

See the Nutricia difference

eHF	Pepticate™	Nutramigen®	Alimentum®
Hypoallergenic	✓	✓	✓
Demonstrated to support growth	✓	✓	✓
Contains a prebiotic blend of scGOS and lcFOS	✓	✗	✗
Contains DHA at a level in line with WAPM recommendations**46	✓	✓	✗
Contains added nucleotides (present in breastmilk ⁴¹)	✓	✗	✗
Contains lactose to promote palatability ⁹ (lactose is found naturally in breast milk ³⁷)	✓	✗	✗
Whey-based eHF	✓	✗	✗
Easy 1:1 mixing	✓	✗	✗

AAF	Neocate® Syneo® Infant	Neocate® Infant DHA/ARA	EleCare® Infant	PurAmino® Infant	Alfamino® Infant
Hypoallergenic	✓	✓	✓	✓	✓
Contains clinically tested synbiotic blend (pre- and probiotics)	✓	✗	✗	✗	✗
Contains DHA level in line with WAPM recommendations**46	✓	✓	✗	✓	✓
Contains added nucleotides (present in breast milk ⁹)	✓	✓	✗	✗	✗
Contains dairy-free prebiotic oligosaccharides	✓	✗	✗	✗	✗
Shown in a clinical trial to help balance the gut microbiota to be more like that of healthy breastfed infants ^{††31,32}	✓	✗	✗	✗	✗
Vitamin D: volume needed to meet DRI (400 IU) ^{††47}	27.0 fl oz	27.4 fl oz	33.3 fl oz	33.3 fl oz	35.1 fl oz
Easy 1:1 mixing	✓	✓	✗	✓	✓

scGOS = short-chain fructooligosaccharides; lcFOS = long-chain galactooligosaccharides; WAPM = World Association of Perinatal Medicine
 ** When breastfeeding is not possible, WAPM recommends the use of an infant formula providing DHA at levels between 0.2 and 0.5 weight percent of total fat.
 †† Infants after 8 weeks of management with standard amino acid-based formula (AAF, control) or AAF with pre- and probiotics (test) compared to age-matched, healthy, breastfed infants. At 8 weeks, levels of both bifidobacterial and *Eubacterium rectale* + *Clostridium coccoides* group were measured as a percentage of total fecal bacteria. Test group median levels were different than control group (p<0.001), and were closer to breast-fed infant levels vs. control group.^{31,32}
 ††† At standard concentration, 20 kcal/fl oz. Based on product labeling, last confirmed 10/17/2022. EleCare® and Alimentum® are registered trademarks of Abbott Laboratories. PurAmino® and Nutramigen® are registered trademarks of Mead Johnson & Company, LLC. Alfamino® is a registered trademark of Société des Produits Nestlé S.A.

Readily available

 Order directly from Pepticate.com or Neocate.com

 Available through many major retailers and pharmacies

 Buy on Amazon

 May be covered under WIC⁶⁶ (Women Infants and Children program) or SNAP (Supplemental Nutrition Assistance Program)



Find Neocate near you



Be sure to let parents know about Nutricia Navigator – a free assistance program to help with insurance coverage, claims support, and reimbursement.



