Helpful Information for Patients

Sucraid®
(sacrosidase) Oral Solution

Information about **Sucraid®** can be found at **Sucraid.com**

Specialty Pharmacy

For drug delivery information, contact the specialty pharmacy at
Phone: 1-833-800-0122
Fax: 1-866-850-9155

CSID

For information on Congenital Sucrase-Isomaltase Deficiency (CSID) and Sucraid® visit **Sucraid.com**

For general information, visit sucraid.com

Getting Started

WEEK 1
- Start by having your child take Sucraid® (sacrosidase) Oral Solution with meals and snacks as prescribed by the healthcare provider.
- During the next four weeks, keep a journal of what your child eats and any gastrointestinal (GI) symptoms exhibited.
- You may continue your child's usual diet or speak with a registered dietitian/nutritionist (RDN) to help plan a healthy diet that is right for your child.

WEEK 2
- If your child's symptoms are better, no further changes are needed.
- If your child is still having some GI symptoms, cut back on the amount of starch eaten and monitor symptoms for a week.
  See *Foods High in Starch* highlighted below.
  Tip: Limit starch intake to one serving (a quarter to a half cup) per meal or half the amount usually eaten.

WEEK 3
- If your child's symptoms are better, you can begin to gradually add some high-starch foods back into your child's diet to determine the types and amounts of starch your child is able to tolerate per meal and per day.
  Tip: In general, add only one new food every three days to be sure it is well-tolerated.

WEEK 4
- If your child continues to experience any lingering GI symptoms or if your child's symptoms return at any point, contact your child's dietitian or doctor. You can also contact a dietitian at Sucraid*ASSIST*™ to review.
  Note: If your child is ever without Sucraid®, he/she should avoid foods high in sucrose. **See *Red Flag Foods* below.**

Foods High in Starch

STARCHY VEGETABLES
- Beans (black, kidney, lima)
- Corn
- Peas (black-eyed, green)
- Potatoes (white, red, golden)
- Sweet potatoes
- Yams

WHOLE GRAINS
- Brown rice
- Bran cereal, oats
- Popcorn
- Quinoa
- Whole grain bread, cereal, crackers, pasta

REFINED STARCH
- Cakes
- Cookies
- Cereal, granola bars
- Chips (corn, potato, tortilla)
- Muffins, pastries
- Pancakes, waffles
- Pasta
- Refined cereal
- Saltine crackers
- White bread
- White rice

Created with Nutrition Data System for Research© (Regents of the University of Minnesota, 2017). High starch defined as > 2.5 g starch per 100 g food or > 2.5 g starch

Red Flag Foods (Foods High in Sucrose)

FRUIT
- Apples
- **Apricots**
- Bananas
- **Cantaloupe**
- Clementine
- **Dates**
- Grapefruit
- Guava
- Honeydew melon
- Mandarin oranges
- **Mango**
- **Nectarine**
- **Oranges**
- Passion fruit
- **Peaches**
- Persimmon
- **Pineapple**
- Plums
- **Tangelos**
- **Tangerines**
- Watermelon

VEGETABLES
- **Beets**
- **Carrots**
- Cassava (yucca)
- **Chickpeas (garbanzo beans)**
- **Coleslaw**
- **Corn**
- Edamame
- **Green peas**
- Jicama
- Kidney beans
- Lima beans
- Okra
- Onion
- **Parsnips**
- Pumpkin
- Snow peas
- Split peas
- Sweet pickles
- **Sweet potatoes, yams**

DAIRY
- Flavored milks containing sucrose (chocolate milk)*
- Milk shakes sweetened with condensed milk, malted milk*
- Yogurt*
- Yogurt containing fruits from the high-fructose fruits listed above

BAKED AND PROCESSED FOODS*
- **Breakfast cereals**
- **Granola bars**
- Muffins
- Pancakes, **pastries**, and waffles
- Sweets and desserts: cake, pie, cookies
- **Candy**
- Ice cream
- Popsicles
- **Pudding**
- **Pie**
- Sherbet
- Sorbet
- **Brownies**
- Chocolate

