

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 sucrase-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