Creon® and Zenpep® Capsules Preferred Over Pancreaze®, Pertzye®, & Viokace®

February 13, 2017

Dear SoonerCare Provider,

The purpose of this communication is to provide information regarding criteria recently established for the reimbursement of Pancreaze®, Pertzye®, and Viokace®. You are receiving this communication because you recently prescribed or dispensed Pancreaze®, Pertzye®, or Viokace® for SoonerCare member(s). **Effective 03/27/2017**, **Pancreaze® capsules, Pertzye® capsules, and Viokace® tablets will require prior authorization**. **Creon® capsules and Zenpep® capsules will be preferred and will not require prior authorization.** The authorization criteria for reimbursement is as follows:

Pancreaze®, Pertzye®, and Viokace® Approval Criteria:
1. An FDA approved diagnosis of pancreatic insufficiency; and
2. Documented trials of inadequate response to Creon® and Zenpep® or a patient-specific, clinically significant reason why the member cannot use Creon® or Zenpep®.

The following medications do not require prior authorization: Creon® capsules and Zenpep® capsules.

Members currently utilizing Pancreaze®, Pertzye®, or Viokace® will not be "grandfathered" and all members receiving these medications will require that a manual prior authorization be submitted by their prescriber if Creon® or Zenpep® are not appropriate for the member. If a member requires Pancreaze®, Pertzye®, or Viokace®, a prior authorization request can be submitted for consideration to SoonerCare Pharmacy Services, including patient-specific, clinically significant supporting information for use of the requested medication in place of the preferred products.

Updated versions of prior authorization criteria for pancreatic enzyme medications can be downloaded from www.okhca.org/rx-pa, then clicking "Gastro-Intestinal".

Prior authorization request forms can be found online at www.okhca.org/forms (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!