

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Ethacrynic Acid (Edecrin)

Notes:

- * Severe drug reaction includes but not limited to Stevens-Johnson syndrome (SJS), drug reaction with eosinophilia and systemic symptoms (DRESS), toxic epidermal necrolysis (TEN), or anaphylaxis

Initiation (new start) criteria: Formulary **ethacrynic acid (Edecrin)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a documented non-life-threatening allergy to at least 2 of the preferred loop diuretics (e.g., furosemide, torsemide, or bumetanide)

-OR-

- Documented severe drug reaction* to a sulfonamide