

Clinical Policy: Pancrelipase (Creon, Pancreaze, Pertzye, Viokace, Zenpep)

Reference Number: PA.CHIP.PMN.226

Effective Date: 01/2026

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Description

Pancrelipase (Creon®, Pancreaze®, Pertzye®, Viokace®, Zenpep®) is a combination of porcine- derived lipases, proteases, and amylases.

FDA Approved Indication(s)

Creon, Pancreaze, Pertzye, and Zenpep are indicated for the treatment of exocrine pancreatic insufficiency in adult and pediatric patients.

Viokace, in combination with a proton pump inhibitor, is indicated in adults for the treatment of exocrine pancreatic insufficiency due to chronic pancreatitis or pancreatectomy.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Creon, Pancreaze, Pertzye, Viokace, and Zenpep are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria**A. Pancreatic Insufficiency** (must meet all):

1. Diagnosis of exocrine pancreatic insufficiency (e.g., due to cystic fibrosis, chronic pancreatitis, pancreatectomy);
2. If request is for Pancreaze, Pertzye, or Viokace: Failure both of the following unless contraindicated or clinically significant adverse effects are experienced.*
 - a. **Creon**;
 - b. **Zenpep**;

**Prior authorization may be required for Creon and Zenpep*

3. If request is for Viokace, both of the following (a and b):
 - a. Age \geq 18 years;
 - b. Viokace is prescribed concurrently with a proton pump inhibitor;
4. Dose does not exceed one of the following (a, b, or c):
 - a. 2,500 lipase units/kg per meal;
 - b. 10,000 lipase units/kg per day;
 - c. 4,000 lipase units/g of fat ingested per day.

Approval duration: 12 months

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.PMN.53

II. Continued Therapy

A. Pancreatic Insufficiency (must meet all):

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy (examples may include but are not limited to a reduction in steatorrhea and associated gastrointestinal symptoms; a gain of weight, muscle mass, and muscle function; improvement in fat-soluble vitamin levels);
3. If request is for a dose increase, new dose does not exceed one of the following (a, b, or c):
 - a. 2,500 lipase units/kg per meal;
 - b. 10,000 lipase units/kg per day;
 - c. 4,000 lipase units/g of fat ingested per day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.

Approval duration: Duration of request or 12 months (whichever is less); or

2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

None reported

V. Dosage and Administration

Drug Name*	Dosing Regimen	Maximum Dose
Creon (pancrelipase)	<p><i>Infants (up to 12 months)</i></p> <ul style="list-style-type: none"> 3,000 lipase units (1 capsule) per 120 mL of formula or per breast-feeding. Do not mix capsule contents directly into formula or breast milk prior to administration. <p><i>Children > 12 months and < 4 years</i></p> <ul style="list-style-type: none"> Begin with 1,000 lipase units/kg of body weight per meal to a maximum of 2,500 lipase units/kg of body weight per meal (or ≤ 10,000 lipase units/kg of body weight per day), or < 4,000 lipase units/g fat ingested per day. <p><i>Children ≥ 4 years and Adults ≥ 18 years</i></p> <ul style="list-style-type: none"> Begin with 500 lipase units/kg of body weight per meal to a maximum of 2,500 lipase units/kg of body weight per meal (or ≤ 10,000 lipase units/kg of body weight per day), or < 4,000 lipase units/g fat ingested per day. Adult patients with chronic pancreatitis or pancreatectomy may require an initial starting dosage of 1,000 lipase units/kg of body weight per meal. 	<p>2,500 lipase units/kg/meal, 10,000 lipase units/kg/day, or 4,000 lipase units/g of fat ingested/day</p> <p>Higher dosages may be administered if documented effective by fecal fat measures or improvement of malabsorption</p>
Pancreaze (pancrelipase)	<p><i>Infants (up to 12 months)</i></p> <ul style="list-style-type: none"> 2,600 lipase units (1 capsule) per 120 mL of formula or per breast-feeding. Do not mix capsule contents directly into formula or breast milk prior to administration. <p><i>Children > 12 months and < 4 years</i></p> <ul style="list-style-type: none"> Begin with 1,000 lipase units/kg of body weight per meal to a maximum of 2,500 lipase units/kg of body weight per meal (or ≤ 10,000 lipase units/kg of body weight per day), or < 4,000 lipase units/g fat ingested per day. <p><i>Children ≥ 4 years and Adults ≥ 18 years</i></p> <ul style="list-style-type: none"> Begin with 500 lipase units/kg of body weight per meal to a maximum of 2,500 lipase units/kg of body weight per meal (or ≤ 10,000 lipase units/kg of body weight per day), or < 4,000 lipase units/g fat ingested per day. 	

