EleCare and EleCare Jr can help give your patient’s story a happy ending.

Nutritionally Complete

Clinically Documented Success

- Clinically shown to support the growth of exclusively formula-fed infants.\(^2\)
- Shown to be effective in maintaining growth of children with cow’s milk protein allergy when used as a primary source of calories.\(^2\)
- Infants receiving EleCare showed decreased symptoms associated with protein-sensitive colitis after receiving EleCare for 42 days.\(^1\)

Reliable tolerance for even your toughest patients

- Hypoallergenic\(^2\)—virtually eliminating the potential for an allergic reaction to the formula in multiple-food-allergic children.
- 33% of fat blend as medium-chain triglycerides (MCTs)—an easily digested and absorbed fat source.
- Clinically shown to be well tolerated.\(^2\)
- For multiple conditions for infants and children of all ages.

### AVAILABILITY

<table>
<thead>
<tr>
<th>Flavor</th>
<th>Age</th>
<th>List No.</th>
<th>NDC Format Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EleCare DHA/ARA</td>
<td>Infant</td>
<td>55251</td>
<td>70074-0565-11</td>
</tr>
<tr>
<td>EleCare Jr Unflavored</td>
<td>1 yr. +</td>
<td>55253</td>
<td>70074-0552-54</td>
</tr>
<tr>
<td>EleCare Jr Vanilla</td>
<td>1 yr. +</td>
<td>56585</td>
<td>70074-0566-86</td>
</tr>
</tbody>
</table>

ELECARE AND ELECARE JR ARE EASILY ACCESSIBLE TO PATIENTS:

- Order online
- Order by phone
  - 1-800-FORMULA (800-367-6852)
  - Ask a pharmacist about placing a special order.

REIMBURSEMENT HELP LINE (800) 558-7677
Contact Help Line for any questions or resources related to reimbursement.

REIMBURSEMENT INFORMATION: EleCare and EleCare Jr may be considered for coverage by WIC\(^*\) (Women, Infants and Children) or Medicaid if specific criteria are met.

\(^*\) Abbild Nutrition does not represent NDC format codes to be actual National Drug Codes (NDCs). NDC format codes are product codes adjusted to standard industry practice to meet the format requirements of pharmacy and health insurance computer systems.
Severe food allergies and GI disorders feel giant to kids like Jack, but our amino acid–based formulas can help them stay on their growth track.

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Use Under Medical Supervision.
The nutrition of EleCare and EleCare Jr is an ongoing gift, something Jack and his friends keep growing with.

EleCare® is designed to meet the nutritional needs of infants and EleCare® Jr is designed to meet the nutritional needs of children 1-13 years of age who cannot tolerate intact or hydrolyzed protein. It’s not just a progression—it’s progressive nutrition.

EleCare and EleCare Jr are for the dietary management of:
- Severe food allergies
- Eosinophilic GI disorders
- Short bowel syndrome
- Malabsorption
- Protein malabsorption
- GI tract impairment

Designed to address a wide range of nutritional needs.

- Clinically shown to be hypoallergenic.
- 33% of fat blend as MCTs—an easily digested and well absorbed fat source.
- DHA and ARA,† special nutrients found in breast milk to help support brain and eye development.
- 100% free amino acids as the protein source.
- Nutritionally complete.
- For tube or oral feeding.

### Product Features Details Benefits

#### EleCare

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osmolality at 20 Cal/fl oz</td>
<td>280 mOsm/kg water.</td>
<td>Osmolality at standard dilution is close to the osmolality of human milk (280–300).†</td>
</tr>
<tr>
<td>Standard Infant Formula Mixing</td>
<td>When reconstituted at 20 Cal/fl oz, EleCare mixes like a standard formula—1 scoop of powder to 2 fl oz of water.</td>
<td>Consistent with standard infant formulas. Less risk of dilution errors.</td>
</tr>
<tr>
<td>DHA/ARA</td>
<td>0.15% fatty acids as DHA, 0.40% fatty acids as ARA</td>
<td>Nutrients found in breast milk to help support brain and eye development.</td>
</tr>
<tr>
<td>Growth†</td>
<td>Shown to support normal growth of infants exclusively fed EleCare from birth to 4 months of age.‡</td>
<td>A study of 213 infants demonstrated normal growth of healthy term infants exclusively fed EleCare from birth to 4 months of age. The study included the first 2 months of life, when nutrient requirements of infants are greatest.‡</td>
</tr>
</tbody>
</table>

