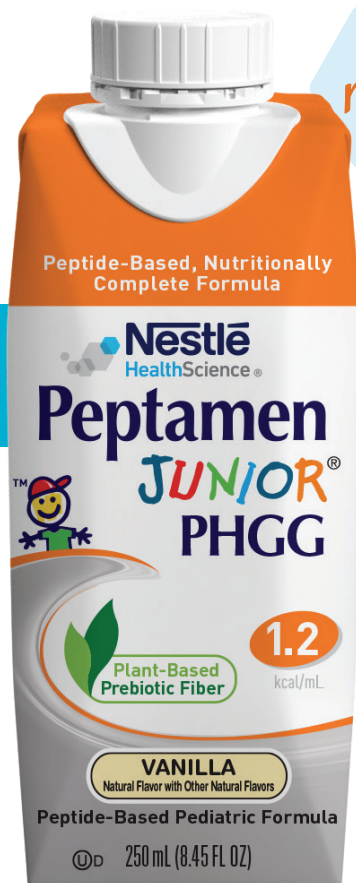




new!

Introducing the latest solution
in the PEPTAMEN Junior[®] family.

PEPTAMEN Junior[®] PHGG

- ✓ Specialized nutrition for pediatric patients with GI impairment who need additional support for bowel function and gut health.
- ✓ All the benefits of a PEPTAMEN Junior[®] formula, now with more PHGG — a low FODMAP, prebiotic fiber.

*Sometimes
kids need a little
extra help.*



The Wonders of PHGG

PHGG is a low FODMAP, **plant-based prebiotic fiber** with an extensive body of evidence demonstrating improved bowel function and gut health.¹⁻⁶

Improved Bowel Function⁴⁻⁶

- ✓ Children with GI conditions supplemented with PHGG had a **40% improvement** in bowel function⁴
- ✓ Well-tolerated¹⁻⁶
- ✓ Helps reduce GI symptoms, normalize bowel function, and can help promote regularity in children⁴⁻⁶
- ✓ Helps manage constipation without causing diarrhea^{5,6}
- ✓ Helps manage diarrhea without causing constipation¹⁻⁵
- ✓ At 15 g/day helps reduce duration and severity of **acute** diarrhea in children¹⁻³

Shown to manage diarrhea

Prebiotic effect

Low FODMAP

Fewer side effects, like gas & bloating

PHGG

FOS

Inulin

Pea Fiber



7-28

7, 9-13, 19-22, 24-28

20, 29-31

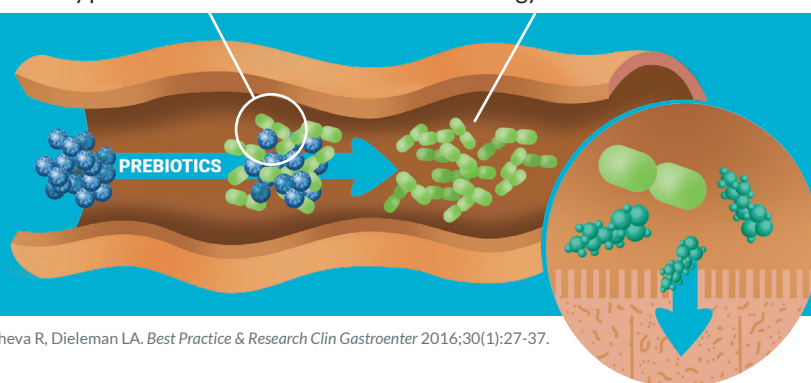
Low FODMAP fiber sources, such as PHGG, can help children with digestive sensitivities avoid GI symptoms²²

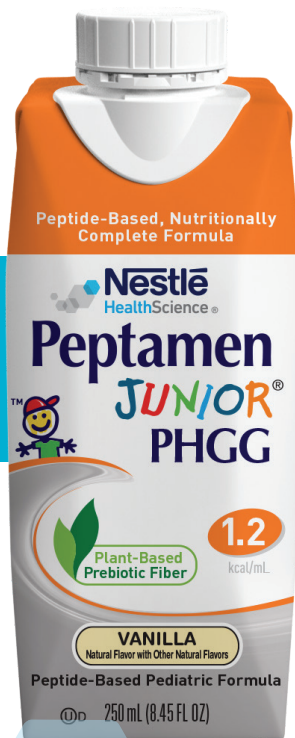
Gut Health

- ✓ PHGG is a plant-based **prebiotic** fiber that promotes the growth of beneficial bacteria in the GI tract and therefore supports gut health³²⁻³⁴

Good bacteria nourished by prebiotics

Promote the growth of beneficial bacteria and are an energy source for intestinal cells





Introducing PEPTAMEN Junior® PHGG

Specialized nutrition for pediatric patients (ages 1-13) with GI impairment who need additional support for bowel function and gut health.

Help has just arrived!