SWEETENERS AND INGREDIENTS
- **Sucrose (table sugar)**
- **Brown sugar**
- **Granulated sugar**
- **Powdered and raw sugar**
- **Beet sugar**
- **Cane sugar/syrup**
- **Cane juice**
- **Coconut sugar**
- **Date sugar**
- **Maple syrup/sugar**
- **Molasses**
- **Syrup**
- **Jelly, jam**

** Sweetened with sucrose.* **Bold is especially high in sucrose**

Created with Nutrition Data System for Research© (Regents of the University of Minnesota, 2017). High sucrose defined as ≥1 g sucrose per 100 g food

NOTE: This information is provided for educational purposes only and is not a substitute for talking with your child's doctor. You should consult with your child's healthcare provider if you have questions or concerns about your child's diet and/or the use of Sucraid®.

ADDITIONAL IMPORTANT SAFETY INFORMATION

- Some patients treated with Sucraid® may have worse abdominal pain, vomiting, nausea, or diarrhea. Constipation, difficulty sleeping, headache, nervousness, and dehydration have also occurred in patients treated with Sucraid®. Check with your doctor if you notice these or other side effects.
- Sucraid® has not been tested to see if it works in patients with secondary (acquired) sucrase deficiency.
- NEVER HEAT SUCRAID® OR PUT IT IN WARM OR HOT BEVERAGES OR INFANT FORMULA. Do not mix Sucraid® with fruit juice or take it with fruit juice. Take Sucraid® as prescribed by your doctor. Normally, half of the dose of Sucraid® is taken before a meal or snack. and the other half is taken during the meal or snack.
- Sucraid® should be refrigerated at 36°F-46°F (2°C-8°C) and should be protected from heat and light.

Please see additional Important Safety Information on *What Is CSID?* page and in enclosed full Prescribing Information. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

Sucraid® and Diet Therapy for Children

This Guide is Intended for **Children** with Congenital Sucrase-Isomaltase Deficiency (CSID)

Sucraid®
(sacrosidase) Oral Solution
sucraid.com

What Is CSID?

If your child has been diagnosed with **Congenital Sucrase-Isomaltase Deficiency (CSID),** his/her body is not making enough of the digestive enzymes, **sucrase** or **isomaltase**. Without sucrase, your child cannot digest **sucrose (table sugar)**. Without isomaltase, your baby may have trouble digesting **starch.*** When sucrose and starch are not well digested, they can cause gastrointestinal (GI) symptoms like diarrhea, abdominal pain, gas, and bloating, and over time, may lead to poor weight gain, weight loss, and/or malnutrition.[1] Other reported symptoms have included reflux and constipation.

* Sucraid® does not break down some sugars resulting from the digestion of starch. Therefore, your child may need to restrict the amount of starch in their diet. Your doctor will tell you if your child should restrict the amount of starch in their diet.

Tell Me About Sucraid®

Sucraid® (sacrosidase) Oral Solution is an FDA-approved enzyme replacement for sucrase to aid in the digestion of sucrose in patients with diagnosed CSID.

Sucraid® Dosing

WEIGHT:	DOSE:	MIX WITH:	TAKE:
Less than 33 pounds	1 milliliter (mL) Sucraid® with meals and snacks	2-4 ounces of water, milk, or sucrose-free, starch-free infant formula	Drink half of the mixture before meals and snacks; drink the remaining half mid-way through the meal or snack
More than 33 pounds	2 milliliters (mL) Sucraid® with meals and snacks		

Sucraid® must be kept refrigerated. Do not mix Sucraid® in anything other than water, milk, or infant formula. Do not heat Sucraid® or mix in hot beverages. For more information about Sucraid®, call Sucraid*ASSIST*™ at 1-800-705-1962.

