



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Rayos™ (prednisone delayed release)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Prior authorization may be approved if member has had an inadequate response to immediate release prednisone and prescriber has compelling evidence for the use of this medication

Limitations:

- Dose optimization required (use of higher strength dosage so less amount is dispensed)