

Initial Prior Authorization with Quantity Limit Sucraid

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
|------------|--------------|
| Sucraid | sacrosidase |

Indications

FDA-approved Indications

Sucraid (sacrosidase) Oral Solution is indicated for the treatment of sucrase deficiency, which is part of congenital sucrase-isomaltase deficiency (CSID), in adult and pediatric patients 5 months of age and older.

Coverage Criteria

Congenital Sucrase-Isomaltase Deficiency (CSID)

Authorization may be granted when the patient has a diagnosis of congenital sucrase-isomaltase deficiency (CSID) when ONE of the following criteria is met:

- The diagnosis of CSID was confirmed by small bowel biopsy.
- The diagnosis of CSID was confirmed by genetic testing.

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|---------------------|
| Reference number(s) |
| 3369-C |

- The diagnosis of CSID was confirmed by sucrose hydrogen breath test.

Quantity Limits Apply

Quantity Limit

Please Note: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing OR the duration of 21 days is used for a 25-day fill period and 63 days is used for a 75-day fill period to allow time for refill processing.

| Drug | 1 Month Limit | 3 Month Limit |
|--|------------------|--------------------|
| Sucraid Multiple-Dose Bottle (Each bottle contains 4 oz [118 mL total]) | 354 mL / 25 days | 1,062 mL / 75 days |
| Sucraid Single-Use Container (Each carton contains 150 single-use containers of 2 mL each [300 mL total]) | 300 mL / 21 days | 900 mL / 63 days |

Duration of Approval (DOA)

- 3369-C: DOA: 12 months

References

1. Sucraid [package insert]. Vero Beach, FL: QOL Medical, LLC; August 2024.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed August 11, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 08/11/2025).
4. National Organization for Rare Disorders (NORD). Congenital Sucrase-Isomaltase Deficiency. 2018. Available at <https://rarediseases.org/rare-diseases/disaccharide-intolerance-i/>. Accessed August 12, 2025.