#### EleCare Jr

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron Status†</td>
<td>Iron status of multiple-food-allergic children significantly improved after 4 months of EleCare feeding.§</td>
<td>Iron status of multiple-food-allergic children, 89% on Neocate® or Neocate® 1+ at study entry, significantly improved after 4 months of EleCare as a primary source of nutrition. §</td>
</tr>
</tbody>
</table>

*These studies were conducted with a previous formulation of EleCare Unflavored without DHA/ARA.

### EleCare Caloric Distribution

- **Protein Equivalent**: 15% of calories
- 100% free L-amino acids
- **Fat**: 42% of calories
- 33% MCTs
- 38% high-oleic safflower oil
- 28% soy oil
- **Carbohydrate**: 43% of calories
- 100% corn syrup solids

### EleCare Jr Caloric Distribution

- **Protein Equivalent**: 15% of calories
- 100% free L-amino acids
- **Fat**: 43% of calories
- 33% MCTs
- 39% high-oleic safflower oil
- 28% soy oil
- **Carbohydrate**: 42% of calories
- 100% corn syrup solids

†DHA/ARA only available in EleCare Infant Formula.
After Jack was an infant, childhood was next. Mom made sure EleCare and EleCare Jr stayed in the mix.

**Mixing Instructions for EleCare® DHA/ARA**

Mixing instructions for infants.

**To prepare EleCare:**
1. Wash your hands, surfaces and utensils.
2. Pour desired amount of water into clean bottle (see Mixing Guide).
3. Add powder; return dry scoop to can.
4. Cap bottle; shake well; attach nipple.
5. Once feeding begins, use within 1 hour or discard.

### Mixing Guide

<table>
<thead>
<tr>
<th>Desired Caloric Density (Cal/fl oz)</th>
<th>Water* (fl oz)</th>
<th>Powder† (unpacked level scoop)</th>
<th>Approx Yield‡ (fl oz)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>2</td>
<td>1 (9.4 g)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>6 (56.4 g)</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>12 (112.8 g)</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>85</td>
<td>1 can (400 g)</td>
<td>95</td>
</tr>
<tr>
<td>22</td>
<td>3.5</td>
<td>2 (18.8 g)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>10.5</td>
<td>6 (56.4 g)</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>12 (112.8 g)</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>76</td>
<td>1 can (400 g)</td>
<td>86</td>
</tr>
<tr>
<td>24</td>
<td>8</td>
<td>5 (47 g)</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>10 (94 g)</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>15 (141 g)</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>69</td>
<td>1 can (400 g)</td>
<td>79</td>
</tr>
<tr>
<td>26</td>
<td>1.5</td>
<td>1 (9.4 g)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>6 (56.4 g)</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>18 (169.2 g)</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>63</td>
<td>1 can (400 g)</td>
<td>73</td>
</tr>
<tr>
<td>27</td>
<td>7</td>
<td>5 (47 g)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>10 (94 g)</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>20 (188 g)</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>1 can (400 g)</td>
<td>70</td>
</tr>
</tbody>
</table>

### Mixing Instructions for EleCare® Jr

Mixing instructions for children over 1 year of age.

**To prepare EleCare Jr:**
1. Wash your hands, surfaces and utensils.
2. Pour desired amount of water into clean container (see Mixing Guide).
3. Add powder; return dry scoop to can.
4. Cap container; shake well.
5. Once feeding begins, use within 1 hour or discard.

