

POLICY NAME	Sucraid (sacrosidase)	POLICY #	2512P
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Criteria

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)