



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2019 P 3030-8
Program	Step Therapy
Medication	Pancreaze, Pertzye, Viokace
P&T Approval Date	7/2014, 7/2015, 7/2016, 7/2017, 7/2018, 7/2019
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:

<p>A. Pancreaze, Pertzye or Viokace will be approved based on the following criterion:</p> <ol style="list-style-type: none">1. History of failure, contraindication or intolerance to both of the following medications:<ol style="list-style-type: none">a. Creonb. Zenpep <p>Authorization will be issued for 12 months.</p> <p>^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.</p>
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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:

1. Creon Prescribing Information. North Chicago IL: AbbVie Inc.; March 2015.
2. Pancreaze Prescribing Information. Campbell, CA: Vivus, Inc; October 2018.
3. Pertzye Prescribing Information. Bethlehem, PA: Digestive Care, Inc.; October 2016.
4. Viokace Prescribing Information. Irvine, CA: Allergan, USA; March 2017.
5. Zenpep Prescribing Information. Irvine, CA: Allergan, USA; March 2017.

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