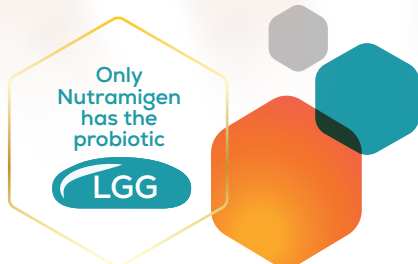




Disrupt Allergies Today and Tomorrow



Nutramigen® with probiotic LGG® helps regulate the immune system response.

**Faster cow's milk allergy relief today.^{*†‡§}
Fewer allergy challenges tomorrow.^{||}**

LGG is a registered trademark of Chr. Hansen A/S.

* When managing cow's milk allergy.

† Reduced crying in ~90% of infants within 48 hours when managing colic due to cow's milk allergy. Studied before the addition of DHA, ARA, or LGG.

‡ Reduced eczema (SCORAD index) and blood in stools within 1 month compared to Nutramigen without LGG.

§ Helps more babies overcome cow's milk allergy and return to consuming regular milk proteins in as fast as 6 months of feeding compared to Nutramigen without LGG.

|| Published study showing fewer incidences of asthma, rhinoconjunctivitis, urticaria, and eczema at 3 years compared to Nutramigen without LGG. Feeding began at 4 months of age or older in the study.

Faster Cow's Milk Allergy Relief Today



Less crying

Nutramigen® with LGG® can reduce crying in 2 days in 9 out of 10 infants.*¹⁰

Crying due to colic¹⁰



Reduced crying at 2 days

~90%

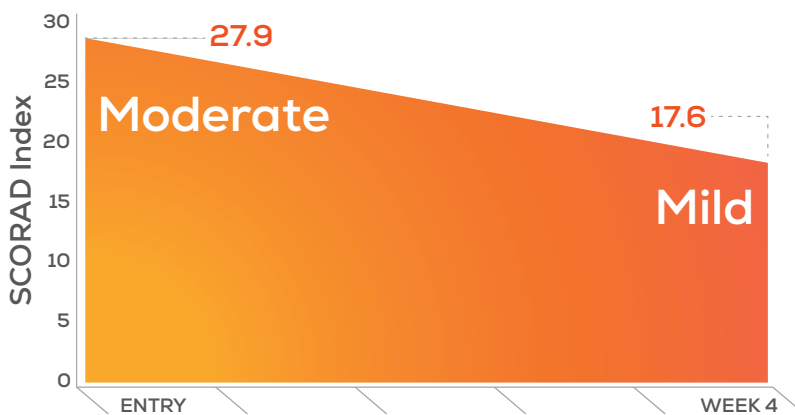


Study design: Prospective, double-blind crossover study of 27 infants with colic fed Nutramigen without LGG for 2 weeks.



Less eczema

Nutramigen with LGG reduced eczema severity from moderate eczema to mild eczema in just 4 weeks.^{†11,12}

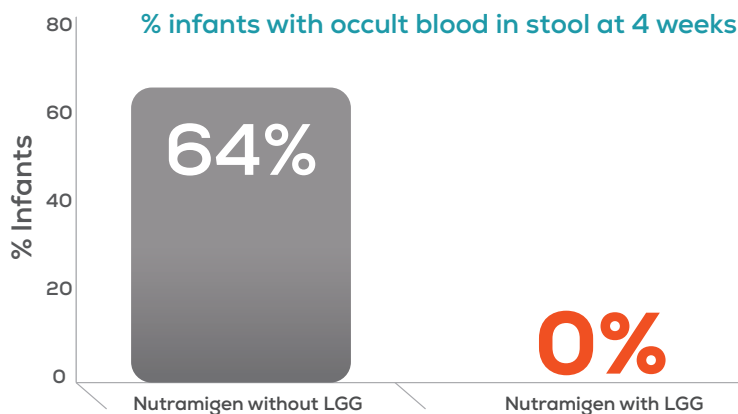


Study design: Prospective, randomized, double-blind, placebo-controlled study of 39 infants with atopic dermatitis fed either Nutramigen with LGG or Nutramigen without LGG for 3 months.



Zero blood in stools

Infants given Nutramigen with LGG had no blood in their stools at 4 weeks.¹³



Study design: Prospective, randomized, double-blind, placebo-controlled study of 26 infants with hematochezia fed either Nutramigen without LGG or Nutramigen with LGG over 4 weeks.