Do I Need to Change My Child's Diet?*

- Before making any changes to your child's diet, it is important to speak with your child's healthcare provider, especially if your child is underweight or not gaining weight as expected.
- Diet is specific to each child and depends on many factors, such as:
  - How much sucrose and starch your child is currently eating
  - If your child is meeting age-level growth milestones
  - If your child has any other health issues that require a special diet
  - If your child has developed any feeding aversions, is on a supplemental formula, or has a feeding tube
  - How well your child's digestive enzymes and gastrointestinal (GI) tract are working
- Some children may be able to continue their current diet when starting Sucraid® therapy.
- Other children may need to cut back on foods high in starch for a period of time.
- Other children may need to eliminate sucrose and starch from their diet initially and then gradually add foods back to the diet to determine which foods are tolerated and which foods cause GI symptoms. This type of diet plan should only be undertaken under the guidance of your child's healthcare provider or a registered dietitian/nutritionist.
- Vitamins, minerals, and additional supplements may be needed to meet all of your child's nutritional needs.

* See "Getting Started"

1 Gericke B, Amiri M, Naim HY. The Multiple Roles of Sucrase-Isomaltase in the Intestinal Physiology. *Mol and Cell Pediatr. 2016;3(1):2-6. doi:10.1186/s40348-016-0033-y*

INDICATION

Sucraid® (sacrosidase) Oral Solution is an enzyme replacement therapy for the treatment of genetically determined sucrase deficiency, which is part of congenital sucrase-isomaltase deficiency (CSID).

IMPORTANT SAFETY INFORMATION FOR SUCRAID® (SACROSIDASE) ORAL SOLUTION

- Sucraid® may cause a serious allergic reaction. If you notice any swelling or have difficulty breathing, get emergency help right away.
- Sucraid® does not break down some sugars that come from the digestion of starch. You may need to restrict the amount of starch in your diet. Your doctor will tell you if you should restrict starch in your diet.
- Tell your doctor if you are allergic to, have ever had a reaction to, or have ever had difficulty taking yeast, yeast products, papain, or glycerin (glycerol).
- Tell your doctor if you have diabetes, as your blood glucose levels may change if you begin taking Sucraid®. Your doctor will tell you if your diet or diabetes medicines need to be changed.

Please see additional Important Safety Information on *Getting Started* page and in enclosed full Prescribing Information.

Prescribing Information

Sucraid® (sacrosidase) Oral Solution:

DESCRIPTION
Sucraid (sacrosidase) Oral Solution is an enzyme replacement therapy for the treatment of genetically determined sucrase deficiency, which is part of congenital sucrase-isomaltase deficiency (CSID).

CHEMISTRY
Sucraid is a pale yellow to colorless, clear solution with a pleasant sweet taste. Each milliliter (mL) of Sucraid contains 8,500 International Units (I.U.) of the enzyme sacrosidase, the active ingredient. The chemical name of this enzyme is β-D-fructofuranoside fructohydrolase. The enzyme is derived from baker's yeast (Saccharomyces cerevisiae).

It has been reported that the primary amino acid structure of this protein consists of 513 amino acids with an apparent molecular weight of 100,000 g/mole for the glycosylated monomer (range 66,000-116,000 g/mole). Reports also suggest that the protein exists in solution as a monomer, dimer, tetramer, and octomer ranging from 100,000 g/mole to 800,000 g/mole. It has an isoelectric point (pI) of 4.6.

Sucraid may contain small amounts of papain. Papain is known to cause allergic reactions in some people. Papain is a protein-cleaving enzyme that is introduced in the manufacturing process to digest the cell wall of the yeast and may not be completely removed during subsequent process steps.

Sucraid contains sacrosidase in a vehicle comprised of glycerol (50% wt/wt), water, and citric acid to maintain the pH at 4.0 to 4.7. Glycerol (glycerin) in the amount consumed in the recommended doses of Sucraid has no expected toxicity.

This enzyme preparation is fully soluble with water, milk, and infant formula. DO NOT HEAT SOLUTIONS CONTAINING SUCRAID. Do not put Sucraid in warm or hot liquids.

