

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Sucraid (sacrosidase)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Sucraid (sacrosidase)

APPROVAL CRITERIA

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).

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

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

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

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New Program Date 08/29/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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*FHK- Florida Healthy Kids

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: May 29, 2018

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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