Footnotes & references:
⁶⁶WIC is a registered service mark of the U.S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infants and Children.
 1. Gupta, et al. Pediatrics. 2011;128:e9-e17.2. Flocchi, et al. Pediatr Allergy Immunol. 2010;21 Suppl 21:126-3. Martin, et al. US Births: Final data for 2019. <https://stacks.cdc.gov/view/cdc/100472>. Accessed 4/23/2021.4. Warren, et al. Annals of Allergy, Asthma & Immunology. 2018;121:S13-5. Koletzko, et al. J Pediatr Gastroenterol Nutr. 2012;55:221-9.6. Heyman, Pediatrics. 2008;118:1279-86.7. Abrams, et al. Am J Clin Nutr. 2002;76:442-6. 8. Francavilla, et al. Pediatr Allergy Immunol. 2012;23:420-7. 9. Maslin, et al. Pediatr Allergy Immunol. 2018;29:867-82.10. Gutierrez-Castrellon, et al. Br J Nutr. 2007;98:S64-7. 11. Moro, et al. J Pediatr Gastroenterol Nutr. 2002;34:291-5.12. Knol, et al. Ibid.2006;40:36-42.13. Birch, et al. Am J Clin Nutr. 2010;91:848-59. 14. Verwimp, et al. European Journal of Clinical Nutrition. 1995;49:S39-48.15. Giampietro, et al. Pediatr Allergy Immunol. 2001;12:83-6.16. Payot, et al. J Pediatr Gastroenterol Nutr. 2018;66:136-40. 17. Isolauri, et al. AAAAI 60th Annual Meeting. 2004. 18. Nutricia North America - Data on file. 2008. 19. Harvey, et al. Pediatr Res. 2014;75:343-51. 20. Burks, et al. Pediatr Allergy Immunol. 2015;26:316-22. 21. Berni Canani, et al. J Pediatr Gastroenterol Nutr. 2017;64:632-8.22. Sorensen, et al. Allergy. 2017;72:623(0899).23. Abrahamse-Berkeveld, et al. J Nutr Sci. 2016;5:e42. 24. Luyt, et al. Clin Exp Allergy. 2014;44:642-72. 25. Vandendriessche, et al. Arch Dis Child. 2007;92:902-8. 26. Venter, et al. Clin Transl Allergy. 2013;3:23. 27. Ludman, et al. BMJ. 2013;347:f5424. 28. Meyer, et al. J Allergy Clin Immunol Pract. 2018;6:383-99. 29. du Toit, et al. Arch Dis Child Educ Pract Ed. 2010;95:134-44. 30. Host, et al. Arch Dis Child. 1999;81:80-4. 31. Candy, et al. Pediatr Res. 2018;83:677-86. 32. Wopereis, et al. Clin Transl Allergy. 2019;9:27. 33. Hill, et al. J Pediatr. 1999;135:118-21. 34. de Boissieu, et al. J Pediatr. 1997;131:744-7. 35. Heine, et al. J Allergy Clin Immunol. 2003;111:S102. 36. Vanderhoof, et al. J Pediatr. 1997;131:741-4. 37. Kunz, et al. Annu Rev Nutr. 2000;20:699-722. 38. Ruhaak, et al. Adv Nutr. 2012;3:406s-14s. 39. Sela, et al. Trends Microbiol. 2010;18:298-307. 40. Bode. Glycobiology. 2012;22:147-62. 41. Field. J Nutr. 2005;135:1-4. 42. Bruzesse, et al. Clin Nutr. 2009;28:156-61. 43. Arslanoglu, et al. J Nutr. 2008;138:1091-5. 44. FAO/WHO. Joint FAO/WHO Working Group on Drafting Guidelines for the Evaluation of Probiotics in Food. Guidelines for the evaluation of probiotics in food: report of a Joint FAO/WHO Working Group on Drafting Guidelines for the Evaluation of Probiotics in Food. London, Ontario, Canada. April 30 and May 1, 2002. Available at: https://www.who.int/foodsafety/fs_management/en/probiotic_guidelines.pdf. 45. Fox, et al. Clin Transl Allergy. 2019;9:5. 46. Koletzko, et al. J Perinat Med. 2008;36:5-14. 47. Ross, et al. Dietary Reference Intakes for Calcium and Vitamin D. National Academies Press; 2011.



Nutricia 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. Pepticate™ is a hypoallergenic, extensively hydrolyzed infant formula for use under medical supervision and is indicated for cow milk allergy.
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Relief starts here



CMA is the **most common food allergy** in infancy!¹



CMA affects roughly **75,000 infants each year** in the US¹⁻⁴

If you suspect cow milk allergy (CMA), trial a cow milk elimination diet. If breast milk is not an option or needs to be supplemented, **a hypoallergenic formula can help.**

NUTRICIA
Pepticate[™]
The #1 eHF in Europe*

Consider Pepticate for mild-to-moderate CMA



Extensively hydrolyzed formula (eHF)

Often used as a first-line dietary management option.^{2,5} Uses peptides, which can be tolerated by a majority of infants with CMA.



