

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS PANCREATIC ENZYMES

BRAND NAME
(generic)

CREON
(pancrelipase)

PANCREAZE
(pancrelipase)

PERTZYE
(pancrelipase)

VIOKACE
(pancrelipase)

ZENPEP
(pancrelipase)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Creon

Creon (pancrelipase) is indicated for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis, chronic pancreatitis, pancreatectomy, or other conditions.

Pancreaze, Pertzye, Zenpep

Pancreaze, Pertzye, and Zenpep (pancrelipase) is indicated for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis or other conditions.

Viokace

Viokace (pancrelipase) tablets, in combination with a proton pump inhibitor, is indicated in adults for the treatment of exocrine pancreatic insufficiency due to chronic pancreatitis or pancreatectomy.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis, chronic pancreatitis, pancreatectomy, or other conditions
AND
- If the request is for Viokace, the patient will take with a proton pump inhibitor (PPI)

REFERENCES

1. Creon [package insert]. North Chicago, IL: AbbVie Inc.; March 2019.
2. Pancreaze [package insert]. Campbell, CA: Vivus, Inc.; November 2018.
3. Pertzye [package insert]. Bethlehem, PA: Digestive Care, Inc.; July 2017.

4. Viokace [package insert]. Irvine, CA: Allergan USA, Inc.; March 2017.
5. Zenpep [package insert]. Irvine, CA: Allergan USA, Inc.; March 2017.
6. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed July 2019.
7. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed July 2019.