

Pancreatic Enzyme Replacement Therapy (PERT) is indicated for the treatment of pancreatic exocrine insufficiency such as in cystic fibrosis, pancreatic cancer, and pancreatitis. There is no clinical alternative to PERT.

There has been a [National Patient Safety Alert](#) (24th May 2024) issued in response to ongoing limited supplies of PERT:

- Creon[®] 10,000 and 25,000 capsules are in limited supply until 2026.
- Nutrizym[®] 22 capsules are out of stock until mid-August 2024.
- Pancrex V[®] capsules and powder are available, but unable to support increased demand.

In response to this, local specialists (Gastroenterology, Dietetics, Respiratory) have provided the following pragmatic approach to support adult patients during this period.

NOTE: this advice is not applicable to paediatric cystic fibrosis patients, separate information has been disseminated to the GP practices (see letters on the [Nottinghamshire Joint Formulary](#)).

- Although there is a supply problem, supplies of Creon[®] are still coming into the country therefore patients should be advised to request repeat prescriptions early to allow pharmacies time to procure the product.
- Only **one** month's supply should be prescribed at a time (a Serious Shortage Protocol has been issued for [Creon[®] 10000](#) and [Creon[®] 25000](#) capsules, meaning no more than one month's supply can be issued by a pharmacy. Patients will not incur further prescription charges, if applicable).
- Consider prescribing a PERT alternative (Creon[®], Nutrizym[®] 22 or Pancrex[®] V capsules) as per the [Nottinghamshire Joint Formulary](#) (using the conversion table). These medications are Amber 2, but as long as the patient has been initiated on PERT by secondary care, consultants are happy for you to do this without needing prior consent.
- Patients with type 3c diabetes may need medications adjusting, as there is an increased risk of hypos if not taking enough or going without their pancreatic enzymes.
- It is NOT recommended that patients buy PERT preparations (e.g., from Amazon) as they are not regulated, and strength/efficacy may not be equivalent.

Further advice (excluding CF patients):

- Co-prescription of PPI unless contraindicated to ensure greatest efficacy of PERT (e.g., lansoprazole 30mg). A H2RA could be considered if PPI inappropriate.
- Advise the patient that PERT intake should be spread throughout the meal (rather than before or after) to ensure greatest efficacy.
- If symptomatic with GI symptoms despite doses of lipase OVER 100,000 units per meal, consider referral to Gastroenterology for investigation of alternative causes.

For further information, see the [Joint Position Statement](#) endorsed by British Society of Gastroenterology, Pancreatic Society of Great Britain and Ireland, Pancreatic Cancer UK, GUTS UK, Cystic Fibrosis Trust, CF Medical Association and the British Dietetic Association.