

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Sacrosidase (Sucraid)

#### Notes:

- Quantity Limits: Yes

**Initiation (new start) criteria:** Non-formulary **sacrosidase (Sucraid)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a gastroenterologist and patient has a diagnosis of congenital sucrase-isomaltase deficiency as confirmed by one of the following:
  - Genetic testing of the sucrase-isomaltase (SI) gene indicating a pathogenic mutation OR
  - Endoscopic biopsy of the small bowel OR
  - Sucrose breath test
- Patient is at least 5 months old
- Patient has symptoms of congenital sucrose-isomaltase deficiency (e.g., diarrhea, bloating, abdominal cramping)

**Criteria for new members entering Kaiser Permanente or current members already taking the medication who have not been reviewed previously:** Non-formulary **sacrosidase (Sucraid)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a gastroenterologist and patient has a diagnosis of congenital sucrase-isomaltase deficiency
- Patient is stable on the drug

**Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication:** Non-formulary **sacrosidase (Sucraid)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a gastroenterologist
- Patient has responded to sacrosidase (Sucraid) as determined by prescriber