CLINICAL PHARMACOLOGY
Congenital sucrase-isomaltase deficiency (CSID) is a chronic, autosomal recessive, inherited, phenotypically heterogeneous disease with very variable enzyme activity. CSID is usually characterized by a complete or almost complete lack of endogenous sucrase activity, a very marked reduction in isomaltase activity, a moderate decrease in maltase activity, and normal lactase levels.

Sucrase is naturally produced in the brush border of the small intestine, primarily the distal duodenum and jejunum. Sucrase hydrolyzes the disaccharide sucrose into its component monosaccharides, glucose and fructose. Isomaltase breaks down disaccharides from starch into simple sugars. Sucraid does not contain isomaltase.

In the absence of endogenous human sucrase, as in CSID, sucrose is not metabolized. Unhydrolyzed sucrose and starch are not absorbed from the intestine and their presence in the intestinal lumen may lead to osmotic retention of water. This may result in loose stools.

Unabsorbed sucrose in the colon is fermented by bacterial flora to produce increased amounts of hydrogen, methane, and water. As a consequence, excessive gas, bloating, abdominal cramps, nausea, and vomiting may occur.

Chronic malabsorption of disaccharides may result in malnutrition. Undiagnosed/untreated CSID patients often fail to thrive and fall behind in their expected growth and development curves. Previously, the treatment of CSID has required the continual use of a strict sucrose-free diet.

CSID is often difficult to diagnose. Approximately 4% to 10% of pediatric patients with chronic diarrhea of unknown origin have CSID. Measurement of expired breath hydrogen under controlled conditions following a sucrose challenge (a measurement of excess hydrogen excreted in exhalation) in CSID patients has shown levels as great as 6 times that in normal subjects.

A generally accepted clinical definition of CSID is a condition characterized by the following: stool pH < 6, an increase in breath hydrogen of > 10 ppm when challenged with sucrose after fasting and a negative lactose breath test. However, because of the difficulties in diagnosing CSID, it may be warranted to conduct a short therapeutic trial (e.g., one week) to assess response in patients suspected of having CSID.

CLINICAL STUDIES
A two-phase (dose response preceded by a breath hydrogen phase) double-blind, multi-site, crossover trial was conducted in 28 patients (aged 4 months to 11.5 years) with confirmed CSID. During the dose response phase, the patients were challenged with an ordinary sucrose-containing diet while receiving each of four doses of sacrosidase: full strength (9000 I.U./mL) and three dilutions (1:10 (900 I.U./mL), 1:100 (90 I.U./mL), and 1:1000 (9 I.U./mL)) in random order for a period of 10 days. Patients who weighed more than 15 kg received 1 mL per meal; those weighing more than 15 kg received 2 mL per meal. The dose did not vary with age or sucrose intake. A dose-response relationship was shown between the two higher and the two lower doses. The two higher doses of sacrosidase were associated with significantly fewer total stools and higher proportions of patients having lower total symptom scores, the primary efficacy end-points. In addition, higher doses of sacrosidase were associated with a significantly greater number of hard and formed stools as well as with fewer watery and soft stools, the secondary efficacy end-points.

Analysis of the overall symptomatic response as a function of age indicated that in CSID patients up to 3 years of age, 86% became asymptomatic. In patients over 3 years of age, 77% became asymptomatic. Thus, the therapeutic response did not differ significantly according to age.

A second study of similar design and execution as the first used 4 different dilutions of sacrosidase: 1:100 (90 I.U./mL), 1:1000 (9 I.U./mL), 1:10,000 (0.9 I.U./mL), and 1:100,000 (0.09 I.U./mL). There were inconsistent results with regards to the primary efficacy parameters.

In both trials, however, patients showed a marked decrease in breath hydrogen output when they received sacrosidase in comparison to placebo.

INDICATIONS AND USAGE
Sucraid (sacrosidase) Oral Solution is indicated as oral replacement therapy of the genetically determined sucrase deficiency, which is part of congenital sucrase-isomaltase deficiency (CSID).