Drug Name*	Dosing Regimen	Maximum Dose
Pertzye (pancrelipase)	<p><i>Infants (up to 12 months)</i></p> <ul style="list-style-type: none"> • 4,000 lipase units (1 capsule) per 120 mL of formula or per breast-feeding. Do not mix capsule contents directly into formula or breast milk prior to administration. <p><i>Children > 12 months and < 4 years</i></p> <ul style="list-style-type: none"> • Begin with 1,000 lipase units/kg of body weight per meal to a maximum of 2,500 lipase units/kg of body weight per meal (or ≤ 10,000 lipase units/kg of body weight per day), or < 4,000 lipase units/g fat ingested per day. <p><i>Children ≥ 4 years and Adults ≥ 18 years</i></p> <ul style="list-style-type: none"> • Begin with 500 lipase units/kg of body weight per meal to a maximum of 2,500 lipase units/kg of body weight per meal (or ≤ 10,000 lipase units/kg of body weight per day), or < 4,000 lipase units/g fat ingested per day. 	
Viokace (pancrelipase)	<p><i>Adults ≥ 18 years</i></p> <p>Begin with 500 lipase units/kg of body weight per meal to a maximum of 2,500 lipase units/kg of body weight per meal (or ≤ 10,000 lipase units/kg of body weight per day), or < 4,000 lipase units/g fat ingested per day.</p>	
Zenpep (pancrelipase)	<p><i>Infants (up to 12 months)</i></p> <ul style="list-style-type: none"> • 3,000 lipase units (1 capsule) per 120 mL of formula or per breast-feeding. Do not mix capsule contents directly into formula or breast milk prior to administration. <p><i>Children > 12 months and < 4 years</i></p> <ul style="list-style-type: none"> • Begin with 1,000 lipase units/kg of body weight per meal to a maximum of 2,500 lipase units/kg of body weight per meal (or ≤ 10,000 lipase units/kg of body weight per day), or < 4,000 lipase units/g fat ingested per day. <p><i>Children ≥ 4 years and Adults ≥ 18 years</i></p> <ul style="list-style-type: none"> • Begin with 500 lipase units/kg of body weight per meal to a maximum of 2,500 lipase units/kg of body weight per meal (or ≤ 10,000 lipase units/kg of body weight per day), or < 4,000 lipase units/g fat ingested per day. 	