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Fewer Allergy Challenges Tomorrow*

Consistent proven outcomes with Nutramigen® with LGG®

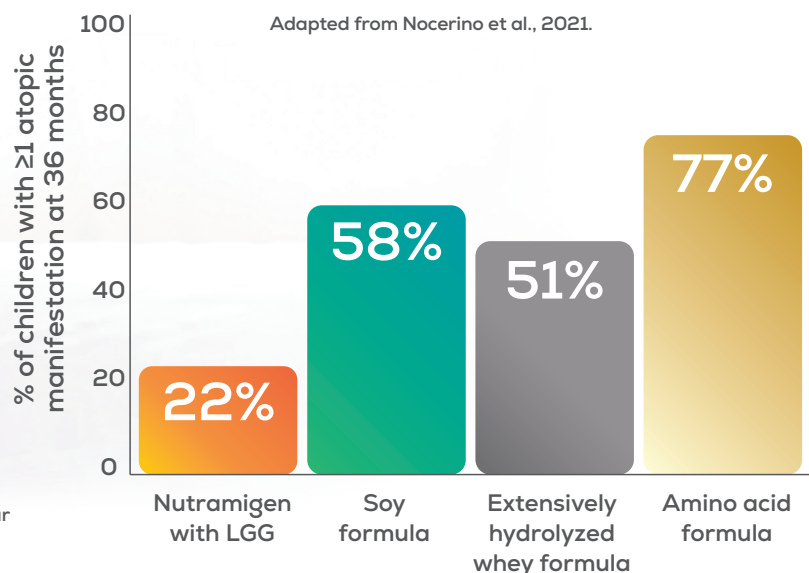
Nutramigen is backed by more than 80 peer-reviewed, published studies.

Clinical Study Authors	Get Back to Milk	Reduced Incidence of Allergic Manifestations
Berni Canani et al., 2012 ¹⁴	✓	
Berni Canani et al., 2013 ¹⁵	✓	
von Berg et al., 2016 ¹⁶		✓
Berni Canani et al., 2017 ¹	✓	✓
Sanchez-Valverde et al., 2019 ¹⁷	✓	
Nocerino et al., 2021 ¹⁸	✓	✓

Clinical study in 2012 that demonstrated babies fed Nutramigen with LGG get back to milk faster¹⁴



Clinical study in 2021 that demonstrated significant reduction in allergic manifestations vs other hypoallergenic formulas^{††18}



Study design: All babies had IgE-mediated cow's milk allergy in stable clinical conditions without cow's milk allergy symptoms. Cohorts had similar demographic and anamnestic features at enrollment.

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† Allergic manifestations included urticaria, eczema, asthma, and rhinoconjunctivitis.

†† Soy formula vs Nutramigen with LGG, $p < 0.001$, extensively hydrolyzed whey formula vs Nutramigen with LGG, $p < 0.001$, amino acid formula vs Nutramigen with LGG, $p < 0.001$.

Allergic reactions can be caused by an overreactive immune system

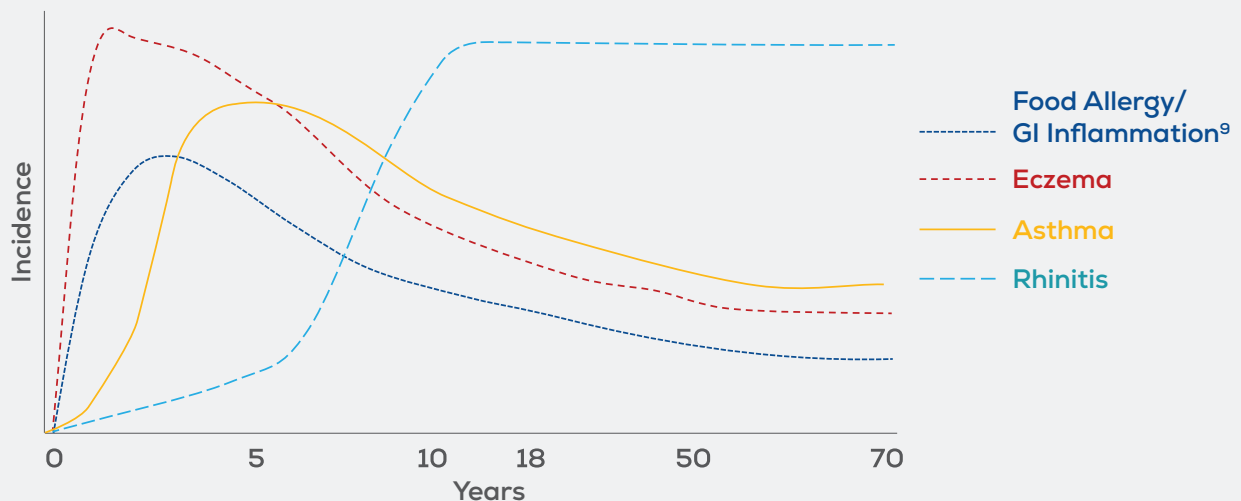
When the immune system overreacts, it releases immune compounds like histamine, causing allergic inflammation.