CONTRAINDICATIONS
Patients known to be hypersensitive to yeast, yeast products, glycerin (glycerol), or papain.

WARNINGS
Severe wheezing, 90 minutes after a second dose of sacrosidase, necessitated admission into the ICU for a 4-year-old boy. The wheezing was probably caused by sacrosidase. He had asthma and was being treated with steroids. A skin test for sacrosidase was positive.

Other serious events have not been linked to Sucraid.

PRECAUTIONS
Care should be taken to administer initial doses of Sucraid near (within a few minutes of travel) a facility where acute hypersensitivity reactions can be adequately treated. Alternatively, the patient may be tested for hypersensitivity to Sucraid through skin abrasion testing. Should symptoms of hypersensitivity appear, discontinue medication and initiate symptomatic and supportive therapy.

Skin testing as a rechallenge has been used to verify hypersensitivity in one asthmatic child who displayed wheezing after oral sacrosidase.

GENERAL
Although Sucraid provides replacement therapy for the deficient sucrase, it does not provide specific replacement therapy for the deficient isomaltase. Therefore, restricting starch in the diet may still be necessary to reduce symptoms as much as possible. The need for dietary starch restriction for patients using Sucraid should be evaluated in each patient.

It may sometimes be clinically inappropriate, difficult, or inconvenient to perform a small bowel biopsy or breath hydrogen test to make a definitive diagnosis of CSID. If the diagnosis is in doubt, it may be warranted to conduct a short therapeutic trial (e.g., one week) with Sucraid to assess response in a patient suspected of sucrase deficiency.

The effects of Sucraid have not been evaluated in patients with secondary (acquired) disaccharidase deficiencies.

INFORMATION FOR PATIENTS
See Patient Package Insert. Patients should be instructed to discard bottles of Sucraid 4 weeks after opening due to the potential for bacterial growth. For the same reason, patients should be advised to rinse the measuring scoop with water after each use.

Sucraid is fully soluble with water, milk, and infant formula, but it is important to note that this product is **sensitive to heat.** Sucraid should not be reconstituted or consumed with fruit juice, since its acidity may reduce the enzyme activity.

USE IN DIABETICS
The use of Sucraid will enable the products of sucrose hydrolysis, glucose and fructose, to be absorbed. This fact must be carefully considered in planning the diet of diabetic CSID patients using Sucraid.

LABORATORY TESTS
The definitive test for diagnosis of CSID is the measurement of intestinal disaccharidases following small bowel biopsy.

Other tests used alone may be inaccurate; for example, the breath hydrogen test (high incidence of false negatives) or oral sucrose tolerance test (high incidence of false positives). Differential urinary disaccharide testing has been reported to show good agreement with small intestinal biopsy for diagnosis of CSID.

DRUG INTERACTIONS
Neither drug-drug nor drug-food interactions are expected or have been reported with the use of Sucraid. However, Sucraid should not be reconstituted or consumed with fruit juice, since its acidity may reduce the enzyme activity.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY
Long-term studies in animals with Sucraid have not been performed to evaluate the carcinogenic potential. Studies to evaluate the effect of Sucraid on fertility or its mutagenic potential have not been performed.

PREGNANCY
Teratogenic effects. Pregnancy Category C. Animal reproduction studies have not been conducted with Sucraid. Sucraid is not expected to cause fetal harm when administered to a pregnant woman or to affect reproductive capacity. Sucraid should be given to a pregnant woman only if clearly needed.

NURSING MOTHERS
The Sucraid enzyme is broken down in the stomach and intestines, and the component amino acids and peptides are then absorbed as nutrients.

PEDIATRIC USE
Sucraid has been used in patients as young as 5 months of age. Evidence in one controlled trial in primarily pediatric patients shows that Sucraid is safe and effective for the treatment of the genetically acquired sucrase deficiency, which is part of CSID.

