MEDICATION POLICY:
Rayos (Prednisone Delayed-Release)

Applicable Drugs: Rayos (Prednisone Delayed-Release)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 7/17/2015

Date Last Reviewed / Revised: 5/19/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

I. Documented diagnosis of Rheumatoid Arthritis.

II. Documented treatment failure of, or intolerance to, at least a 3-month trial of generic oral immediate-release prednisone.

III. Documented clinical rationale containing details as to why treatment with Rayos is necessary and why it is expected to be effective.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

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 5 mg 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.

APPENDIX

N/A

REFERENCES

1. Rayos. Prescribing information. Horizon Therapeutics USA, Inc.; 2024. Accessed May 19, 2026. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/202020s013lbl.pdf

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 judgement in providing the most appropriate care for their patients.