



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

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|-------------------|--|
| 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;<br>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 <sup>a</sup>:**

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