Sucraid (sacrosidase)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Initial requests: 3 months Continuation requests: 1 year

Medications	Quantity Limit
Sucraid (sacrosidase)	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Sucraid (sacrosidase) may be approved if the following criteria are met:

I. Individual is using for oral replacement therapy in congenital sucrase-isomaltase deficiency (CSID); **AND**
II. Documentation is provided that CSID diagnosis has been confirmed by one of the following (Cohen 2016; Treem 2012):
   A. Disaccharidase assay following small bowel biopsy;
   B. ^{13}C sucrose breath test;
   C. Sucrose hydrogen breath test;
   D. *SI* gene mutation.

Continuation requests for Sucraid (sacrosidase) may be approved if the following criterion is met:

I. Documentation is provided that there is clinically significant improvement in clinical signs and symptoms of disease (including but not limited to fewer stools, improved stool consistency, improved stomach cramping, bloating and gas).

Requests for Sucraid (sacrosidase) may not be approved for the following:

I. Individual has a secondary (acquired) disaccharidase deficiency.

Key References:

1. Cohen SA. The clinical consequences of sucrose-isomaltase deficiency. *Molecular and Cellular Pediatrics*. 2016;3:5.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: September 9, 2023.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
5. Treem WR. Clinical aspects and treatment of congenital sucrase-isomaltase deficiency. *J Pediatr Gastroenterol Nutr*. 2012 Nov;55 Suppl 2:S7-13.