

Thank you for highlighting the challenges with obtaining pancreatic enzymes. There are ongoing Europe-wide issues with the supply of pancreatic enzymes. The supply disruption is due to the [limited availability of active pharmaceutical ingredients](#) and [manufacturing constraints](#) to produce the volumes required to meet demand.

The actions outlined below align with the [Position Statement: Pert Shortage | Pancreatic Society of Great Britain and Ireland \(psgbi.org\)](#) and summarise how you can support your [adult non cystic fibrosis patients](#) who require pancreatic enzyme therapy.

Current situation

Creon® 10,000 and 25,000 capsules are in [limited supply until 2026](#) with Creon® 10,000 currently only available from hospitals.

Nutrizym 22® and Pancrex V® powder are available and should only be prescribed for those who cannot tolerate Creon. Please do not change people from Creon to these alternatives as stock levels will not be able to cope with an increased demand. Further details below:

Actions for clinical teams including prescribers & pharmacists:

Supporting the management of pancreatic enzyme stock
Prescribe a maximum of one month's supply of pancreatic enzymes at a time.
Prescribe pancreatic enzymes on a separate prescription (FP10) or an electronic prescription which should not be sent to a nominated pharmacy unless the medicine is confirmed to be in stock at that pharmacy
Prioritise Nutrizym® 22 capsules for patients unable to tolerate Creon .
Prescribe Creon 10,000 units only for those unable to tolerate Creon 25,000 units e.g. due to swallowing difficulty
Prescribe Pancrex V powder for those requiring administration of pancreatic enzymes through an enteral feeding tube.

Optimising the efficacy of pancreatic enzyme use
Advise patients to take pancreatic enzymes throughout the meal rather than all at the same time.
Consider prescribing a proton pump inhibitor or H2 receptor antagonist to reduce acid degradation of the pancreatic enzymes and optimise efficacy in patients where there are not any contraindications.

Symptom management
In patients experiencing loose bowel motions / faecal urgency due to lack of pancreatic enzyme therapy , and who do not have cystic fibrosis or an infective, inflammatory (underlying inflammatory bowel disease) or obstructive cause has been ruled out:
Consider prescribing loperamide at a starting dose of 2mg in the morning and working up to 2mg before meals (TDS) if needed.

<p>Higher doses may be needed and should be assessed individually.</p> <p>This will slow the gut transit time down and help alleviate symptoms but will not treat malabsorption</p>
<p>In patients with persisting bowel symptoms and undergoing pancreatic enzyme dose escalation to manage this, only continue to increase the dose until the patient can maintain their weight.</p> <p>If they have persisting bowel symptoms after this, we suggest using Loperamide / Buscopan® (Hyoscine Hydrobromide) and other appropriate medications to manage symptoms rather than continuing to increase the doses to preserve supplies.</p> <p>Buscopan and Loperamide can be purchased over the counter or prescribed. Imodium melts® may be more effective than loperamide capsules.</p>
<p>Consider that patients with pancreatic enzyme insufficiency, may also have bile acid malabsorption, small intestinal bacterial overgrowth, coeliac disease etc., investigate and treat in line with current guidelines.</p>
<p>If patients are unable to access any pancreatic enzymes and are losing weight or have intractable or unmanageable abdominal symptoms, seek advice from the managing dietitian. If they are no longer under the care of a dietitian, make an urgent referral to a dietitian for support. These patients will require careful monitoring to identify early signs of clinical deterioration.</p>
<p>The patient may be required to reduce their intake of food significantly and be prescribed EITHER a fat-free oral nutritional supplement OR peptide based oral nutritional supplements. Suggestions include:</p> <ul style="list-style-type: none"> • A fat-free oral nutritional supplement if tolerated and clinically appropriate (patient is weight stable, does not have diabetes) e.g. Aymes Actagain Juice / Altrajuce / Fortijuce – seek dietetic advice if unsure whether fat-free supplements are suitable for your patient . Refer to page 7 of Guide-1-Extended-ONS-Product-Reference-Guide-2024.pdf (selondonics.org). • If a fat-free oral nutritional supplement is unsuitable/contraindicated, choose a peptide-based sip feed – note these are all high-cost products (Refer to Page 13 of Guide-1-Extended-ONS-Product-Reference-Guide-2024.pdf (selondonics.org)). • Survimed OPD 1.5kcal (200ml) or Peptisip Energy HP (200ml) are suggested as first-line peptide-based options. If unsuitable, Peptamen Bottle (200ml) or Vital 1.5kcal (200ml) may be considered • Table 2 of Position Statement: Pert Shortage Pancreatic Society of Great Britain and Ireland (psgbi.org) shows prescription doses for the above products by body weight. <p><i>Please note this should be used for a short period until pancreatic enzymes can be obtained. Prescribe one-week supply at a time, due to the cost of these products.</i></p> <p>NOTE Standard powdered or milk-based oral nutritional supplements are NOT suitable without pancreatic enzymes (i.e., Altraplen® Aymes®, Ensure®, Foodlink® Fortisip®, Fresubin®). Refer to the SEL product guides for further information - Nutrition - NHS South East London (selondonics.org)</p>

Refer to the clinical advice in the [position statement](#) for further guidance.

Additional considerations:

Micronutrients	<p>Consider prescribing a calcium and vitamin D supplement (containing 800iu Vitamin D & at least 500mg Calcium)</p> <p>Advise patients to take a multi-vitamin and mineral during this time (i.e. Sanatogen A-Z Complete® / Centrum Advance® / Supermarket own A-Z brand – ensure these contain both vitamins & minerals.</p>
Absorption of other medication	<p>Malabsorptive diarrhoea may impact the absorption of other medication (including medication prescribed for seizures, the oral contraceptive pill etc.)</p>
Patients receiving anti coagulation treatment	<p>Vitamin K is a fat-soluble vitamin and uptake maybe impaired with inadequate pancreatic enzymes – additional monitoring may be needed for patients on anticoagulation.</p>
Patients on insulin / oral hypoglycaemic agents	<p>Patients on insulin or oral hypoglycaemic agents that can cause hypoglycaemia may experience worsening control and be more susceptible to hypoglycaemia. Consider whether these individuals require extra supportive advice on how to manage this.</p> <p>Regular blood glucose monitoring is helpful, and patients on continuous glucose monitoring should be encouraged to ensure their hypoglycaemic alarm is set.</p>

Patients are given the following advice:

1. Request a repeat prescription for Creon as soon as the previous prescription has been dispensed before they run out of their existing supply.
2. To not stockpile as this will lead to further shortages.
3. If there are problems obtaining a supply from the usual community pharmacy, check other local ones as community pharmacies. There is a steady supply of Creon in the market and patients will need to keep checking

Refer patients to the [useful guidance issued by Pancreatic Cancer UK](#)

Support helpline

Viatrix have established a Creon® customer service line that can be reached on 0800 8086410 Monday to Friday from 9:00 to 17:00. Operators will respond from UK and handle enquiries in real time. The service provides up-to-date information on the supply of Creon® and will aim to provide information on the nearest pharmacies which have recently received a supply.

Thank you for your help in supporting the patient.