Helpful Information for **Patients**

Drug Information about Sucraid[®] (sacrosidase) Oral Solution can be found at **Sucraid.com**

To Order Product

To order product, contact U.S. Bioservices Phone: 1-833-800-0122 Fax: 1-866-850-9155 usbioservices.com

Diet

FREE nutritional and dietary support is available to all patients. Contact Anne Boney, Registered Dietitian, 1-800-705-1962 aboney@onepatientservices.com

> **Daily Living** To talk to a Peer Coach. contact Brandi Rabon. 1-704-692-1634 or brabon@onepatientservices.com

SucraidASSIST.com Product updates, access, and support services

CSIDcares.org Disease and diet information for patients and caregivers

H lf you or your healthcare providers have any questions related to diet, please call One Patient Services at 1-800-705-1962 to speak with a registered dietitian/nutritionist.

SucraidASS/ST[™] Patient Assistance Programs

Main: 1-800-705-1962 • Fax: 1-866-777-7097 sucraid@onepatientservices.com

Getting Started

WEEK • 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 aastrointestinal (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 • If your child's symptoms are better, no further changes are needed. 2
 - 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 If your child's symptoms are better, you can begin to gradually add some high-starch foods back into your child's diet 3 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 • If your child continues to experience any lingering GI symptoms or if your child's symptoms return at any point, contact the 4
 - dietitian at One Patient Services to review your child's food intake and symptom journal. See blue flap for contact info,
 - Note: If your child is ever without Sucraid, he/she should avoid foods high in sucrose. See Red Flag Foods below.



FRUIT	Persimmon	• Green peas	sucrose	Muffins	SWEETENERS AND
 Apples 	Pineapple	• Jicama	(chocolate milk)*	 Pancakes, 	INGREDIENTS
Apricots	Plums	 Kidney beans 	 Milk shakes 	pastries, and	Sucrose (table
Bananas	Tangelos	 Lima beans 	sweetened with	waffles	sugar)
Cantaloupe	Tangerines	• Okra	condensed milk,	 Sweets and 	Brown sugar
 Clementine 	 Watermelon 	Onion	malted milk*	desserts: cake,	 Granulated suga
Dates		Parsnips	 Yogurt* 	pie, cookies	 Powdered and
 Grapefruit 	VEGETABLES	 Pumpkin 	Yogurt containing	Candy	raw sugar
• Guava	Beets	 Snow peas 	fruits from the	 Ice cream 	 Beet sugar
 Honeydew melon 	Carrots	 Split peas 	high-fructose	 Popsicles 	Cane sugar/syrup
 Mandarin 	Cassava	 Sweet pickles 	fruits listed above	Pudding	Cane juice
oranges	(yucca)	 Sweet potatoes, 		• Pie	Coconut sugar
• Mango	Chickpeas	yams	BAKED AND	 Sherbet 	Date sugar
Nectarine	(garbanzo beans)		PROCESSED	Sorbet	Maple syrup/suga
Oranges	Coleslaw	DAIRY	FOODS*	Brownies	Molasses
 Passion fruit 	Corn	 Flavored milks 	Breakfast cereals	Chocolate	Syrup
 Peaches 	 Edamame 	containina	Granola bars		 Jelly, jam

Sweetened with sucrose. Bold is especially high in suc

Created with Nutrition Data System for Research® (Regents of the University of Minnesota, 2017). High sucrose defined as ≥1 g sucrose per100 g food

ADDITIONAL IMPORTANT SAFETY INFORMATION

- 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.
- 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 vour doctor if you notice these or other side effects.
- 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.

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 Designed for **Children** with Congenital Sucrase-Isomaltase Deficiency (CSID)





2018 QOL MEDICAL, LLC, ALL RIGHTS RESERVED, SUC 19, 1001 01/2019

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 child may have trouble digesting starch. When sucrose and starch are not well digested, they can cause gastrointestinal (GI) symptoms like diarrhea, abdominal pain, and 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.

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

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 SucraidASSIST[™] 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
- O If your child is meeting age-level growth milestones
- O If your child has any other health issues that require a special diet
- O 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 quidance 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, et al. The multiple roles of sucrase-isomaltase in the intestinal physiology. Mol and Cell Pediatr. 2016;3:2-6. 2 Treem WR. Clinical Aspects and Treatment of Congenital Sucrase-Isomaltase Deficiency. J Pediatr Gastroenterol Nutr. 2012;55:S7-S13.

