Sucralfate Suspension Prior Authorization with Quantity Limit Program Summary

This program applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx formularies.

This is a FlexRx Standard and GenRx Standard program.

The BCBS MN Step Therapy Supplement also applies to this program for all Commercial/HIM lines of business.

FDA APPROVED INDICATIONS[1,2]

Agent(s)	Indication(s)
Carafate® (sucralfate)* Oral suspension, Tablet	Oral suspension: • Short-term (up to 8 weeks) treatment of active duodenal ulcer Tablet: • Short-term treatment (up to 8 weeks) of active duodenal ulcer • Maintenance therapy for duodenal ulcer patients at reduced dosage after healing of acute ulcers

* - generic available

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

Safety
Carafate is contraindicated in patients with known hypersensitivity reactions to the active substance or to any of the excipients.[1,2]

REFERENCES

1. Carafate suspension prescribing information. Allergan USA, Inc. January 2023.
2. Carafate tablet prescribing information. Allergan USA, Inc. April 2018.

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TARGET AGENT(S)
Carafate® (sucralfate)
a- Generic equivalent available

Brand (generic)	GPI	Multisource Code	Quantity Limit (per day or as listed)
Carafate (sucralfate)*			
1 g/10 mL oral suspension	49300010001820	M, N, O, or Y	40 mL

* - Generic equivalent available

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Target Agent(s) will be approved when ALL of the following are met:

1. ONE of the following:
    A. The prescriber has provided information that the use of the tablet formulation is not clinically appropriate for the patient
    OR
    B. The patient's medication history includes use of the tablet formulation in the past 999 days
    OR
    C. BOTH of the following:
        i. The prescriber has stated that the patient has tried the tablet formulation
        AND
        ii. The tablet formulation was discontinued due to lack of effectiveness or an adverse event
    OR
    D. The patient is currently being treated with the requested agent as indicated by ALL of the following:
        i. A statement by the prescriber that the patient is currently taking the requested agent
        AND
        ii. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent
        AND
        iii. The prescriber states that a change in therapy is expected to be ineffective or cause harm
    OR
    E. The prescriber has provided documentation that the tablet formulation cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm

    AND
2. The patient does NOT have any FDA labeled contraindications to the requested agent
    AND
3. ONE of the following:
    A. The requested quantity (dose) does NOT exceed the program quantity limit
    OR
    B. BOTH of the following:

i. The requested quantity (dose) is greater than the program quantity limit
AND
ii. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication

OR

C. ALL of the following:
i. The requested quantity (dose) is greater than the program quantity limit
AND
ii. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication
AND
iii. The prescriber has provided information in support of therapy with a higher dose for the requested indication

Length of Approval: 12 months

