



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Sucraid

Page: 1 of 2

Effective Date: 2/10/2023

Last Review Date: 11/2022

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Sucraid (sacrosidase) under the patient's prescription drug benefit.

Description:

Sucraid (sacrosidase) Oral Solution is indicated as oral replacement therapy of the genetically determined sucrase deficiency, which is part of congenital sucrase-isomaltase deficiency (CSID).

Applicable Drug List:

Sucraid

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of congenital sucrase-isomaltase deficiency
- AND**
- The diagnosis of congenital sucrase-isomaltase deficiency was confirmed by small bowel biopsy
- OR**
- The diagnosis of congenital sucrase-isomaltase deficiency was confirmed by genetic testing
- OR**
- The diagnosis of congenital sucrase-isomaltase deficiency was confirmed by sucrose hydrogen breath test

Quantity Limits apply.

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit:

- Sucraid Multiple-Dose Bottle (Each bottle contains 4 oz [118 mL total]) = 354 mL / 25 days
- Sucraid Single-Use Container (Each carton contains 150 single-use containers of 2 mL each [300 mL total]) = 300 mL / 21 days



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References:

1. Sucraid [package insert]. Vero Beach, FL: QOL Medical, LLC; May 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed September 2, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed September 2, 2021.
4. National Organization for Rare Disorders (NORD). Congenital Sucrase-Isomaltase Deficiency. 2005. Available at <https://rarediseases.org>. Accessed September 2021.
5. Genetic and Rare Diseases Information Center. Congenital sucrose-isomaltase deficiency. 2020. Available at <https://rarediseases.info.nih.gov>. Accessed September 2021.