Criteria Based Consultation Prescribing Program
CRITERIA FOR DRUG COVERAGE

Ethacrynic Acid (Edecrin)

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

- Documented non life-threatening allergy to at least 2 of the preferred loop diuretics (furosemide, torsemide, or bumetanide)
  - OR -
- Documented severe drug reaction* to a sulfonamide

* 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