



Missouri Pharmacy Program – Preferred Drug List



Pancreatic Enzyme Agents

Effective 06/23/2011

Revised 07/12/2018

Preferred Agents

- Creon[®]
- Pancrelipase EC (generic Zenpep[®])
- Zenpep[®]

Non-Preferred Agents

- Pancreaze[®]
- Pertzye[®]
- Ultresa[®]
- Viokace[®]

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030