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

- 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).
- 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.
- 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 su crase deficiency, which is part of congenita sucrase-isomaltase deficiency (CSID).

The effects of Sucraid have not been evaluated in patients with secondary CHEMISTRY (acquired) disaccharidase deficiencies Sucraid is a pale vellow to coloriess, clear solution with a pleasant sweet taste. Each milliter (mL) of Sucraid contains 8,500 International Units (I.U.) of the enzyme sacrosidase, the active ingredient. The chemical name of this enzyme is 8.D-fructofurancside fructohydrolase. The enzyme is derived from baker's yeas (saccharomyces cerevisiae).

It has been reported that the primary aming acid structure of this protein consists of 513 amino acids with an apparent molecular weight of 100,000 g/mole for the glycos/lated 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 a/mole to 800,000 a/mole. It has an isoelectric point (pl) of 4.5.

Sucraid may contain small amounts of papain. Papain is known to cause allergic reactions in some people. Papali 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 durinasub sequent 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 Cannot instant-course Congenital surge-komainse deficiency (CSD) is a chronic, autosomal recessive, inheited, phenotypically heterogeneous disease with very variable enzyme activity. CSD is usually characterized by complete or dimost complete lock of endogenous surcase 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 endoaenous human sucrase, as in CSD, 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, blogting, abdominal cramps, nausea, and vomiting may occur.

Chronic malabsorption of disaccharides may result in mainutrition. Undiagnosed/ untreated CSD patients often fail to thrive and fail 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 aliagnose. 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 areat 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 success after fasting and a negative lackose breath test. However, because of the difficulties in diagnosing CSID, it may be warranted to conduct a short therapeulic trial (e.g., one week) to assess response in patients suspected of having CSID.

CUNICAL STUDIES

A two-phase (dose response preceded by a breath hydrogen phase) double-blind. A who have clear reaches the proceeding of a clear in register in uses a conductivity, multisfler, consover that was conducted in 28 patients (cged 4 months to 1.15 years) with continued CSD. During the clear response phase, the patients were challenged with an ordinary success-containing diet while reacking each of four clears of sacrosidase: full strength (9000 IU./ml), and three dilutions (1:10 (900 IU./ml), 1:10) (90 I.U./mL), and 1:1000 (9 I.U./mL)) in random order for a period of 10 days. Patients who weighed no 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 than is kg tecewed 2 m, per mea, the observation of valy with age of subcreaming A closereptore relationship was shown between the two higher and the two lower dates. The two higher does of socrasidae were associated with significantly fewer total shook and higher apporting of patients having lower total symptom socres, the primary efficacy end-points. In addition, higher does of socrasidae were very socrasidae were the primary efficacy end-points. In addition, higher does of socrasidae were very total social and the primary social soc associated with a significantly areater 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 vears 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 sucraseisomaltase deficiency (CSID),

CONTRAINDICATIONS Patients known to be hypersensitive to yeast, yeast products, alvcerin (alvcerol), or papain.

WARNINGS 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 a possible. The need for dietary starch restriction for patients using Sucraid should b evaluated in each patient

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

t may sometimes be clinically inappropriate, difficult, or inconvenient to perform o

small bowel biopsy or breath hydrogen test to make a definitive diagnosis of CSID.

the diagnosis is in doubt, it may be warranted to conduct a short therapeutic trial

(e.a., one week) with Sucraid to assess response in a patient suspected of sucrase

deficiency

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 WARNING: Sucraid may cause a serious alleraic reaction. If you notice any swelling or have difficulty consumed with fruit juice, since its acidity may reduce the enzyme activity. breathing, get emergency help right gway. Before USE IN DIABETICS

The use of Sucraid will enable the products of sucrose hydrolysis, glucose and taking your first and second doses, be sure that there fructose, to be absorbed. This fact must be carefully considered in planning the die are health professionals nearby (within a few minutes of diabetic CSID patients using Sucraid. of travel) just in case there is an allergic reaction.

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

Ofher 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 Oral Solution. It can be obtained only with a false positives). Differential urinary disaccharide testina has been reported to show apped gareement with small intestinal biopsy for diagnosis of CSID. prescription from your doctor.