*Each agent is not interchangeable with any other pancrelipase product

V. Product Availability

Drug Name	Availability
Creon (pancrelipase)	<p>Delayed-release capsules:</p> <ul style="list-style-type: none"> • 3,000 USP units of lipase; 9,500 USP units of protease; 15,000 USP units of amylase • 6,000 USP units of lipase; 19,000 USP units of protease; 30,000 USP units of amylase • 12,000 USP units of lipase; 38,000 USP units of protease; 60,000 USP units of amylase • 24,000 USP units of lipase; 76,000 USP units of protease; 120,000 USP units of amylase • 36,000 USP units of lipase; 114,00 USP units of protease; 180,000 USP units of amylase
Pancreaze (pancrelipase)	<p>Capsules:</p> <ul style="list-style-type: none"> • 2,600 USP units of lipase; 8,800 USP units of protease; 15,200 USP units of amylase • 4,200 USP units of lipase; 14,200 USP units of protease; 24,600 USP units of amylase • 10,500 USP units of lipase; 35,500 USP units of protease; 61,500 USP units of amylase • 16,800 USP units of lipase; 56,800 USP units of protease; 98,400 USP units of amylase • 21,000 USP units of lipase; 54,700 USP units of protease; 83,900 USP units of amylase • 37,000 USP units of lipase; 93,300 USP units of protease; 149,900 USP units of amylase
Pertzye (pancrelipase)	<p>Delayed-release capsules:</p> <ul style="list-style-type: none"> • 4,000 USP units of lipase; 14,375 USP units of protease; 15,125 USP units of amylase • 8,000 USP units of lipase; 28,750 USP units of protease; 30,250 USP units of amylase • 16,000 USP units of lipase; 57,500 USP units of protease; 60,500 USP units of amylase • 24,000 USP units of lipase; 86,250 USP units of protease; 90,750 USP units of amylase
Viokace (pancrelipase)	<p>Tablets:</p> <ul style="list-style-type: none"> • 10,440 USP units of lipase; 39,150 USP units of protease; 39,150 USP units of amylase • 20,880 USP units of lipase; 78,300 USP units of protease; 78,300 USP units of amylase
Zenpep (pancrelipase)	<p>Delayed-release capsules:</p> <ul style="list-style-type: none"> • 3,000 USP units of lipase; 10,000 USP units of protease; 14,000 USP units of amylase. Capsules have a white opaque cap and white opaque body, red imprint with "APTALIS 3" • 5,000 USP units of lipase; 17,000 USP units of protease; 24,000 USP units of amylase. Capsules have a white opaque cap and white opaque body, blue imprint with "APTALIS 5" • 10,000 USP units of lipase; 32,000 USP units of protease; 42,000 USP units of amylase. Capsules have a yellow opaque cap and white opaque

	<p>body, blue imprint with “APTALIS 10”</p> <ul style="list-style-type: none">• 15,000 USP units of lipase; 47,000 USP units of protease; 63,000 USP units of amylase. Capsules have a red opaque cap and white opaque body, blue imprint with “APTALIS 15”• 20,000 USP units of lipase; 63,000 USP units of protease; 84,000 USP units of amylase. Capsules have a green opaque cap and white opaque body, blue imprint with “APTALIS 20”• 25,000 USP units of lipase; 79,000 USP units of protease; 105,000 USP units of amylase. Capsules have a blue opaque cap and white opaque body, blue imprint with “APTALIS 25”• 40,000 USP units of lipase; 126,000 USP units of protease; 168,000 USP units of amylase. Capsules have an orange opaque cap and white opaque body, blue imprint with “APTALIS 40”• 60,000 USP units of lipase; 189,600 USP units of protease; 252,600 USP units of amylase. Capsules have a powder blue opaque cap with two black stripes and white opaque body, printed with “APTALIS 60”
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VI. References

1. Creon Prescribing Information. North Chicago, IL: AbbVie Inc.; February 2024. Available at: <https://www.creon.com/>. Accessed July 12, 2024.
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3. Pertzye Prescribing Information. Bethlehem, PA: Digestive Care, Inc.; February 2024. Available at: www.pertzye.com. Accessed July 15, 2024.
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6. Cystic Fibrosis Foundation. Pancreatic enzymes clinical care guidelines: executive summary. Available at: <https://www.cff.org/Care/Clinical-Care-Guidelines/Nutrition-and-GI-Clinical-Care-Guidelines/Pancreatic-Enzymes-Clinical-Care-Guidelines/>. Accessed July 18, 2024.
7. Borowitz DS, Grant RJ, Durie PR, the Consensus Committee. Use of pancreatic enzyme supplements for patients with cystic fibrosis in the context of fibrosing colonopathy. *J Pediatr*. 1995; 127:681-84.
8. Whitcomb DC, Buchner AM, Forsmark CE. AGA Clinical Practice Update on the Epidemiology, Evaluation, and Management of Exocrine Pancreatic Insufficiency: Expert Review. *Gastroenterology* November 2023; 165: 1292–1301.

Reviews, Revisions, and Approvals	Date
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