

Policy Name:	Sucraid (sacrosidase)	Policy #:	2512P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Sucraid (sacrosidase).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Sucraid (sacrosidase) under the Specialty Pharmacy benefit when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of Congenital Sucrase-Isomaltase Deficiency (CSID) confirmed by one of the following:
 - Documented stool pH < 6.0 and increase in breath hydrogen of > 10ppm when challenged with sucrose after fasting and a negative lactose breath test
 - Small bowel biopsy documenting decreased or absent sucrase activity, reduced maltase activity, decreased or normal isomaltase and lactase activity, and normal villous architecture
 - Genetic testing documenting pathogenic mutation in sucrase-isomaltase gene
- 1.2 Ordered by a gastroenterologist (stomach doctor)

2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

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HCPCS Codes

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References

1. Sucraid (sacrosidase) oral solution [prescribing information]. Vero Beach, FL: QOL Medical, LLC; August 2024.
2. Puntis JW, Zamvar V. Congenital sucrase-isomaltase deficiency: diagnostic challenges and response to enzyme replacement therapy. Arch Dis Child. 2015;100(9):869-871.
3. Treem WR, McAdams L, Stanford L, et al: Sacrosidase therapy for congenital sucrase-isomaltase deficiency. J Pediatr Gastroenterol Nutr 1999; 28:137-142.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.