RAYOS (prednisone tablet delayed release) oral tablet

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Rayos (prednisone, delayed release) is a corticosteroid indicated 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; and for the treatment of certain endocrine conditions; and for palliation of certain neoplastic conditions.

Adrenal cortical steroids or corticosteroids (also called adrenocortical steroids or adrenocorticosteroids) are hormones synthesized by the adrenal cortex. They can be naturally occurring or a synthetic derivative. There are two types of corticosteroids, glucocorticoids (also known as glucocorticosteroids) and mineralocorticoids (also known as mineralocorticosteroids). Glucocorticoids are essential for the utilization of carbohydrate, fat and protein by the body and for normal response to stress. Naturally occurring and synthetic glucocorticoids have very powerful anti-inflammatory effects and are used to treat conditions that involve inflammation. They also decrease the body's immune response resulting in immune suppression. Mineralocorticoids, such as aldosterone, are necessary for the regulation of salt and water in the body.
The active ingredient in Rayos is prednisone and it is formulated in a delayed-release formulation. Generic prednisone is available in tablet, oral solution, and oral concentrate formulations.

Prednisone is a synthetic compound with predominant glucocorticoid activity. The pharmacological effects of prednisone include: promotion of gluconeogenesis; increased deposition of glycogen in the liver; inhibition of the utilization of glucose; anti-insulin activity; increased catabolism of protein; increased lipolysis; stimulation of fat synthesis and storage; increased glomerular filtration rate and resulting increase in urinary excretion of urate; and increased calcium excretion.

Prednisone also depresses the production of eosinophils and lymphocytes, but erythropoiesis and production of polymorphonuclear leukocytes are stimulated. Inflammatory processes of edema, fibrin deposition, capillary dilatation, migration of leukocytes and phagocytosis, and the later stages of wound healing (capillary proliferation, deposition of collagen, cicatrization) are inhibited.

Prednisone can stimulate secretion of various components of gastric juice. Suppression of the production of corticotropin may lead to suppression of endogenous corticosteroids. Prednisone has slight mineralocorticoid activity, whereby entry of sodium into cells and loss of intracellular potassium is stimulated. This is particularly evident in the kidney, where rapid ion exchange leads to sodium retention and hypertension.

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**Definitions:**

**Drug related events:**

**Ineffective / failure**

Use of a drug employing optimal doses (FDA-recommended doses) for optimal duration; where the condition being treated has not improved or worsened

A request for branded agent due to generic drug failure or ineffectiveness will be assessed for potential approval with documentation of use of optimal dose / duration of the generic product and meeting other criteria within the coverage guideline. When the drug in question is a combination product, there must be documentation of failure / ineffectiveness of concurrent use (each ingredient used at the same time) of individual generic components. When the drug in question is a low dose formulation, there must be documentation of failure / ineffectiveness of low dose generic formulation.

**Adverse Drug Event:** Allergic reaction / Hypersensitivity / Intolerance

Use of a drug produced a significant reaction where continued use of the drug places the individual at risk for either lack of improvement or worsening of the condition being treated or at risk for harm and the concern is documented in medical record. A significant adverse drug event is when an individual’s outcome is death, life-threatening, hospitalization (initial or prolonged), disability resulting in a significant, persistent, or permanent change, impairment, damage or disruption in the individuals’ body function/structure, physical activities or quality of life, or requires intervention to prevent permanent impairment or damage.

**Allergic reaction / hypersensitivity** – may or may not involve the active ingredient. When the active ingredient is involved, use of same or a chemically similar agent places the individual at risk for harm when the same or chemically similar agent is used. The subsequent reaction may be the same as the
original reaction or a more exaggerated response may be seen, potentially placing the individual at even greater risk for harm.

