



*Failure, we're coming for you!*

FOR FAILURE-TO-THRIVE (FTT) INFANTS, WE SEE EVERY GROWTH SETBACK AS THE MAKING OF AN EPIC COMEBACK. THAT'S WHY FORTINI IS SPECIFICALLY CALIBRATED FOR THEIR UNIQUE JOURNEY FROM FAILURE TO FLOURISHING. **YOU WERE MADE FOR THIS AND SO WERE WE.**

#### HEALTH CARE PROFESSIONAL GUIDE

Fortini™ is a specially formulated medical food for use under medical supervision



FAILURE TO THRIVE (FTT) AT THIS TENDER AGE CAN RESULT IN SERIOUS SETBACKS—NOW AND INTO THE FUTURE<sup>1-5</sup>

In the U.S., past research has found that the number of malnourished infants is as high as:

- ~10% of children in primary care settings<sup>6</sup>
- 4% among hospitalized infants<sup>7</sup>






For term infants, current nutritional intervention practices add risk and waste time

- Require concentrating formula that creates inadequate/unbalanced nutrition
- Can introduce mixing errors<sup>8-10</sup> and contamination<sup>11-13</sup>
- Involve trial and error and lengthy step-up to goal caloric levels<sup>14,15</sup>
- May leave infants vulnerable to tolerability issues<sup>16,17</sup>

FINDING THE RIGHT FORMULA QUICKLY IS CRITICAL FOR CATCH-UP GROWTH GOALS

NEW FORTINI IS THE STUFF GREAT COMEBACKS ARE MADE OF  
REMOVES THE TIME-CONSUMING TRIAL-AND-ERROR PROCESS OF CONCENTRATING RECIPES

First and only ready-to-feed, 30 kcal/fl oz formula specifically calibrated for term FTT infants

-  Clinically shown to promote catch-up growth in disease- and non-disease-related growth failure<sup>18-20</sup>
-  Equivalent tolerability to 20 kcal/fl oz standard infant formula<sup>20-22\*</sup>
-  Nutritionally complete with the right balance of fluid, protein, and energy
-  Powered by protein: 2.6 g of protein per 100 kcal; 10.3% energy from protein, meets WHO/FAO/UNU guideline to support lean tissue gain for catch-up growth<sup>24</sup>
-  Made in Europe, trusted for over 20 years, and supported by 7 clinical studies<sup>18-23,25</sup>



REPLACES RISK AND UNCERTAINTY WITH CONFIDENCE IN CATCH-UP

	CONCENTRATING STANDARD FORMULA	FORTINI
Time needed	Can require a lengthy step-up process to higher calorie concentrations <sup>14,15</sup> Recipes must be continually modified	Well-tolerated at full strength from day one by most infants <sup>23*</sup> Infants <12 weeks may benefit from a graded introduction over 3 days <sup>23</sup>
Tolerability	Increases osmolality due to concentrating and fortifying, <sup>26</sup> which can impact tolerability Hyperosmolality creates risk for osmotic diarrhea <sup>26-28</sup>	Equivalent tolerability as standard infant formula (20 kcal/fl oz) <sup>20-22*</sup> Lower osmolality (360 mOsm/kg) than standard infant formula at 30 kcal/fl oz (460-507 mOsm/kg) <sup>29</sup> Osmolality within the American Academy of Pediatrics guidelines (<450 mOsm/kg) <sup>30</sup>
Protein	Usually contains around 8% of calories from protein, even when concentrated – falling short of recommendations for catch-up growth	Delivers an optimal protein-to-energy ratio for term infants with FTT: contains 10.3% of calories from protein Meets WHO/FAO/UNU guideline for percent of energy from protein (9-12%) for catch-up growth <sup>24</sup>
Energy	Requires concentrating to reach recommended caloric intake for catch-up growth with manageable volume	Provides the highest energy in the smallest volume to support higher energy requirements and/or fluid restrictions
Nutritional Profile	Risk of unbalanced macronutrient, vitamin and mineral content	Created to meet the unique nutritional needs of infants with or at risk of FTT
Errors & Contamination	Parents and caregivers must adhere to complicated recipes Risk of mixing errors <sup>8-10</sup> and contamination <sup>11-13</sup> Powdered formulas are not sterile	Experts recommend sterile liquid formulas for infants in healthcare facilities due to reduce risk of microbial contamination <sup>31,32</sup> No mixing, fortifying, or supplementing needed

\*Normal changes in stool frequency and consistency may occur in the first few days after starting babies on Fortini. Infants <12 weeks of age may benefit from a graded introduction to Fortini.<sup>23</sup>  
†RDAs should not guide energy or protein goals in critically ill infants. 0-6 months: Provides ≥100% Adequate Intake (AI) for all nutrients. 7-12 months: Provides ≥100% AI except carbohydrate 80%, manganese 20%, sodium 75%, potassium 82%, chloride 81%. 1-3 years: Provides ≥100% 1-3-year DRI except carbohydrate 69%, fiber 37%, niacin 78%\*, phosphorus 96%\*, manganese 12%\*, sodium 41%, potassium 42%, chloride 36%. \*Recommended Dietary Allowance, otherwise AI.  
‡For infants up to 18 months (19.8 lbs/9 kg). Nutricia supports the use of breast milk wherever possible.  
§ Nutricia North America does not represent codes to be National Drug Codes (NDCs). NDC-format codes are product codes adjusted according to standard industry practice to meet the format requirements of pharmacy and health insurance systems.  
||WIC is a registered service mark of the U.S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infants and Children.



