SACROSIDASE

Generic	Brand	HICL	GCN	Exception/Other
SACROSIDASE	SUCRAID	18554		

This drug requires a written request for prior authorization.

GUIDELINES FOR USE

1. Does the patient have a diagnosis of genetically determined sucrose deficiency, or congenital sucrase-isomaltase deficiency (CSID)?

   If yes, **approve for 12 months for #8mL per day.**
   If no, do not approve.
   DENIAL TEXT: Approval requires a diagnosis of genetically determined sucrose deficiency, or congenital sucrase-isomaltase deficiency (CSID).

RATIONALE
To ensure use of Sucraid based on its FDA approved indication and dosing.

FDA APPROVED INDICATIONS
Sucraid oral solution is indicated as oral replacement therapy of the genetically determined sucrose deficiency, which is part of congenital sucrase-isomaltase deficiency (CSID).

REFERENCES

- QOL Medical, LLC. Sucraid package insert. Vero Beach, FL. June 2011.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 12/14/12
Created: 05/12
Client Approval: 05/12
P&T Approval: 05/12