If the reaction occurred from the active/main generic ingredient; request for branded agent with same active ingredient will not be considered unless it is proven (documented) that active ingredient did not cause reaction and the request meets other criteria within the coverage guideline

*Intolerance* – these events represent circumstance(s) where use of a drug produced a significant reaction and continued use may result in non-adherence to proposed therapy and this concern is documented in medical record

*Contraindication*

Use of a drug that is not recommended by the manufacturer or FDA labelling

Use of any drug in the face of a contraindication is outside of the FDA and manufacturer’s labelled recommendation and is considered investigational or experimental

*Non-adherence*

Individual does not follow prescribe regimen that places the individual at risk for lack of improvement or worsening of the condition being treated and this concern is documented in medical record

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**Precertification:**

Precertification (Prior Authorization) is required for members with a Blue Cross Blue Shield of Arizona (BCBSAZ) pharmacy benefit for medication(s) or product(s) indicated in this guideline.

This Pharmacy Coverage Guideline does not apply to FEP or other states’ Blues Plans.

Information about medications that require precertification is available at [www.azblue.com/pharmacy](http://www.azblue.com/pharmacy).

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

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**Criteria:**

See “Resources” section for FDA-approved dosage.

- Precertification for Rayos requires completion of the specific request form in its entirety. All requested data must be provided. Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. Incomplete forms will be returned.
RAYOS (prednisone tablet delayed release) oral tablet (cont.)

- FDA-approved product labeling (indication, age, dosage, testing, contraindications, exclusions, etc.) of Rayos (prednisone tablet delayed release) is considered **medically necessary** for FDA labeled indications as an anti-inflammatory or immunsuppressive agent for certain allergic, dermatologic, gastrointestinal, hematologic, nervous system, ophthalmologic, renal, respiratory, rheumatologic, specific infectious diseases or conditions and organ transplantation; for the treatment of certain endocrine conditions; for palliation of certain neoplastic conditions with medical record documentation of **ALL** of the following:

1. Individual is 1 month of age or older

2. Unable to use generic non-delayed release prednisone due to **ONE** of the following:
   - Experienced a significant intolerant reaction to the generic
   - Experienced an allergic or hypersensitivity reaction to an identified excipient in the generic
   - Failed an optimal dose and duration of the generic where the condition did not improve or worsened

3. Absence of **ALL** of the following contraindications:
   - Hypersensitivity to prednisone
   - Hypersensitivity to prednisolone

4. Absence of **ALL** of the following exclusions:
   - Systemic fungal infection, unless needed to control drug reactions
   - Latent amebiasis
   - Cerebral malaria
   - Optic neuritis
   - Use with live or live, attenuated vaccines in patients on immune suppressing dose of prednisone
   - Use with smallpox vaccine
   - Use during the first trimester of pregnancy

- Rayos for all other indications not previously listed is considered **experimental or investigational** based upon:

1. Lack of final approval from the Food and Drug Administration, and
2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
3. Insufficient evidence to support improvement of the net health outcome, and
4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
5. Insufficient evidence to support improvement outside the investigational setting.

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**Criteria Revisions:**

- Pharmacy and Therapeutics review 07-21-2016 Approved
- Director Pharmacy Mgmt. review 06-25-2016 No criteria changes
- Pharmacy and Therapeutics review 07-16-2015 Approved
- Director Pharmacy Mgmt. review 06-25-2015 Development
RAYOS (prednisone tablet delayed release) oral tablet (cont.)

**Resources:**


FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
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<tbody>
<tr>
<td>RAYOS is a corticosteroid indicated</td>
<td>Individualize dosing based on disease severity and patient response. The timing of administration should take into account the delayed-release pharmacokinetics and the disease or condition being treated:</td>
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<tr>
<td>• 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</td>
<td>Initial dose: RAYOS 5 mg administered once per day. Patients currently on immediate-release prednisone, prednisolone, or methylprednisolone should be switched to RAYOS at an equivalent dose based on relative potency.</td>
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<tr>
<td>• for the treatment of certain endocrine conditions</td>
<td>Maintenance dose: Use lowest dosage that will maintain an adequate clinical response.</td>
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<tr>
<td>• for palliation of certain neoplastic conditions</td>
<td>Discontinuation: Withdraw gradually if discontinuing long-term or high-dose therapy.</td>
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<td></td>
<td>RAYOS should be taken daily with food.</td>
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<td></td>
<td>RAYOS should be swallowed whole and not broken, divided, or chewed.</td>
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<tr>
<td></td>
<td>Delayed-release tablets: 1 mg, 2 mg, and 5 mg prednisone</td>
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