

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Rayos (prednisone delayed-release)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Rayos (prednisone delayed-release) tablets	N/A

### APPROVAL CRITERIA

Requests for Rayos (prednisone delayed-release) may be approved if the following criteria are met:

- I. Individual has had a prior trial and inadequate response to one generic immediate-release oral prednisone agent; **AND**
- II. Documentation has been provided for why the delayed-release agent is clinically necessary and not for convenience; **AND**
- III. Individual has had a prior consecutive trial and inadequate response to two additional generic oral corticosteroid agents (such as but not limited to, prednisolone, methylprednisolone, hydrocortisone).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.  
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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