### Mixing Guide

<table>
<thead>
<tr>
<th>Recipe Size</th>
<th>Caloric Density For Children (Cal/fl oz)</th>
<th>Water* (fl oz)</th>
<th>Powder† (unpacked level scoop)</th>
<th>Approx Yield‡ (fl oz)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td></td>
<td>30</td>
<td>5 scoops (38 g)</td>
<td>6</td>
</tr>
<tr>
<td>Medium</td>
<td></td>
<td>30</td>
<td>15 scoops (114 g)</td>
<td>18</td>
</tr>
<tr>
<td>Large</td>
<td></td>
<td>30</td>
<td>25 scoops (190 g)</td>
<td>30</td>
</tr>
<tr>
<td>Whole Can</td>
<td></td>
<td>30</td>
<td>54 scoops (240 g)</td>
<td>64</td>
</tr>
</tbody>
</table>

*For most accurate results, water should be measured in a liquid-measuring instrument with ¼ ounce measuring capabilities. ¼ ounce = 7.5 mL.
† 1 scoop = approximately 6.4 grams. “Scoop” refers to enclosed scoop.
‡ Yields are rounded to nearest whole number after calculations.
To young Jack’s physician, recommending EleCare was about composition.
The young boy’s mom wanted to know, just what was in EleCare Jr that would help Jack grow?

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Per 100 grams of powder</th>
<th>30 Cal/ fl oz</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENERGY, Cal</strong></td>
<td>469</td>
<td>1,014</td>
</tr>
<tr>
<td><strong>PROTEIN EQUIVALENT, g</strong></td>
<td>14.3</td>
<td>31</td>
</tr>
<tr>
<td><strong>FAT, g</strong></td>
<td>22.7</td>
<td>49.1</td>
</tr>
<tr>
<td>Linoleic Acid, mg</td>
<td>3,939</td>
<td>8,520</td>
</tr>
<tr>
<td><strong>CARBOHYDRATE, g</strong></td>
<td>49.3</td>
<td>106.7</td>
</tr>
<tr>
<td><strong>VITAMINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A, IU</td>
<td>1,280</td>
<td>2,769</td>
</tr>
<tr>
<td>Vitamin D, IU</td>
<td>261</td>
<td>608</td>
</tr>
<tr>
<td>Vitamin E, IU</td>
<td>9.71</td>
<td>21</td>
</tr>
<tr>
<td>Vitamin K, mcg</td>
<td>60</td>
<td>130</td>
</tr>
<tr>
<td>Thiamin (Vitamin B1), mcg</td>
<td>985</td>
<td>2,130</td>
</tr>
<tr>
<td>Riboflavin (Vitamin B2), mcg</td>
<td>496</td>
<td>1,070</td>
</tr>
<tr>
<td>Vitamin B6, mcg</td>
<td>393</td>
<td>850</td>
</tr>
<tr>
<td>Vitamin B12, mcg</td>
<td>2.0</td>
<td>4.3</td>
</tr>
<tr>
<td>Niacin, mcg</td>
<td>7,878</td>
<td>17,040</td>
</tr>
<tr>
<td>Folic Acid (Folacin), mcg</td>
<td>139</td>
<td>300</td>
</tr>
<tr>
<td>Pantothentic Acid, mcg</td>
<td>1,974</td>
<td>4,270</td>
</tr>
<tr>
<td>Biotin, mcg</td>
<td>19.9</td>
<td>43</td>
</tr>
<tr>
<td>Vitamin C (Ascorbic Acid), mg</td>
<td>42.5</td>
<td>92</td>
</tr>
<tr>
<td>Choline, mg</td>
<td>140</td>
<td>300</td>
</tr>
<tr>
<td>Incositol, mg</td>
<td>23.6</td>
<td>51</td>
</tr>
<tr>
<td><strong>MINERALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium, mg</td>
<td>543</td>
<td>1,174</td>
</tr>
<tr>
<td>Phosphorus, mg</td>
<td>395</td>
<td>854</td>
</tr>
<tr>
<td>Magnesium, mg</td>
<td>74</td>
<td>160</td>
</tr>
<tr>
<td>Iron, mg</td>
<td>8.3</td>
<td>18</td>
</tr>
<tr>
<td>Zinc, mg</td>
<td>5.4</td>
<td>11.7</td>
</tr>
<tr>
<td>Manganese, mcg</td>
<td>601</td>
<td>1,300</td>
</tr>
<tr>
<td>Copper, mcg</td>
<td>601</td>
<td>1,300</td>
</tr>
<tr>
<td>Iodine, mcg</td>
<td>41.6</td>
<td>90</td>
</tr>
<tr>
<td>Sodium, mg (mEq)</td>
<td>212 (9.2)</td>
<td>459 (20.0)</td>
</tr>
<tr>
<td>Potassium, mg (mEq)</td>
<td>706 (18.0)</td>
<td>1,528 (39.0)</td>
</tr>
<tr>
<td>Chloride, mg (mEq)</td>
<td>281 (7.9)</td>
<td>608 (17.0)</td>
</tr>
<tr>
<td>Selenium, mcg</td>
<td>12.5</td>
<td>27</td>
</tr>
<tr>
<td>Chromium, mcg</td>
<td>10.9</td>
<td>23.5</td>
</tr>
<tr>
<td>Molydenum, mcg</td>
<td>12.3</td>
<td>26.5</td>
</tr>
<tr>
<td>Osmolality (mOsm/kg water)</td>
<td>—</td>
<td>590</td>
</tr>
<tr>
<td>Potential Renal Solute Load (mOsm/L)*</td>
<td>—</td>
<td>280</td>
</tr>
</tbody>
</table>

