

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Sodium sulfate, magnesium sulfate, and potassium chloride tablets (SUTAB)

#### Notes:

- Quantity Limits: No
- ^ Adequate trial is defined as: Patient completed the bowel prep as instructed however prep quality was unsatisfactory per clinician performing the endoscopy
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Non-formulary **sodium sulfate, magnesium sulfate, and potassium chloride tablets (SUTAB)** will be covered on the prescription drug benefit for **6 months** when the following criteria are met:

- Prescriber is a Gastroenterology Department clinician
- Patient has failed an adequate trial<sup>^</sup> of, or patient has an allergy or intolerance\* to the following:
  - Polyethylene glycol 3350, sodium sulfate, sodium bicarbonate, sodium chloride, potassium chloride oral reconstituted solution (GaviLyte)
  - Polyethylene glycol 3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, and ascorbic acid for oral solution (MoviPrep)
  - Sodium sulfate, potassium sulfate, magnesium sulfate solution, concentrate (SUPREP Bowel Prep Kit) (criteria based)