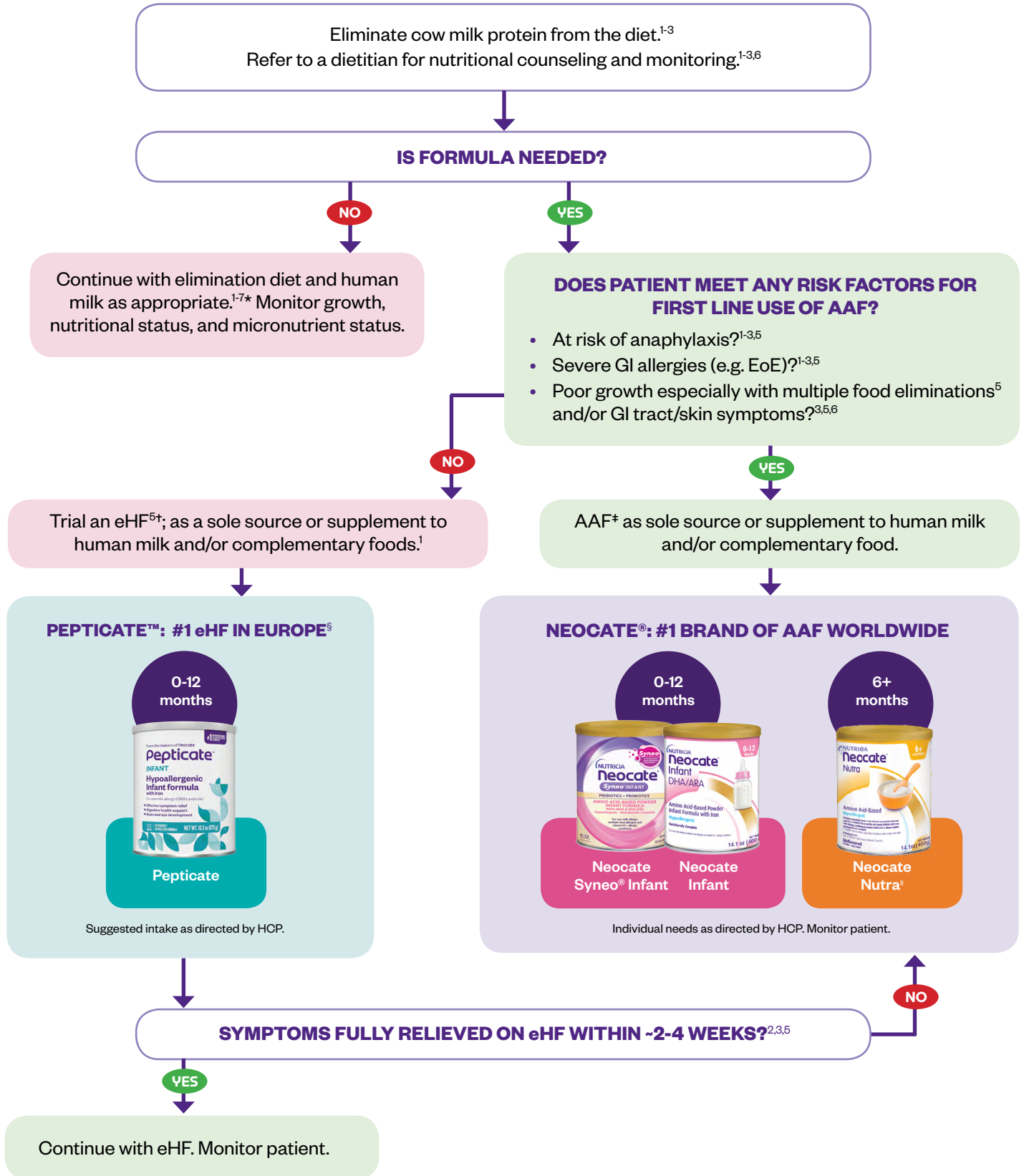


COW MILK ALLERGY IN INFANCY (0-12 months)

Dietary Management Flow Chart

This flow chart is intended to be used as a reference for healthcare professionals when managing patients with cow milk allergy as a **primary** diagnosis. Monitor growth, nutritional status, and micronutrient status.



AAF = amino acid-based formula; GI = gastrointestinal; EoE = Eosinophilic Esophagitis; eHF = extensively hydrolyzed formula; HCP = healthcare professional. Brought to you by Nutricia North America.

Nutricia North America supports the use of human 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/or allergic conditions. Pepticate is a hypoallergenic, extensively hydrolyzed infant formula for use under medical supervision and is indicated for cow milk allergy.

*May include maternal elimination diet if breastfeeding and patient continues to react.^{2,3} Maternal elimination diet should always be conducted under medical supervision. Maternal vitamin and mineral supplementation should be considered^{2,3} and diet should be monitored for nutritional adequacy.²

[†]A hydrolyzed rice formula can also be considered, however hydrolyzed rice formulas are not currently available in the U.S.¹

[‡]Soy formula can be recommended as a third choice for patients without soy allergy¹ and > 6 months of age.²

[§]Based on annual sales data, dated 04/30/2024.

[¶]Neocate Nutra is suitable for use in children and infants older than 6 months of age (not nutritionally complete). **Neocate Nutra is not intended for bottle or tube feed.**

References: **1.** Bognanni, et al. World Allergy Organization Journal. 2024;17. **2.** Vandenplas, et al. J Pediatr Gastroenterol Nutr. 2024;78:386-413. **3.** Venter C, et al. Clin Transl Allergy. 2013;3:23. **4.** Muraro, et al. World Allergy Organ J. 2022;15:100687. **5.** Meyer, et al. J Allergy Clin Immunol Pract. 2018;6:383-99. **6.** Ludman S, et al. BMJ. 2013;347:f5424. **7.** Vandenplas Y, et al. Arch Dis Child. 2007;92:902-8.



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