*Estimated Potential Renal Solute Load = (Protein (g) x 5.7) + mOsm (Na+K+Cl+P)
Magical beans may have their place, but clinical data is a more solid base.

**Relevant Clinical Summaries**

**GROWTH & TOLERANCE**

- Two hundred thirteen infants were followed from 0-9 days to 112 days of age and randomized to EleCare® (Abbott Nutrition, Columbus, OH) or Nutramigen® (Mead Johnson Nutritionals, Evansville, IN).
- Weight and weight gain were the same in both groups and serum albumin concentrations at 112 days of age were similar between groups.
- Number of stools per day were significantly different at 14 and 28 days of age (P<0.001) between Nutramigen and EleCare, 2.3-3.5 and 1.5-2.0 respectively. Mean rank stool consistency was 2.8 on Nutramigen and 2.3-2.5 on EleCare.

**Results confirm that infants fed EleCare® had similar growth, tolerance and protein status when compared to infants fed a casein hydrolysate-based formula.**

**INFANTS**

- Sicherer SH, Noone SA, Koerner Cb: INFANTS AND CHILDREN
- Borschel MW, Ziegler EE, Wedig RF, INFANTS
- Results of the study showed diminished symptoms associated with PSC were observed in infants receiving EleCare for 42 days.

**CHRONIC DIARRHEA**

- Twenty-two infants with chronic diarrhea of multiple etiologies, mean age at entry 3.3 ± 0.3 months, received EleCare for 80 days (≥50% of energy requirements).
- Mean weight for age improved significantly from -0.47 ± 0.21 at Study Day 1 compared to -0.19 ± 0.10 at study completion. Mean rank stool consistencies were 2.07 ± 0.13 during baseline vs. 2.72 ± 0.16 at study completion and the mean number of stools per day was 3.5 ± 0.5 at baseline vs. 1.5 ± 0.2 at study completion.
- At Study Day 1, 63% of subjects had mild to severe complaints of nausea, abdominal pain or decreased physical activity compared to 4% at study completion. Eighty-one percent of subjects had mild to severe complaints of diarrhea at Study Day 1 compared to 0% at study completion.

