

**UPDATE ON SUCRAID® PRODUCT
IMMEDIATE ACTION REQUIRED
FOR ALL SUCRAID® PRESCRIPTIONS AND REFILLS AFTER JUNE 29, 2017**

Dear patients, prescribing physicians and other healthcare providers:

June 29, 2017

This letter is to update you on the limited supply of Sucraid® (sacrosidase) Oral Solution. As a temporary measure, since Sucraid® is in shortage, QOL is coordinating with FDA to provide Sucraid® from an unapproved Lot D0401 to physicians and patients/legal guardians of patients who have received information, understand the potential safety risks, and consent to the use of this product.

If you want to receive a prescription for Sucraid® after June 29, 2017, you and your doctor will have to complete the forms listed below.

To continue to get a prescription for Sucraid® (which will be **Lot D0401**), you **MUST** do the following:

1. **Communicate** with your doctor about the potential safety risks with using this lot.
2. **Patient Consent Form: Patient (or parent or guardian for minor patients) sign and date** an informed consent stating that you understand and accept the potential safety risks. **Give a copy of this document to your physician and send copies to the place[s] noted below.**
3. **Minor's Assent Form: If patient is a child aged 7 to 17 years, he or she must sign and date an assent** form stating that he or she understands the risks and assents. **Give a copy of this document to your physician and send copies to the place[s] noted below.**
4. **Physician's Acknowledgment Form:** Have **your doctor sign and date an acknowledgement** that he or she understands the manufacturing situation, the potential safety risks with using this lot, and has communicated with you about it. **The physician must send a copy of the Acknowledgment to the place[s] noted below.**
5. **Patient Questionnaire: Patients (or parent or guardian if patient under 18) fill out a questionnaire** about the use of **Lot D0401 AFTER using Sucraid® Lot D0401.**

Before You Can Receive Sucraid® Lot D0401, You Must Provide the Following:			
Each form must be signed and dated.	<i><u>Patient Consent Form</u></i>	<i><u>Minor's Assent Form</u></i>	<i><u>Physician's Acknowledgement Form</u></i>
Patients Under 7 years	Parents / Guardians	Not Required	Doctor
Patients 7 to 17 years	Parents / Guardians	Patient	Doctor
Patients 18 and Older	Patient	Not Required	Doctor

Send forms:

By email to: sucraid@onepatientservices.com

or

fax to SucraidASSIST™: 800-632-1944

Thank you for working with us through these steps.

For questions, please contact Sucraid® Patient Assistance Services: 800-705-1962.