

PREDNISOLONE AGENTS

Applies To:

prednisolone oral dissolving tablet (Orapred ODT)
 prednisolone oral solution (Pediapred)
 Millipred
 Millipred Dose Pack
 Orapred ODT
 Pediapred
 Veripred

Diagnosis Considered for Coverage:

- Systemic inflammatory states responsive to corticosteroids

Coverage Criteria:

For diagnosis listed above:

- **For tablet:** Intolerance or contraindication to prednisone (1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg) tablets not expected with prednisolone tablets.
- **For solution:** Intolerance or contraindication to prednisone (5 mg/5 ml, 5 mg/ml) solutions and prednisolone (6.7 mg/5 ml solution, 10 mg/5 ml solution, 15 mg/5 ml syrup, 20 mg/5 ml solution, 25 mg/5 ml solution) not expected with the non-preferred prednisolone.
- **For dose pack:** Intolerance or contraindication to prednisone (6 day and 12 day) dose pack not expected with prednisolone dose pack.

Coverage Duration: one year

Effective Date: 5/31/2023