UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number | 2019 P 3030-8
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Program | Step Therapy
Medication | Pancreaze, Pertzye, Viokace
Effective Date | 10/1/2019; Oxford only: 10/1/2019

1. **Background:**

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try Creon and Zenpep before providing coverage for Pancreaze, Pertzye or Viokace.

Members, who have received at least a 90 day supply of Pancreaze, Pertzye or Viokace in the past 120 days as documented in claims history, will be allowed continued coverage of their current therapy.

2. **Coverage Criteria a:**

A. Pancreaze, Pertzye or Viokace will be approved based on the following criterion:

1. History of failure, contraindication or intolerance to both of the following medications:
   a. Creon
   b. Zenpep

   **Authorization will be issued for 12 months.**

*a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.*

3. **Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
4. References:


<table>
<thead>
<tr>
<th>Program</th>
<th>Step Therapy – Pancreatic Enzyme Products (PEPs)</th>
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<tbody>
<tr>
<td>Date</td>
<td>Change</td>
</tr>
<tr>
<td>7/2014</td>
<td>New program.</td>
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<tr>
<td>7/2015</td>
<td>Annual Review. Updated authorization timeframe.</td>
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<tr>
<td>10/2015</td>
<td>Administrative update. Added Maryland Continuation of Care.</td>
</tr>
<tr>
<td>7/2016</td>
<td>Decreased authorization period to 12 months. Updated References. Added Indiana and West Virginia coverage information.</td>
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<tr>
<td>11/2016</td>
<td>Administrative change. Added California coverage information.</td>
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<tr>
<td>7/2017</td>
<td>Annual review. Updated references.</td>
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<tr>
<td>7/2018</td>
<td>Annual review. Removed Ultresa since longer available on the market. Updated references.</td>
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<tr>
<td>7/2019</td>
<td>Annual review. Added an authorization look back for current users and updated references.</td>
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