

## Sucraid (sacrosidase)

### Coverage Criteria:

1. Patient has a congenital sucrose-isomaltase deficiency (CSID); and,
2. Prescribed by a provider specializing in genetics, metabolic disorders, or gastroenterology; and,
3. Patient and/or guardian has attested that they will adhere to the treatment plan; and
4. Prescribed according to an FDA-approved regimen of 1 mL per meal or snack for patients up to 15 kg in body weight or 2 mL per meal or snack for patients over 15kg in body weight.

### Renewal Criteria:

1. Patient has been seen and evaluated by the prescriber within the past 12 months; and,
2. Patient demonstrates a positive response to therapy per markers of disease, such as:
  - a. A reduction in breath hydrogen excretion; or,
  - b. Fewer and/or more formed stools compared to baseline.

### Coverage Duration:

Initial authorizations will be provided for 2 months.

Reauthorization will be provided for 12 months.