Infants with cow's milk allergy are 2 to 4x more likely to have atopic dermatitis, asthma, and rhinitis.¹ This time-based progression of allergic diseases is called the allergic march.

2 to 4x
more likely to
be impacted by
other allergic
manifestations¹



The Allergic March²⁻⁸

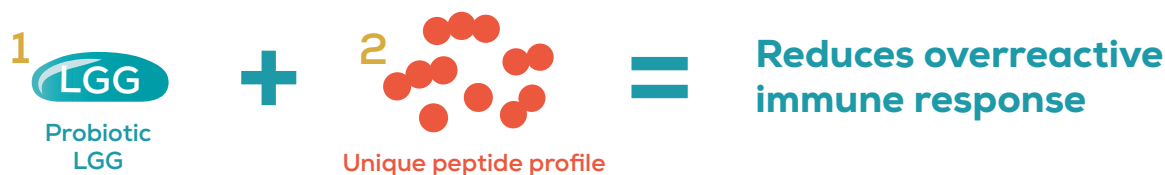


- Removing cow's milk protein allergens from an infant's diet can provide symptom relief
- Regulating the immune system response can help avoid an infant's progression along the allergic march



Nutramigen® with LGG® can help modulate the immune function

The only formula with both the probiotic LGG and a unique peptide profile. Relieves symptoms of cow's milk allergy and reduces future allergic manifestations.



Probiotic LGG:

- Increases butyrate-producing bacteria¹⁹⁻²¹
- Induces antibacterial compounds and lessens pathogen adhesion promoting overall gut microbiome balance²²⁻²⁴

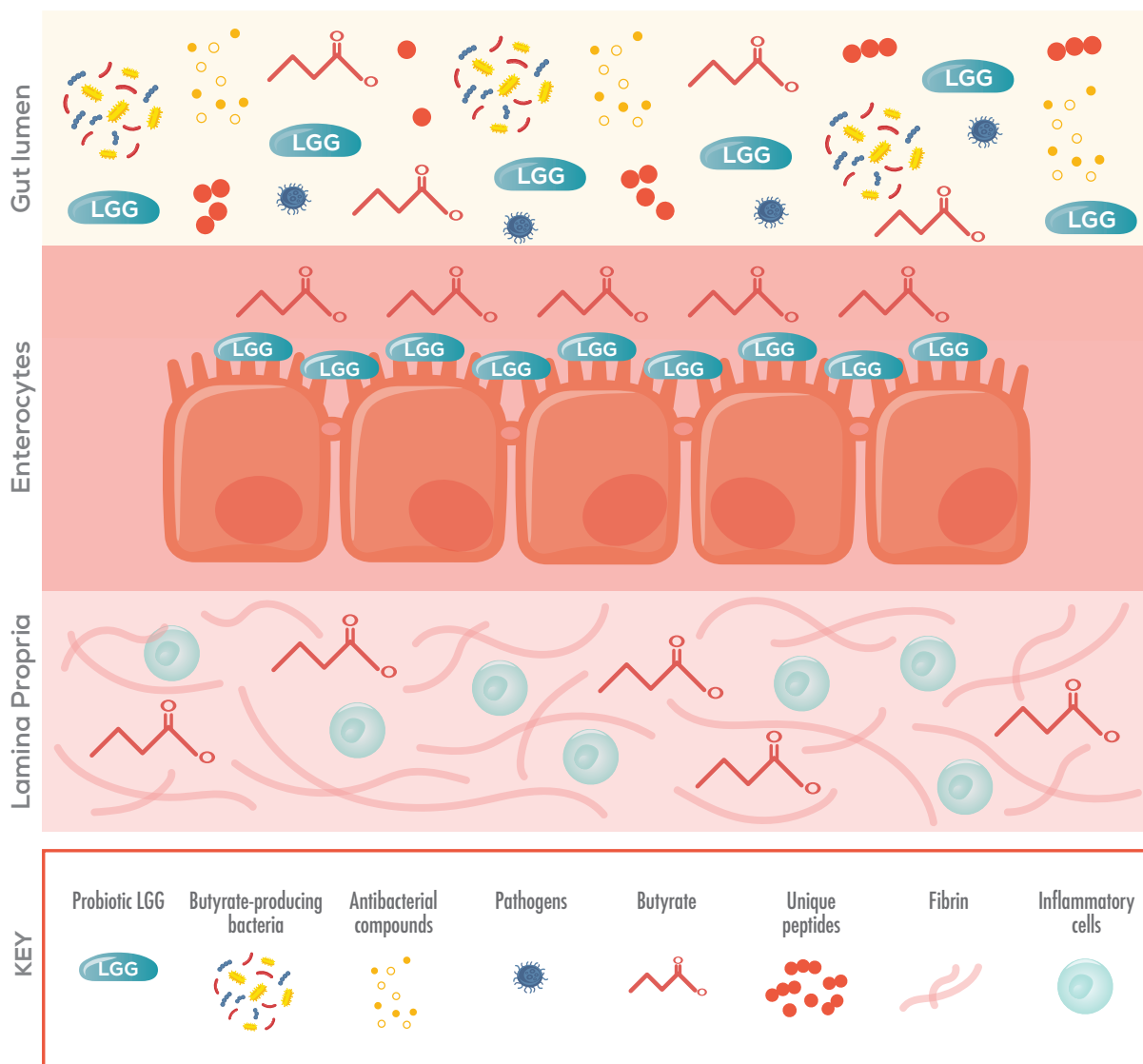
Butyrate:

