

## Pre - PA Allowance

None

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## Prior-Approval Requirements

### Diagnoses

Patient must have **ONE** of the following:

1. Allergic Condition
2. Dermatologic Disease
3. Endocrine Condition
4. Gastrointestinal Disease
5. Hematologic Disease
6. Neoplastic Condition
7. Nervous System Condition
8. Ophthalmic Condition
9. Conditions Related to Organ Transplantation
10. Pulmonary Disease
11. Renal Condition
12. Rheumatologic Condition

**AND ALL** of the following:

1. Patient has had an inadequate treatment response or intolerance to immediate release prednisone
2. Patient has had an inadequate treatment response, intolerance, or contraindication to at least **TWO** of the following oral corticosteroids:
  - a. Dexamethasone
  - b. Hydrocortisone
  - c. Methylprednisolone

## Prior - Approval Limits

**Duration**     6 months

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## Prior – Approval *Renewal* Requirements

### Diagnoses

Patient must have **ONE** of the following:

**RAYOS****(delayed-release prednisone)**

1. Allergic Condition
2. Dermatologic Disease
3. Endocrine Condition
4. Gastrointestinal Disease
5. Hematologic Disease
6. Neoplastic Condition
7. Nervous System Condition
8. Ophthalmic Condition
9. Conditions Related to Organ Transplantation
10. Pulmonary Disease
11. Renal Condition
12. Rheumatologic Condition

**AND** the following:

1. Patient has improved or stabilized on therapy

**Prior - Approval *Renewal* Limits**

Same as above