**Results demonstrated that EleCare® was suitable for use in the nutritional management of infants with chronic diarrhea of multiple etiologies.**

**INFANTS**


**CHILDREN**

- Eighteen clinically stable children, 1.2-9.6 years (median 6.2 years) of age, with chronic diarrhea of multiple etiologies, received EleCare for three months (≥50% of energy requirements). Primary diagnoses included short bowel syndrome (86%), irritable bowel syndrome (11%), allergic enteropathy (11%), and protein malabsorption (11%).
- Mean weight z-scores increased (P=0.026) from -0.91 ± 0.18 at Study Day 1 vs. -0.59 ± 0.20 at Study Day 84. There were no significant changes in blood biomarkers or mean rank stool consistency (MRSC); however MRSC increased from 1.5 ± 1.0 at baseline vs. 1.7 ± 0.2 at Study Day 84.
- The mean number of stools per day decreased from 5.5 ± 1.0 at baseline vs. 4.9 ± 1.0 at Study Day 84. At entry, 72% of the subjects had complaints of intolerance (nausea, pain, change in activity) compared to 17% at exit. Five children were receiving parenteral nutrition (PN) at entry (50% of total calories). After three months, PN contributed to 23% of total calories and three of the five children tolerated an increase in enteral intake.

**Results support the use of EleCare® for children with chronic diarrhea, particularly those with short bowel syndrome.**

---

*These studies were conducted with a previous formulation of EleCare Unflavored without DHA/ARA.

*These studies were conducted with a previous formulation of EleCare Unflavored without DHA/ARA.
Allergies and intolerance Jack could not evade, so the benefits of EleCare and EleCare Jr were carefully weighed.

Severe Food Allergies
Food allergies are adverse immune responses to specific food proteins (as opposed to carbohydrates or fats). They can be immunoglobulin E (IgE)-mediated, non-IgE-mediated, or a combination of both. Approximately 90% of allergic reactions are caused by eight foods: milk, eggs, peanuts, tree nuts, fish, soy, wheat and shellfish. Four out of every 100 children in the US have food allergy.

Cow’s Milk Allergy (CMA)
Studies indicate that approximately 2.5% of infants develop CMA within the first year of life. Infants with IgE-mediated CMA can generally tolerate soy protein, but in those with non-IgE-mediated CMA, infants frequently react to soy protein. For this reason, nutritional management with a hypoallergenic amino-acid formula could be beneficial if trial with a protein hydrolysate formula does not work for these patients.

Symptoms of food allergies may include atopic dermatitis, urticaria (hives), abdominal pain, diarrhea with blood and mucus in the stool, nausea and severe vomiting.

How EleCare® and EleCare® Jr can help
EleCare and EleCare Jr are made of 100% free amino acids as the protein source to virtually eliminate the potential for an allergic reaction to the formula in multiple-food-allergic children.
- Clinically shown to be hypoallergenic and well tolerated.
- Dietary management for severe food protein allergies.
- Supported by strict manufacturing standards and ELISA (Enzyme-Linked Immunosorbent Assay) testing.
- For those who cannot tolerate milk, soy or protein hydrolysate formulas.

EleCare and EleCare Jr have been shown to maintain growth in infants as well as children with cow’s milk allergy and multiple food protein allergies.

Eosinophilic Gastroenteropathies
Eosinophilic esophagitis (EoE) is the most common and difficult type of eosinophilic gastroenteropathy to manage, characterized by inflammation of the esophagus due to abnormally high levels of eosinophils (white blood cells) in that area of the GI tract.

Other types of eosinophilic gastroenteropathies include eosinophilic gastroenteritis and eosinophilic colitis. These diseases are associated with eosinophils and inflammation at different locations along the GI tract.

Symptoms of EoE may include abdominal pain, diarrhea, nausea, severe vomiting, difficulty swallowing and at times obstruction.

EleCare and Elecare Jr play a significant role in:
- Elimination diets to help manage non-IgE-mediated food allergies when gastrointestinal symptoms are present.
- Facilitating intestinal adaptation and further identification of offending allergens as food is reintroduced.
GI Disorders

Malabsorption
Malabsorption can occur in patients who are unable to absorb sufficient protein, fat, carbohydrate, or nutrients from an infant formula or a normal diet. The causes of malabsorption can vary greatly, from food allergies such as cow’s milk or soy protein allergy, to other gastrointestinal disorders such as pancreatic insufficiency, liver disease or short bowel syndrome.

