

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	NA

Pancreatic Enzymes

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comments	Quantity Limit
Creon	Preferred	May be subject to quantity limit
Pancreaze Pertzye Viokace Zenpep	Non-Preferred	

APPROVAL CRITERIA

Requests for pancreatic enzyme agents (Creon, Pancreaze, Pertzye, Viokace, Zenpep) may be approved if the following criteria are met:

- I. Individual has a diagnosis of exocrine pancreatic insufficiency due to another condition, including, but not limited to:
 - A. Cystic fibrosis; **OR**
 - B. Chronic pancreatitis; **OR**
 - C. Pancreatectomy.

AND

Requests for a non-preferred pancreatic enzyme agent may be approved if the following criterion is met:

- I. Documentation is provided that individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to Creon.

Key References:

CRX-ALL-0604-20

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New Program Date 04/30/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 3, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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