ADVERSE REACTIONS
Adverse experiences with Sucraid in clinical trials were generally minor and were frequently associated with the underlying disease.

In clinical studies of up to 54 months duration, physicians treated a total of 52 patients with Sucraid. The adverse experiences and respective number of patients reporting each event (in parenthesis) were as follows: abdominal pain (4), vomiting (3), nausea (2), diarrhea (2), constipation (2), insomnia (1), headache (1), nervousness (1), and dehydration (1).

Note: Diarrhea and abdominal pain can be a part of the clinical presentation of the **genetically determined sucrase deficiency,** which is part of congenital sucrase-isomaltase deficiency (CSID).

One asthmatic child experienced a serious hypersensitivity reaction (wheezing) probably related to sacrosidase (see Warnings). The event resulted in withdrawal of the patient from the trial but resolved with no sequelae.

OVERDOSAGE
Overdosage with Sucraid has not been reported.

DOSAGE AND ADMINISTRATION
The recommended dosage is 1 or 2 mL (8,500 to 17,000 I.U.) or 1 or 2 full measuring scoops (each full measuring scoop equals 1 mL; 28 drops from the Sucraid container tip equals 1 mL) taken orally with each meal or snack diluted with 2 to 4 ounces (60 to 120 mL) of water, milk, or infant formula. The beverage or infant formula should be served cold or at room temperature. The beverage or infant formula should not be warmed or heated before or after addition of Sucraid because heating is likely to decrease potency. Sucraid should not be reconstituted or consumed with fruit juice since its acidity may reduce the enzyme activity.

It is recommended that approximately half of the dosage be taken at the beginning of the meal or snack and the remainder be taken during the meal or snack.

The recommended dosage is as follows:

1 mL (8,500 I.U.) (one full measuring scoop or 28 drops) per meal or snack for patients up to 15 kg in body weight.

2 mL (17,000 I.U.) (two full measuring scoops or 56 drops) per meal or snack for patients over 15 kg in body weight.

Dosage may be measured with the 1 mL measuring scoop (provided) or by drop count method (1 mL equals 28 drops from the Sucraid container tip).

HOW SUPPLIED
Sucraid (sacrosidase) Oral Solution is available in 118 mL (4 fluid ounces) translucent plastic bottles, packaged two bottles per box. Each mL of solution contains 8,500 International Units (I.U.) of sacrosidase. A 1 mL measuring scoop is provided with each bottle. A full measuring scoop is 1 mL.

Store in a refrigerator at 2°- 8° C (36°- 46°F). Discard four weeks after first opening due to the potential for bacterial growth. Protect from heat and light.

Rx only.

Distributed by:
QOL Medical, LLC
Vero Beach, FL 32963

To order, or for any questions, call 1-866-469-3773
www.sucraid.com

NDC# 67871-111-04

Patient Package Insert

INFORMATION FOR PATIENTS

Sucraid® (sacrosidase) Oral Solution

0110-0219

Please read this leaflet carefully before you take Sucraid (sacrosidase) Oral Solution or give Sucraid to a child. Please do not throw away this leaflet. You may need to read it again at a later date. This leaflet does not contain all the information on Sucraid. For further information or advice, ask your doctor or pharmacist.

BEFORE TAKING SUCRAID
WARNING: Sucraid may cause a serious allergic reaction. If you notice any swelling or have difficulty breathing, get emergency help right away. Before taking your first and second doses, be sure that there are health professionals nearby (within a few minutes of travel) just in case there is an allergic reaction.

INFORMATION ABOUT YOUR MEDICINE
The name of your medicine is Sucraid (sacrosidase) Oral Solution. It can be obtained only with a prescription from your doctor.

The purpose of your medicine:
Sucraid is an enzyme replacement therapy for the treatment of the genetically determined sucrase deficiency, which is part of congenital sucrase-isomaltase deficiency (CSID). CSID is a condition where your body lacks the enzymes needed to break down and absorb sucrose (table sugar) and other sugars from starch.