Designed with PHGG to help manage diarrhea in children¹⁻⁵

THE FORMULA

- ✓ **12 g/L PHGG** fiber to promote improved bowel function and gut health¹⁻⁶
- ✓ **1.2 kcal/mL**
- ✓ **Vanilla flavored** – suitable for tube feeding and/or oral consumption

NUTRITIONAL APPLICATIONS – GI IMPAIRMENT

- ✓ Chronic Diarrhea
- ✓ Acute Diarrhea
- ✓ Bowel Management
- ✓ Malabsorption
- ✓ Short Bowel Syndrome
- ✓ Growth Failure
- ✓ Crohn's Disease
- ✓ Cystic Fibrosis
- ✓ Delayed Gastric Emptying
- ✓ Cerebral Palsy
- ✓ Malnutrition

PEPTAMEN Junior® PHGG vs. the Competition

FIBER SOURCE: PHGG

PROTEIN SOURCE:

100% whey protein – facilitates gastric emptying,^{35,36} promotes tolerance and absorption³⁷⁻⁴⁰

PROTEIN COMPOSITION:

Highest % of small peptides (less than 9 amino acid chain length), which are more efficiently absorbed⁴¹⁻⁴³

FAT COMPOSITION:

60% of fat from MCT to support fat absorption^{44,45}

PEPTAMEN Junior® PHGG

✓
100% PHGG

✓
**Hydrolyzed
100% Whey Protein**

✓
**Over 50% of peptides
are less than 9 amino acid
chain length⁺⁺**

✓
60% of fat from MCT

Kate Farms Pediatric Peptide*

✗
Inulin

✗
Hydrolyzed pea protein

✗
**Less than 9% of peptides
are less than 9 amino acid
chain length⁺⁺**

✗
50% of fat from MCT

PediaSure® Peptide**

✗
FOS

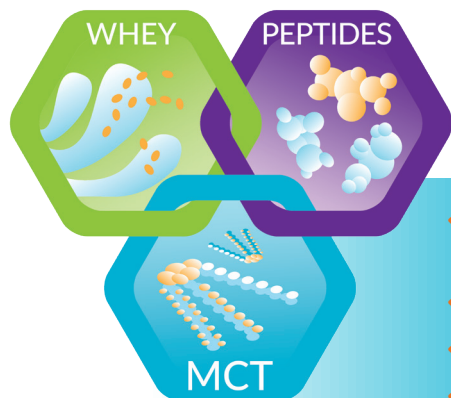
✗
**Hydrolyzed blend of
casein and whey protein**

✗
**Less than 40% of peptides
are less than 9 amino acid
chain length⁺⁺⁺**

✓
60% of fat from MCT



*Kate Farms is a registered trademark of Kate Farms Inc. **PediaSure is a registered trademark of Abbott Laboratories, Inc. All information is obtained from product label and literature available upon the date of issue and is subject to change. For specific nutrition information, please contact the manufacturer. +As demonstrated via protein gel electrophoresis. Nestlé Health Science data on file reflecting the average peptide length and percent by weight of PEPTAMEN Junior® formulas based on multiple batch testing using the SDS-PAGE method. ++Kate Farms Applications of a Plant-Based Formula Webinar. February, 2019. +++As demonstrated via protein gel electrophoresis. Nestlé Health Science data on file reflecting the average peptide length and percent by weight of PediaSure® Peptide based testing using the SDS-PAGE method.



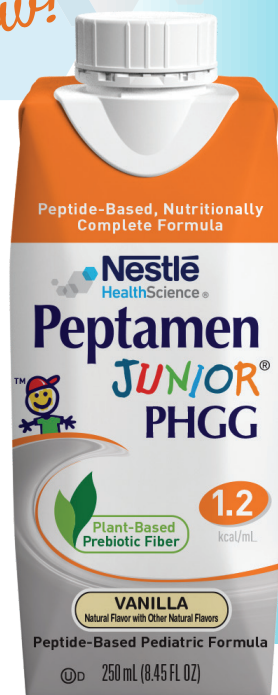
The PEPTAMEN Junior® Difference just got better!

- ✓ The only pediatric formulas with 100% whey protein to facilitate gastric emptying and support absorption and growth^{35,36}
- ✓ Enzymatically hydrolyzed protein to provide smaller, easy-to-absorb peptides⁴¹⁻⁴³
- ✓ 60% of fat from MCT to facilitate fat absorption^{44,45}
- ✓ The leader in published clinical evidence with over 25 published studies
- ✓ Trusted by HCPs for over 20 years
- ✓ Designed for improved feeding tolerance and improved outcomes^{37,38,40,46-49}

20+ years / 25+ studies



new!



...and now there's

PEPTAMEN Junior® PHGG

All the benefits of the PEPTAMEN Junior® family of formulas, plus now with 100% PHGG fiber source, a low FODMAP plant-based **prebiotic** fiber with a large body of evidence demonstrating improved bowel function and gut health.¹⁻⁶

ORDERING INFORMATION

PEPTAMEN Junior® PHGG* – Vanilla

Product Code	Case UPC (GTIN)	Packaging	NDC-Format Number
4390090484	00043900904849	24-250 mL cartons/case	43900-0361-59

*Replaces Peptamen Junior® Prebio™

To learn more, contact your Nestlé Health Science sales representative at 800-422-2752.

