



For the EPI patients you treat,

**PANCREAZE.**  
**THEIR SYMPTOMS.<sup>SM</sup>**

Choose **PANCREAZE** as your first-line enzyme replacement therapy

**Exocrine Pancreatic Insufficiency (EPI)** can be prevalent in patients with predisposing conditions and its symptoms can be similar to those of other GI conditions<sup>1</sup>

**Indication**

PANCREAZE is indicated for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis or other conditions.

**Important Safety Information**

Fibrosing colonopathy is associated with high-dose use of pancreatic enzyme replacement. Exercise caution when doses of PANCREAZE (pancrelipase) exceed 2,500 lipase units/kg body weight per meal (or greater than 10,000 lipase units/kg body weight per day).

Please see additional PANCREAZE Important Safety Information throughout and read the PANCREAZE Medication Guide and Full Prescribing Information.



# Have you considered pancreatic enzyme insufficiency in patients with predisposing conditions?



EPI <sup>1</sup>	IBS <sup>1,2</sup> (Irritable Bowel Syndrome)	Crohn's Disease <sup>3-6</sup>	Ulcerative Colitis <sup>4-7</sup>	Celiac Disease <sup>1,8</sup>	IBD <sup>1,2</sup> (Inflammatory Bowel Disease)	SIBO <sup>1,9</sup> (Small Intestinal Bacterial Overgrowth)
	Estimated prevalence of EPI by condition or clinical context.	4-6%	14%	22%	12-30%	19-30%
	◆ Symptom shared with EPI		● Symptom not commonly shared with EPI			
Diarrhea	◆	◆	◆	◆	◆	◆
Abdominal pain	◆	◆	◆	◆	◆	◆
Flatulence	◆					◆
Bloating	◆	◆		◆	◆	◆
Unexplained weight loss	◆	◆	◆	◆	◆	◆
Steatorrhea*	◆			◆		◆
Anemia <sup>†</sup>		●	●	●	●	●
Mucus in stool		●	●		●	
Constipation		●	●		●	
Fever		●	●		●	
Hematochezia		●	●		●	

The symptom information presented here is intended for discussion purposes only and is not intended to be used as a substitute for a healthcare professional's medical expertise and judgment to diagnose, treat, or care for any particular patient. The American Gastroenterological Association (AGA) recommends a fecal elastase test as the most appropriate initial test to confirm a clinical diagnosis of EPI.<sup>10</sup>

\* Steatorrhea: >7 g of fecal fat per day while consuming 100g of dietary fat per day.<sup>11</sup>      † Anemia has been reported in patients with EPI.<sup>12</sup>

See best practice advice from the American Gastroenterological Association on the next page ►

## Important Safety Information

Hyperuricemia may develop. Consider monitoring uric acid levels in patients with hyperuricemia, gout, or renal impairment.

To avoid irritation of oral mucosa, do not chew PANCREAZE or retain in the mouth.

There is theoretical risk of viral transmission with all pancreatic enzyme products including PANCREAZE. Although it has never been reported, it may be possible for a person to get a viral infection from taking pancreatic enzyme products that come from pigs.

# Best practice advice from the American Gastroenterological Association (AGA)

## According to the AGA's Clinical Practice Update Expert Review and Best Practice Advice

- EPI should be considered in patients with moderate-risk clinical conditions, such as duodenal diseases, including celiac and Crohn's disease; previous intestinal surgery; longstanding diabetes mellitus; and hypersecretory states.<sup>10</sup>  
  
For example, the estimated prevalence of EPI in patients with diabetes is: **Type 1 Diabetes: 26-44%**<sup>1</sup>  
**Type 2 Diabetes: 12-20%**<sup>1</sup>
- Clinical features of EPI include steatorrhea with or without diarrhea, weight loss, bloating, excessive flatulence, fat-soluble vitamin deficiencies, and protein-calorie malnutrition.<sup>10</sup>

**" EPI is frequently underdiagnosed and, as a result, patients are often not treated appropriately. There is an urgent need to increase awareness of and treatment for this condition."**

**American Gastroenterological Association (AGA)**

November 2023

For additional product information please visit:

**HCP.PANCREAZE.com**



- A trusted enzyme replacement therapy for over 10 years — **available in 6 strengths including a 37,000 unit dose.**

- **PANCREAZE** is proven to improve EPI symptoms, fat and protein absorption<sup>13</sup>

### Important Safety Information

Exercise caution when administering pancrelipase to a patient with a known allergy to proteins of porcine origin.

Most common adverse reactions are: abdominal pain, flatulence, diarrhea, abnormal feces, and fatigue.

PANCREAZE is not interchangeable with any other pancrelipase products. Dosing should not exceed the recommended maximum dosage set forth by the Cystic Fibrosis Foundation Consensus Conferences Guidelines.

Please read the accompanying **PANCREAZE Medication Guide and Full Prescribing Information.**

**References:** **1.** Othman MO, Harb D, Barkin JA. Introduction and practical approach to exocrine pancreatic insufficiency for the practicing clinician. *Int J Clin Pract.* 2018;72:e13066. **2.** Crohns and Colitis Foundation (n.d). IBS vs IBD. Retrieved from <https://www.crohnscolitisfoundation.org/what-is-ibd/ibs-vs-ibd> **3.** Crohns and Colitis Foundation (n.d). Signs and Symptoms of Crohn's Disease. Retrieved from <https://www.crohnscolitisfoundation.org/what-is-crohn-s-disease/symptoms> **4.** Kaitha S, Bashir M, Ali T. Iron deficiency anemia in inflammatory bowel disease. *World J Gastrointest Pathophysiol.* 2015 August 15; 6(3): 62-72. **5.** Perler et al. Presenting symptoms in inflammatory bowel disease: descriptive analysis of a community-based inception cohort. *BMC Gastroenterology* (2019); 19:47 **6.** Fousekis FS, Theopistos VI, Katsanos KH, Christodoulou DK. Pancreatic Involvement in Inflammatory Bowel Disease: A Review. *J Clin Med Res.* 2018;10(10):743-751. **7.** Crohns and Colitis Foundation (n.d). Signs and Symptoms of Ulcerative Colitis. Retrieved from <https://www.crohnscolitisfoundation.org/what-is-ulcerative-colitis/symptoms> **8.** Freeman HJ. Iron deficiency anemia in celiac disease. *World J Gastroenterol.* 2015 August 21; 21(31): 9233-9238. **9.** Zaidel O, Lin HC. Uninvited Guests: The Impact of Small Intestinal Bacterial Overgrowth on Nutritional Status. *Practical Gastroenterology.* 2013; Nutrition Issues in Gastroenterology, Series #7: 23-34. **10.** Whitcomb, DC, Buchner, AM, Forsmark, CE. AGA Clinical Practice Update on the Epidemiology, Evaluation, and Management of Exocrine Pancreatic Insufficiency: Expert Review. *Gastroenterology* 2023;165:1292–1301. **11.** Struyvenberg MR, Martin CR, Freedman SD. Practical guide to exocrine pancreatic insufficiency – Breaking the myths. *BMC Med.* 2017; 15(1): 29. **12.** Al-Kaade S (2020, February 3). What causes anemia in exocrine pancreatic insufficiency (EPI)? Medscape. Retrieved from <https://www.medscape.com/answers/2121028-18736/what-causes-anemia-in-exocrinepancreatic-insufficiency-epi> **13.** Trapnell BC, et al. Efficacy and safety of PANCREAZE for treatment of exocrine pancreatic insufficiency due to cystic fibrosis. *J Cyst Fibros.* 011;10(5):350-356.

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