- Nourishes cells lining the colon²⁵
- Promotes tight cell junctions^{26,27}
- Minimizes allergic inflammation in the lamina propria^{18,19,21,28-30}

Unique peptides:

- Reduces allergen exposure

Effects in the Gut of Probiotic LGG and Unique Peptide Profile





Recommend Nutramigen® with probiotic LGG®



Faster cow's milk allergy relief today*†‡§



Fewer allergy challenges tomorrow||



Return to cow's milk in as fast as 6 months§

Learn more at
hcp.meadjohnson.com



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through WIC[¶]
and SNAP[#]
programs



Available through WIC[¶] in all 50 states. WIC program contracts do not dictate your recommendation



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SNAP[#]



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Feeding began at 4 months of age or older in the study.

¶ WIC is a registered trademark of the United States Department of Agriculture (USDA) for the Women, Infants, and Children Program. No endorsement of any brand or product by the USDA is implied or intended.

SNAP, Supplemental Nutrition Assistance Program, is a federal government-supported program that offers nutrition assistance to qualifying low-income individuals.

References: 1. Berni Canani R et al. *J Allergy Clin Immunol.* 2017;139(6):1906-1913.e4. 2. Czarnowicki T et al. *J Allergy Clin Immunol.* 2017;139(6):1723-1734. 3. Shaker M. *Curr Opin Pediatr.* 2014;26(4):516-520. 4. Gordon BR. *Otolaryngol Clin North Am.* 2011;44(3):765-777. 5. Ballardini N et al. *Allergy.* 2012;67(4):537-544. 6. Bantz SK et al. *J Clin Cell Immunol.* 2014;5(2):202. 7. Davidson WF et al. *J Allergy Clin Immunol.* 2019;143:894-913. 8. Holgate S, Church MK, eds. *Allergy.* London: Gower Medical Publishing, 1993. 9. Adapted from Holgate S, Church MK, eds. *Allergy.* London: Gower Medical Publishing, 1993. 10. Lothe L et al. *Pediatrics.* 1989;83:262-266. 11. Nermes M et al. *Clin Exp Allergy.* 2011;41:370-377. 12. Oranje AP. *Curr Probl Dermatol.* 2011;41:149-155. doi: 10.1159/000323308. Epub 2011 May 12. 13. Baldassarre ME et al. *J Pediatr.* 2010;156:397-401. 14. Berni Canani R et al. *J Allergy Clin Immunol.* 2012;129:580-582. 15. Berni Canani R et al. *J Pediatr.* 2013;163(3):771-777.e1. 16. von Berg A et al. *Allergy.* 2016;71(2):210-219. 17. Sánchez-Valverde F et al. *Int Arch Allergy Immunol.* 2019;179(4):290-296. 18. Nocerino R et al. *J Pediatr.* 2021;232:183-191. 19. Berni Canani R et al. *Sci Rep.* 2018;8(1):12500. 20. Berni Canani R et al. *World J Gastroenterol.* 2011;17(12):1519-1528. 21. Berni Canani R et al. *The ISME Journal.* 2016;10:742-750. 22. Segers ME et al. *Microbial Cell Factories.* 2014;13(Suppl 1):S7. 23. Kankainen M et al. *Proc Natl Acad Sci U S A.* 2009;106(40):17193-17198. 24. Mattar AF et al. *Pediatr Surg Int.* 2002;18(7):586-90. 25. Di Costanzo M et al. *Life (Basel, Switzerland).* 2021;11(5):384. 26. Isolauri E et al. *Gastroenterology.* 1993;105(6):1643-1650. 27. Johnson-Henry KC et al. *Infect Immun.* 2008;76:1340-1348. 28. Berni Canani R et al. *Front Immunol.* 2019;10:191. 29. Aitoro R et al. *Nutrients.* 2017;9(7):672. 30. Carucci L et al. *Front Pediatr.* 2020;8:440.