# NEW FORTINI TURNS GROWTH SETBACKS INTO EPIC COMEBACKS

## THE FIRST AND ONLY FORMULA SPECIFICALLY CALIBRATED FOR FTT INFANTS

**Indication:** For the dietary management of term infants from birth up to 18 months of age (or 19.8 lbs/9 kg) with, or at risk of, growth failure, increased energy requirements, and/or fluid restrictions, due to conditions such as:

- Congenital heart disease
- Chronic lung disease
- Respiratory syncytial virus
- Neurological syndrome or neuro-disabilities
- Cystic fibrosis
- Non-disease related FTT

### PROVIDES ≥100% DIETARY REFERENCE INTAKES (DRIs)<sup>†</sup>

0-6 months	590 mL (5 cartons)
7-12 months	750 mL (6⅔ cartons)
12-18 months	880 mL (7½ cartons)

**SUITABLE AS A SOLE SOURCE OF NUTRITION AND AS A SUPPLEMENT TO BREASTFEEDING<sup>‡</sup>**

### ORDERING AND REIMBURSEMENT INFORMATION

Product code	NDC-Format Code <sup>§</sup>	HCPCS code	Product packaging	Calories per carton	UPC unit (Each)	UPC case
161212	49735011212	B4160	30 x 4 fl oz (118 mL)	118	7497350-12123	7497351-12120

**FortiniUS.com – EASY ORDERING AND MORE!**

**YOUR PATIENTS CAN PURCHASE FORMULA AND CHECK WIC<sup>®</sup> AVAILABILITY IN THEIR STATE**



The Fortini pocket guide includes ingredient and nutrient lists; DRI values; key product features, such as osmolality, free water, and potential renal solute load; as well as ordering and reimbursement information



The Fortini DRI calculator Helps determine the volume of Fortini needed to meet patients' nutritional needs based on the DRI.



FortiniUS.com/HCP – access to resources, medical education, case studies, webinars, and more.



**Fortini is a product of Nutricia North America.**

Fortini is for use under medical supervision. Clinicians should regularly monitor for adequate nutrient and fluid status by reviewing nutrient intake and needs, anthropometry, symptoms, and micronutrient status.

**References:** 1. Mehta, et al. Crit Care Med. 2012;40:2204-11. 2. Mehta, et al. Am J Clin Nutr. 2015;102:199-206. 3. Bechard, et al. Crit Care Med. 2016;44:1530-7. 4. Georgieff, et al. Acta Paediatr. 2018;107:1310-21. 5. Cusick, et al. J Pediatr. 2016;175:16-21. 6. Daymont, et al. Acad Pediatr. 2020;20:405-12. 7. Carvalho-Salemi, et al. J Acad Nutr Diet. 2018;118:40-51e7. 8. Renfrew, et al. Arch Dis Child. 2003;88:855-8. 9. Plaster, et al. J Am Diet Assoc. 1996;96:A-64. 10. Altazan, et al. Pediatr Obes. 2019;14:e12564. 11. Rocha Carvalho, et al. JPEN J Parenter Enteral Nutr. 2000;24:296-303. 12. Fagerman. Nutr Clin Pract. 1992;7:31-6. 13. Labiner-Wolfe, et al. Pediatrics. 2008;122 Suppl 2:S85-90. 14. Homan. Am Fam Physician. 2016;94:295-9. 15. Slicker, et al. Congenit Heart Dis. 2013;8:89-102. 16. Mehta, et al. Pediatr Crit Care Med. 2017;18:675-715. 17. Moreno, et al. Nutr Clin Pract. 2016;31:673-80. 18. Clarke, et al. J Hum Nutr Diet. 2007;20:329-39. 19. Eveleens, et al. J Hum Nutr Diet. 2019;32:3-10. 20. Scheffer, et al. JPEN J Parenter Enteral Nutr. 2020;44:348-54. 21. Cui, et al. JPEN J Parenter Enteral Nutr. 2018;42:196-204. 22. van Waardenburg, et al. Clin Nutr. 2009;28:249-55. 23. Evans, et al. J Hum Nutr Diet. 2006;19:191-7. 24. World Health Organization; Food and Agriculture Organization of the United Nations. Protein and amino acid requirements in human nutrition. 2007. 25. Nutricia North America. <https://clinicaltrials.gov/ct2/show/NCT03563391>. 26. Steele, et al. J Hum Nutr Diet. 2013;26:32-7. 27. Pereira-da-Silva, et al. Eur J Clin Nutr. 2008;62:274-8. 28. Fomon, et al. J Pediatr. 1999;134:11-4. 29. Third party laboratory testing of standard infant formulas commercially available in United States. Eurofins, Madison, Wisconsin. 30. Committee on Nutrition; American Academy of Pediatrics. Pediatrics. 1976;57:278-85. 31. Steele, et al, eds. Infant and Pediatric Feedings: Guidelines for preparation of human milk and formula in health care facilities. 3rd ed. Chicago: Academy of Nutrition and Dietetics; 2019. 32. Corkins, et al. Nutr Clin Pract. 2013;28:263-76.

**NUTRICIA**  
**Fortini**<sup>™</sup>  
*Formulated to thrive!*

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