it is expected to be effective.

### **Exclusion Criteria:**

- N/A

### **Other Criteria:**

- Rayos® is FDA-approved for many indications; however, published clinical trials show that Rayos® has only been studied in adult patients diagnosed with Rheumatoid Arthritis. In the clinical trials, patients received Rayos® 3 mg to 10 mg once daily, with the majority receiving 5mg or less once daily.

### **Quantity/Days Supply Restrictions:**

- Authorized in quantities of up to 10 mg per day.
- The quantity is limited to a maximum of a 30 day supply per fill.

### **Approval Length:**

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

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*Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.*



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### Appendix:

N/A

### References:

1. <http://www.rayosrx.com/pi/RAYOS-Prescribing-Information.pdf>.
2. [Medi-Span](#).
3. <https://d1tpfj3hind0fx.cloudfront.net/Media/Documents/UMC/0156Rayos.pdf>.
4. <http://www.bcbsm.com/content/dam/public/Consumer/Documents/help/documents-forms/pharmacy/prior-authorization-and-step-therapy-guidelines.pdf>.

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<i>Historical Tracking Of Changes Made To Policy</i>	
12/19/2017	1. Policy reviewed: no changes made.
10/7/2016	1. <b>Updated</b> “ <a href="https://www.bcbsm.com/content/dam/public/Providers/Documents/help/documents-forms/prior-authorization-and-step-therapy-guidelines.pdf">https://www.bcbsm.com/content/dam/public/Providers/Documents/help/documents-forms/prior-authorization-and-step-therapy-guidelines.pdf</a> ” <b>to</b> “ <a href="http://www.bcbsm.com/content/dam/public/Consumer/Documents/help/documents-forms/pharmacy/prior-authorization-and-step-therapy-guidelines.pdf">http://www.bcbsm.com/content/dam/public/Consumer/Documents/help/documents-forms/pharmacy/prior-authorization-and-step-therapy-guidelines.pdf</a> ” <b>under References.</b> 2. <b>Removed</b> “ <a href="http://www.connecticare.com/provider/PDFs/Pharmacy/Rayos.pdf">http://www.connecticare.com/provider/PDFs/Pharmacy/Rayos.pdf</a> ” <b>from References</b> (link no longer valid).

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