USE UNDER MEDICAL SUPERVISION

1. Alam NH, Ashraf H, Kamruzzaman M, et al. *J Health, Population and Nutrition* 2015;(34):1. 2. Alam NH, Meier R, Schneider H, et al. *J Pediatr Gastroenterol Nutr* 2000;31(5):503-507. 3. Alam NH, Meier R, Sarker S, et al. *Archives of Disease in Childhood* 2005;90(2):195-199. 4. Romano C, et al. *World J Gastroenterol* 2013 January 14;19(2):235-240. 5. Paul SP, Barnard P, Edate S, Candy DC. *J Pediatr Gastroenterol Nutr* 2011;53(5):582-3. 6. Ustundag G, Kuloglu Z, Kirbas N, Kansu A. *Turk J Gastroenterol* 2010;21(4):360-4. 7. Cummings, J.H.; Christie, S.; Cole, T.J. *Pharmacol Ther* 2001;15:1139-1145. 8. Chittawatanarat K, Pokawinpuadissun P, Polbhakdee Y. *Asia Pac J Clin Nutr* 2010;19:458-464. 9. Roberfroid MB, et al. *Annual Review of Nutrition* 1998;18:117-43. 10. Gibson GR, et al. *Gastroenterology* 1995;108(4):975-82. 11. Roberfroid MB, et al. *Journal of Nutrition* 1998;128:11-19. 12. Roberfroid MB. *Nutrition Reviews* 1996;54:S38-S42. 13. Bruner O, et al. *Pediatric Research* 2006;59(3):451-456. 14. Souza DDS, et al. *Nutrients* 2018;10(11):pii1602 doi:10.3390/nu10111602. 15. Olesen M, Gudmand-Hoyer E. *Am J Clin Nutr* 2000;72(6):1570-5. 16. Bouhnik, et al. *Nutr J* 2007;6:42. 17. Buddington RK, et al. *AJCN* 1996;63(5):709-16. 18. Bouhnik Y, et al. *J Nutr* 1999;129:113-116. 19. Roberfroid MB. *J Nutr* 2007;137:2493S-2502S. 20. Mullin, G.E., et al. *Journal of Parenteral and Enteral Nutrition* 2014;p0148607114545329. 21. Chumpitazi BP, et al. *Clinical Gastroenterology and Hepatology* 2018;16(2):219-225. 22. Chumpitazi BP, et al. *AP&T* 2015;42:418-427. 23. Bouhnik Y, et al. *Nutr J* 2007;6:42. 24. Bouhnik Y, Raskine L, Champion K, et al. *Nutrition Research* 2007;27(4):187-193. 25. Micka A, et al. *Int J Food Sci Nutr* 2017;68(1):82-89. 26. Costabile A, et al. *Br J Nutr* 2010;104(7):1007-17. 27. Ramnani P, et al. *Br J Nutr* 2010;104(2):233-240. 28. Sobotka L, et al. *Nutrition* 1997;13:21-25. 29. Dahl WJ, et al. *J Am Diet Assoc* 2003;103:1199-1202. 30. Flogan C. Saskatoon, Saskatchewan, Canada: University of Saskatchewan; 2008. 31. Cherbut C, et al. *Food Hydrocolloids* 1991;5:15-22. 32. Ohashi Y, et al. *Benef Microbes* 2015;6(4):451-5. 33. Carlson J, Gould T, Slavin J. *Anaerobe* 2016;42:60-66. 34. Okubo T, et al. *Biosci Biotechnol Biochem* 1994;58:1364-9. 35. Khoshoo V, Brown S. *Eur J Clin Nutr* 2002 Jul;56(7):656-8. 36. Fried MD, et al. *J Pediatr* 1992 Apr;120(4Pt1): 569-72. 37. Maples B. *JPEN* 2005;29:51. 38. Polk DB, Hattner JA, Kerner JA. *JPEN* 1992;16:499-504. 39. Hussey TA, et al. *J Pediatr Gastroenterol Nutr* 2003;37:341. 40. Minor G, Ochoa JB, Storm H, Periman S. *Glob Pediatr Health* 2016;3:1-6. 41. Grimble GK. *Ann Rev Nutr* 1994;14:419-447. 42. Raybould HE. *J Physiol Biochem* 2008;64:349-356. 43. Grimble GK. *Clini Nutrition* 1994;13(suppl):46. 44. Bach AC, Babayan VK. *Am J Clin Nutr* 1982;36(5):950-62. 45. Rupp DC, Middleton WR. *Drugs* 1980;20(3):216-24. 46. Flack S, Lawson M, Milla P. *J Hum Nutr Diet* 2003;16:366. 47. Graf LJ. *Patient Care* 1992;50-51. 48. Dylewski ML, et al. *Nutrition Poster* 72;ASPEN Clinical Nutrition Week 2006. 49. Murray ND, Vanderhoof JA. *JPEN* 1988;12 (suppl):215.