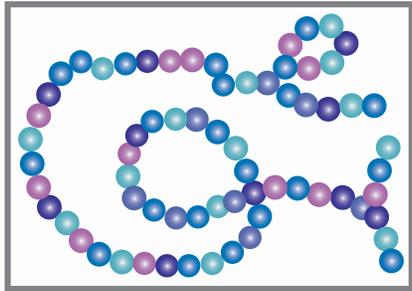
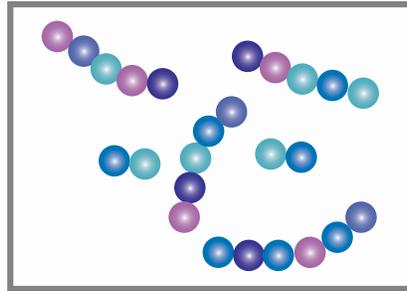


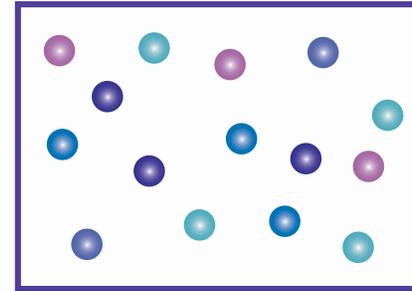
Neocate® Should be Considered as a First-Line Option for Severe Cow Milk Allergy*



Standard formula with intact protein derived from cow milk



Extensively hydrolyzed formula (eHFs) with peptides derived from cow milk



NEOCATE: amino acid-based formula not derived from milk

MOST LIKELY TO CAUSE ALLERGIC RESPONSE



LEAST LIKELY TO CAUSE ALLERGIC RESPONSE

- Neocate is 100% milk-free, using non-allergenic amino acids
- eHFs contain peptides derived from milk¹

Dietary management with Neocate, the most hypoallergenic type of formula,^{2,3} can resolve food allergy symptoms within 3 to 14 days⁴⁻⁷



Red Flag Indicators for Using Neocate to Manage Cow Milk Allergy

1

Symptoms not resolved on eHF⁸⁻¹²

2

Failure to thrive,¹⁰⁻¹²
especially with multiple food eliminations and/or GI tract/skin symptoms

3

Severe gastrointestinal allergies⁹⁻¹³

4

Anaphylaxis^{12,13}

Brought to you by Nutricia North America.

Nutricia North America supports the use of breast milk wherever possible.

Neocate® is a family of hypoallergenic, amino acid-based medical foods for use under medical supervision and is indicated for cow milk allergy, multiple food allergies and related GI and allergic conditions.

*Amino acid-based formulas are the first-line option for severe cow milk allergy when formula is needed.

†Neocate Nutra is suitable to supplement the diet of children and infants older than 6 months of age (not nutritionally complete). Neocate Nutra is not intended for bottle feeding or tube feeding.

References:

1. Host, et al. Allergy. 2004;59 Suppl 78:45-52. 2. du Toit, et al. Arch Dis Child Educ Pract Ed. 2010;95:134-44. 3. Host, et al. Arch Dis Child. 1999;81:80-4. 4. Hill, et al. J Pediatr. 1999;135:118-21. 5. de Boissieu, et al. J Pediatr. 1997;131:744-7. 6. Heine, et al. J Allergy Clin Immunol. 2003;111:S102. 7. Vanderhoof, et al. J Pediatr. 1997;131:741-4. 8. Vandenplas, et al. Arch Dis Child. 2007;92:902-8. 9. Koletzko, et al. J Pediatr Gastroenterol Nutr. 2012;55:221-9. 10. Venter, et al. Clin Transl Allergy. 2013;3:23. 11. Ludman, et al. BMJ. 2013;347:f5424. 12. Meyer, et al. J Allergy Clin Immunol Pract. 2018;6:383-99. 13. Fiocchi, et al. Pediatr Allergy Immunol. 2010;21 Suppl 21:1-125.

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