Short Bowel Syndrome
Short bowel syndrome refers to a series of various GI symptoms occurring with congenital or acquired reduction in gastrointestinal absorptive surface. Leading causes of short bowel syndrome in children are intestinal volvulus, intestinal atresia, necrotizing enterocolitis, abdominal wall defects or trauma.

Symptoms
Symptoms include weight loss, malabsorption of fluids, and malabsorption of micro- and macro-nutrients (especially fat malabsorption).

How EleCare® and EleCare® Jr can help with short bowel syndrome

Infants and children with short bowel syndrome tend to develop an allergic response. EleCare is hypoallergenic and made of 100% free amino acids as the protein source to virtually eliminate the potential for an allergic reaction to the formula in multiple-food-allergic children.

EleCare and EleCare Jr have 33% of fat blend as medium-chain triglycerides (MCTs), which:
- Do not require bile acids for absorption.
- Provide an easily digested and well-absorbed fat source.
- Benefit patients with fat malabsorption and short bowel syndrome.

When EleCare was used with children who had chronic diarrhea, mostly due to short bowel syndrome, the results were favorable:
- The number of stools decreased
- Adequate growth resulted

Early establishment of an amino acid-based enteral feeding may promote intestinal adaptation and improved feeding tolerance.

How EleCare and EleCare Jr can help with FpIES

FPIES symptoms rapidly subside after the causal protein(s) is removed from the diet, which can be accomplished by switching to a hypoallergenic amino acid-based formula, such as EleCare or EleCare Jr.

EleCare and EleCare Jr are clinically shown to be hypoallergenic and well tolerated:
- Complete nutrition for patients who cannot tolerate intact or hydrolyzed protein.
- Supported by strict manufacturing standards and ELISA (Enzyme-Linked Immunosorbent Assay) testing.

Food-Protein-Induced Enterocolitis Syndrome

FPIES is a non-IgE-mediated immune reaction to one or more specific foods that occurs in both the large and small intestines. The most common dietary proteins responsible for this food-allergic reaction are cow’s milk and soybeans.

Symptoms
FPIES is commonly characterized by severe vomiting, blood in the stools, and diarrhea, which generally begin to appear in the first month of life in association with failure to thrive.

Malabsorption
Malabsorption can occur in patients who are unable to absorb sufficient protein, fat, carbohydrate, or nutrients from an infant formula or a normal diet. The causes of malabsorption can vary greatly, from food allergies such as cow’s milk or soy protein allergy, to other gastrointestinal disorders such as pancreatic insufficiency, liver disease or short bowel syndrome.

Short Bowel Syndrome
Short bowel syndrome refers to a series of various GI symptoms occurring with congenital or acquired reduction in gastrointestinal absorptive surface. Leading causes of short bowel syndrome in children are intestinal volvulus, intestinal atresia, necrotizing enterocolitis, abdominal wall defects or trauma.

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Early establishment of an amino acid-based enteral feeding may promote intestinal adaptation and improved feeding tolerance.

How EleCare and EleCare Jr can help with FpIES

FPIES symptoms rapidly subside after the causal protein(s) is removed from the diet, which can be accomplished by switching to a hypoallergenic amino acid-based formula, such as EleCare or EleCare Jr.

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- Supported by strict manufacturing standards and ELISA (Enzyme-Linked Immunosorbent Assay) testing.

Food-Protein-Induced Enterocolitis Syndrome

FPIES is a non-IgE-mediated immune reaction to one or more specific foods that occurs in both the large and small intestines. The most common dietary proteins responsible for this food-allergic reaction are cow’s milk and soybeans.

Symptoms
FPIES is commonly characterized by severe vomiting, blood in the stools, and diarrhea, which generally begin to appear in the first month of life in association with failure to thrive.
Golden egg production was virtually nil, but Jack’s family had options to help cover the bill.

