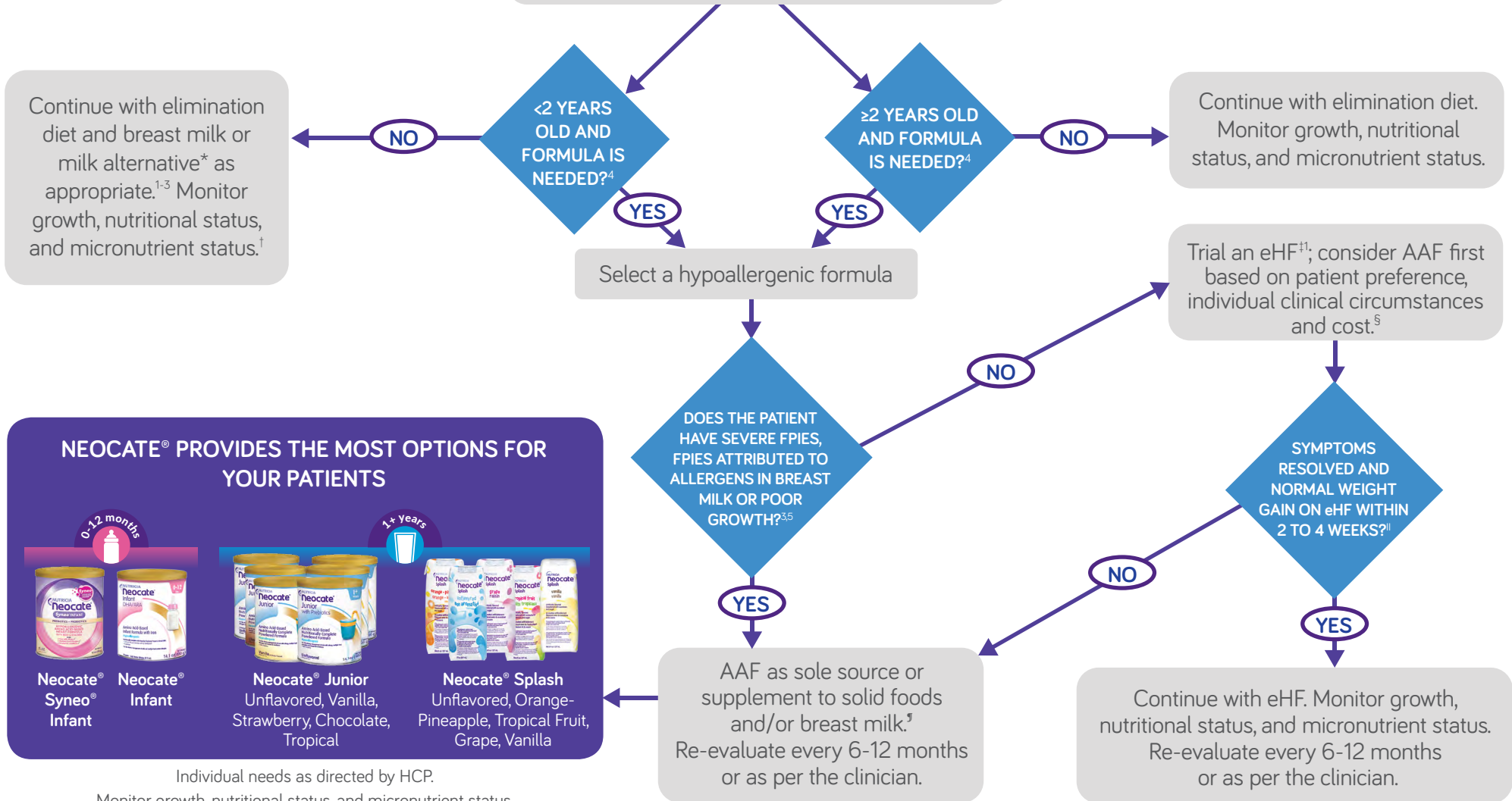


# FOOD PROTEIN-INDUCED ENTEROCOLITIS SYNDROME (FPIES)

## Dietary Management Flow Chart

Once FPIES has been diagnosed, eliminate identified allergens from diet.<sup>1-3</sup> Refer to dietician for nutritional counseling and monitoring.<sup>2,3</sup>



**NEOCATE® PROVIDES THE MOST OPTIONS FOR YOUR PATIENTS**

0-12 months

Neocate® Syneo® Infant  
Neocate® Infant

1+ years

Neocate® Junior  
Unflavored, Vanilla, Strawberry, Chocolate, Tropical

Neocate® Splash  
Unflavored, Orange-Pineapple, Tropical Fruit, Grape, Vanilla

Individual needs as directed by HCP.  
Monitor growth, nutritional status, and micronutrient status.

AAF = amino acid-based formula; eHF = extensively hydrolyzed formula; HCP = healthcare professional  
This flow chart is intended to be used as a reference for healthcare professionals when managing patients with Food Protein-Induced Enterocolitis Syndrome (FPIES) as a **primary** diagnosis.

**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.**

\*For 1-2 year old patients, the milk alternative should be food allergy appropriate and nutritionally equivalent to whole cow's milk with adequate calcium, protein, fat and total calories.

†If the patient is exclusively formula or breastfed at 12 months and shows sign of feeding difficulty, refer to a feeding specialist to assess motor skill development.

‡Other options may exist for some patients. For children with soy-induced FPIES, cow milk formula can be recommended for patients without cow milk allergy. For children with cow milk-induced FPIES (CM-induced FPIES), soy formula can be recommended for patients without soy allergy and > 6 months of age. However, cautious introduction is recommended because of the potential for co-reactivity between patients with soy-induced FPIES and those with CM-induced FPIES.<sup>1,2</sup>

§In settings where the cost of an AAF is lower, the use of an AAF may be equally reasonable.<sup>4</sup>

¶The transition period to a hypoallergenic formula will vary among patients and could take as long as two weeks. Once fully transitioned, FPIES symptoms should resolve within 10-14 days.<sup>2,5</sup>

¶If symptoms are not resolved with AAF or eHF, consider work up of other conditions, e.g. disaccharidase deficiency.

**References:** 1. Agyemang, et al. Clin Rev Allergy Immunol. 2019. 2. Nowak-Wegrzyn, et al. J Allergy Clin Immunol. 2017;139:1111-26.e4. 3. Venter, et al. Curr Opin Allergy Clin Immunol. 2014. 4. Fiocchi, et al. Pediatr Allergy Immunol. 2010;21 Suppl 21:1-125. 5. Venter, et al. Clin Transl Allergy. 2017;7:26.



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