# 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

## 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) are 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.; June 2022.
- Pancreaze [package insert]. Campbell, CA: Vivus, Inc.; January 2022.
- 3. Pertzye [package insert]. Bethlehem, PA: Digestive Care, Inc.; March 2020.

Pancrelipase PA Policy 3134-A 10-2022

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- 4. Viokace [package insert]. Madison, NJ: Allergan USA, Inc.; March 2020.
- 5. Zenpep [package insert]. Madison, NJ: Allergan USA, Inc.; March 2020.
- 6. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed July 29, 2022.
- 7. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed July 29, 2022.