The symptoms of CSID often include frequent watery diarrhea, abdominal pain, bloating, and gas. In many cases, the symptoms of CSID are similar to other medical problems. Only your doctor can make a definite diagnosis of CSID.

Sucraid can help improve the breakdown and absorption of sucrose (table sugar) from the intestine and can help relieve the gastrointestinal symptoms of CSID.

Sucraid does not break down some sugars resulting from the digestion of starch. Therefore, you may need to restrict the amount of starch in your diet. Your doctor will tell you if you should restrict the amount of starch in your diet.

Discuss the following important information with your doctor before you begin to take Sucraid:
Tell your doctor if you are allergic to, have ever had a reaction to, or have ever had difficulty taking yeast, yeast products, papain, or glycerin (glycerol).

Tell your doctor if you have diabetes. With Sucraid, sucrose (table sugar) can be absorbed from your diet and your blood glucose levels may change. Your doctor will tell you if your diet or diabetes medicines need to be changed.

Side effects to watch for:
Some patients may have worse abdominal pain, vomiting, nausea, or diarrhea. Constipation, difficulty sleeping, headache, nervousness, and dehydration have also occurred. Other side effects may also occur. If you notice these or any other side effects during treatment with Sucraid, check with your doctor.

Stop taking Sucraid and get emergency help immediately if any of the following side effects occur: difficulty breathing, wheezing, or swelling of the face.

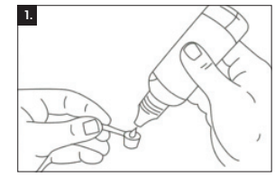
How to take your medicine:
Each bottle of Sucraid is supplied with a plastic screw cap which covers a dropper dispensing tip. Remove the outer cap and measure out the required dose. Reseal the bottle after each use by replacing and twisting the cap until tight.

Write down the date the sealed bottle is first opened in the space provided on the bottle label. Always throw away the bottle four weeks after first opening it because Sucraid contains no preservatives. For the same reason, you should rinse the measuring scoop with water after each time you finish using it.

To get the full benefits of this medicine, it is very important to take Sucraid as your doctor has prescribed. The usual dosage is 1 to 2 milliliters (mL) with each meal or snack: 1 mL = 1 full measuring scoop (28 drops from the bottle tip) and 2 mL = 2 full measuring scoops (56 drops from the bottle tip).

Measure your dose with the measuring scoop provided (see Figure 1). Do not use a kitchen teaspoon or other measuring device since it will not measure an accurate dose.

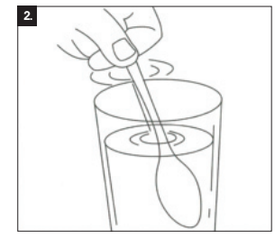
Figure 1. Measure dose with measuring scoop.



Mix your dose in 2 to 4 ounces of water, milk, or infant formula (see Figure 2). Sucraid should not be dissolved in or taken with fruit juice.

NEVER HEAT SUCRAID OR PUT IT IN WARM OR HOT BEVERAGES OR INFANT FORMULA. Heating Sucraid causes it to lose its effectiveness. The beverage or infant formula should be taken cold or at room temperature.

Figure 2. Mix dose in beverage or infant formula.



It is recommended that approximately half of your dosage be taken at the beginning of each meal or snack and the remainder of your dosage be taken during the meal or snack.

Storing your medicine:
Sucraid is available in 4 fluid ounce (118 mL) see-through plastic bottles, packaged two bottles per box. A 1 mL measuring scoop is provided with each bottle. Always store Sucraid in a refrigerator at 36°F - 46°F (2°C - 8°C). Protect Sucraid from heat and light.

If your bottle of Sucraid has expired (the expiration date is printed on the bottle label), throw it away.

Keep this medicine in a safe place in your refrigerator where children cannot reach it.

QOL Medical, LLC
Vero Beach, FL 32963

www.sucraid.com
For questions call 1-866-469-3773

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