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 mu-

tagenic 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 preanant 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

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), naused (2), diarhea (2), constipation (2), insomnia (1), headache (1), nervousness (1), and Note: Diarrhea and abdominal pain can be a part of the clinical presentation of the

genetically determined sucrase deficiency, which is part of congenital sucrasenaltase deficiency (CSID).

One asthmatic child experienced a serious hypersensitivity reaction (wheezing) Tell your doctor if you are alleraic to, have ever had a probably related to sacrosidase (see Warnings). The event resulted in withdrawal of reaction to, or have ever had difficulty taking yeast, the patient from the trial but resolved with no seauelae yeast products, papain, or glycerin (glycerol). OVERDOSAGE

Overdosage with Sucraid has not been reported

DOSAGE AND ADMINISTRATION mended 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 contair 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 more temperature. The beverage or infant formula should not be served cold or ar room remperature. The beverage or intent formula hot 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 fulf 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 weigh

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

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 lig Rx only.

Distributed h QOL Medical, LLC Vero Beach, FL 32963

To order, or for any questions, call 1-866-469-3773

NDC# 67871-111-04

Patient Package Insert

BEFORE TAKING SUCRAID

INFORMATION ABOUT YOUR MEDICINE

The purpose of your medicine:

definite diagnosis of CSID.

starch.

vour diet

The name of your medicine is Sucraid (sacrosidase)

Sucraid is an enzyme replacement therapy for the

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

Sucraid can help improve the breakdown and absorption

of sucrose (table sugar) from the intestine and can help

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

Discuss the following important information with you

doctor before you begin to take Sucraid:

relieve the gastrointestinal symptoms of CSID.

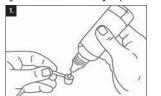
INFORMATION FOR PATIENTS Sucraid[®] (sacrosidase) Oral Solution

drops from the bottle tip) and 2 mL = 2 full measuring scoops (56 drops from the bottle tip) Please read this leaflet carefully before you take

each meal or snack: 1mL = 1 full measuring scoop (28

Sucraid (sacrosidase) Oral Solution or aive Sucraid to a Measure your dose with the measuring scoop provided child. Please do not throw away this leaflet. You may (see Figure 1). Do not use a kitchen teaspoon or other need to read it again at a later date. This leaflet does measuring device since it will not measure an accurate not contain all the information on Sucraid. For further dose information or advice, ask your doctor or pharmacist.

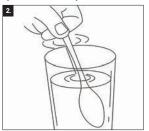
Figure 1. Measure dose with measuring scoop



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.

treatment of the genetically determined sucrase NEVER HEAT SUCRAID OR PUT IT IN WARM OR HOT deficiency, which is part of congenital sucraseisomaltase deficiency (CSID). CSID is a condition where **BEVERAGES OR INFANT FORMULA** Heating Sucraid your body lacks the enzymes needed to break down causes it to lose its effectiveness. The beverage or infant and absorb sucrose (table sugar) and other sugars from formula should be taken cold or at room temperature

Figure 2. Mix dose in beverage or infant formula The symptoms of CSID often include frequent water,



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

1114-VPT001

Tell your doctor if you have diabetes. With Sucraid. Storing your medicine

and liaht

sucrose (table sugar) can be absorbed from your diet Sucraid is available in 4 fluid ounce (118 mL) and your blood alucose levels may change. Your see-through plastic bottles, packaged two bottles per doctor will tell you if your diet or diabetes medicines box. A 1 mL measuring scoop is provided with each need to be changed. bottle. Always store Sucraid in a refriaerator at 36°F - 46°F (2°C - 8°C). Protect Sucraid from heat

Side effects to watch for Some patients may have worse abdominal pain,

How to take your medicine:

twisting the cap until tight.

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

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

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

with water after each time you finish using it.

vomiting, nausea, or diarrhea. Constipation, difficulty If your bottle of Sucraid has expired (the expiration date sleeping, headache, nervousness, and dehydration is printed on the bottle label), throw it away have also occurred. Other side effects may also occur

For questions call 1-866-469-3773

If you notice these or any other side effects during Keep this medicine in a safe place in your refrigerator treatment with Sucraid, check with your doctor. where children cannot reach it.

Stop taking Sucraid and get emergency help immediately QOL Medical, LLC if any of the following side effects occur: difficulty Vero Beach, EL 32963 breathing, wheezing, or swelling of the face. www.sucraid.com

Rev 09/18

Part No. 0110