Pepticate contains key elements inspired by breast milk



Lactose

- A source of carbohydrates
- Associated with improved calcium absorption^{6,7} and positive effects on the gut microbiota⁸
- Helps improve taste⁹; HCPs in the UK agree Pepticate is the best tasting eHF[†]



Nucleotides

- Shown to help support the immune system¹⁰



Prebiotic fiber

- The only eHF in the US with galacto-oligosaccharides (GOS) and fructo-oligosaccharides (FOS)
- Shown to support infant digestive health and immune system development^{11,12}



DHA/ARA

- To help promote brain and eye development¹³

*Based on annual sales data, dated 9/28/22.

†Based on 2018 blinded palatability study on UK healthcare professionals taste preference of leading brands.

From mild CMA to severe, Nutricia has you covered

- Clinically-tested hypoallergenic
- Manages CMA symptoms^{14,15,20}
- Nutritionally complete
- Well tolerated¹⁵⁻¹⁹
- Supports growth^{14,16,17,20-23}

If your formula-fed patients experience any of the common symptoms of mild to moderate CMA,^{5,24} consider using an extensively hydrolyzed formula (eHF) like Pepticate first.

- Gastrointestinal symptoms
- Behavioral symptoms
- Respiratory symptoms
- Skin symptoms
- Growth & development issues



If your patients present with any of these red flag indicators for severe CMA, consider using an amino acid-based formula (AAF) like Neocate first line.[‡]

- Symptoms not resolved on eHF^{2,5,25-28}
- Severe gastrointestinal allergies^{2,5,26-28}
- Poor growth^{2,26-28} especially with multiple food eliminations and/or GI tract/skin symptoms
- Anaphylaxis^{2,28}

‡AAFs are the first-line option for severe CMA when formula is needed.

Consider Neocate for severe CMA

NUTRICIA
Neocate[®]
The #1 AAF worldwide⁵



Amino acid-based formula (AAF)

Uses amino acids not derived from cow milk, making it the most hypoallergenic type of formula available.^{29,30}

Neocate Syneo Infant:
The only AAF designed with prebiotics, probiotics, and nucleotides¹: three immune system-supporting components inspired by breast milk¹



Shown to help balance the gut microbiota of infants with food allergies, to be closer to that of healthy breastfed infants^{31,32}



Dietary management with Neocate can resolve food allergy symptoms within 3 to 14 days³³⁻³⁶

¹Nutricia Advanced Medical Nutrition - Data on file. International market presence and shares.

²As compared to other amino acid-based infant formulas in the United States.

³With prebiotics, probiotics, and nucleotides: Breast milk naturally contains beneficial bacteria^{37,38}, beneficial prebiotic oligosaccharides^{39,40} and nucleotides⁴¹. Prebiotic oligosaccharides can help support normal development of the infant immune system^{42,43}. Probiotics are live, beneficial microorganisms that, "when administered in adequate amounts, confer a health benefit on the host"⁴⁴. Nucleotides have been shown to help support the immune system.⁴⁵

⁴In one clinical trial infants were managed with standard amino acid-based formula (control) or amino acid-based formula with pre- and probiotics (test) compared to age-matched, healthy, breastfed infants. At 8 weeks, levels of both bifidobacteria and *Eubacterium rectale* + *Clostridium coccoides* group were measured as a percentage of total fecal bacteria. Test group median levels were different than control group (p<0.001), and were closer to breastfed infant levels vs. control group. At 12 and 26 weeks test group mean levels continued to differ when compared to the control group (all p<0.001), with most subjects still on assigned formula, in line with study design.⁴⁶