Accessibility and Reimbursement

EleCare® and EleCare® Jr may be considered for coverage by WIC® (Women, Infants and Children) or Medicaid if your patient meets specific medical criteria and has a physician’s prescription. For private insurance, patients must contact their plan’s Nurse Case Manager directly.

WIC: Most programs consider EleCare or EleCare Jr to be a Special Formula or Exception Formula. This designation requires a physician’s prescription documenting why, medically, the formula is needed.

Medicaid: Many states will consider coverage of EleCare or EleCare Jr for children who require a feeding tube or for oral use when specific medical criteria are met. Coverage is determined on a case-by-case basis.

Private Insurance: Many plans will consider coverage of EleCare or EleCare Jr for children who require a feeding tube or for oral use when specific medical-necessity criteria are met. Patients can contact their plan directly and request to speak to a Nurse Case Manager.

Be Prepared: Some insurance plans may require a letter from a physician that explains why EleCare or EleCare Jr is medically necessary. Abbott Nutrition provides a template letter that outlines medical benefits and features of EleCare and EleCare Jr for you and your patients. The letter includes product billing codes that may be needed when submitting a claim. You can obtain this letter from the EleCare web site or the Help Line below.

For detailed information, visit www.EleCare.com or call the Reimbursement Help Line at 1-800-558-7677.

Ordering

There are three easy ways for your patients to order EleCare or EleCare Jr:

1. Order online and have EleCare or EleCare Jr delivered to the home. Visit the Abbott Store at www.abbottstore.com and click on Child Nutrition/EleCare.
2. Order by phone and have EleCare or EleCare Jr delivered to the home: 800-FORMULA (800-367-6852).
3. Ask a pharmacist about placing a special order.

Patient Assistance Program

If a patient’s insurance does not cover EleCare or EleCare Jr and they cannot afford it, they may still qualify for help. Further information on alternative government and private assistance programs is available at the Partnership for Prescription Assistance web site (www.pparx.org). This site contains information on 475 assistance programs, with downloadable applications and web tools to help your patients find the right program.

The Partnership can also be reached toll free at 1-888-477-2669.

The Reimbursement Checklist

Advise patients to follow these tips when working with insurance providers:

- Stay up-to-date. Patients should obtain a written copy of their policy. They should ensure that claim information is complete and follows their insurance company’s guidelines.
- Don’t give up. Don’t settle for an automated answer; patients should ask to speak to a Nurse Case Manager at their insurance company.
- Do the homework. Some states require insurance companies to reimburse amino acid-based elemental formulas, like EleCare or EleCare Jr.
- Ask about their insurance company’s appeal process. They should document every conversation and retain all pieces of communication.
- Submit invoices. If patients have coverage and purchase EleCare or EleCare Jr directly from Abbott, they should make sure to request an invoice and submit it for reimbursement.
- Use all available resources. If patients have a Health Spending Account or Flexible Spending Account, they should check to see if EleCare or EleCare Jr is eligible.

*WIC is a registered trademark of the U.S. Department of Agriculture and abbreviation for the special supplemental nutrition program for Women, Infants and Children.
Jack’s friend Goldilocks couldn’t eat hot cereal. Her physician said, “For delicious ideas, read this online material.”

References


Web Resources

Food Allergies

Kids with Food Allergies
www.kidswithfoodallergies.org

American Academy of Allergy, Asthma and Immunology
www.aaaaai.org

Food Allergy and Anaphylaxis Network (FAAN)
www.foodallergy.org

American College of Allergy, Asthma and Immunology
www.acaai.org

Eosinophilic Gastrointestinal Disorders (EGIDs)

The American Partnership for Eosinophilic Disorders
www.apfed.org/egid.htm

Food Allergy and Anaphylaxis Network: Eosinophilic Esophagitis Page
www.foodallergy.org/page/eosinophilic-esophagitis1

Kids with Food Allergies
www.kidswithfoodallergies.org

CURED Foundation
www.curedfoundation.org

Short Bowel Syndrome

National Digestive Diseases Information Clearinghouse
http://digestive.niddk.nih.gov/diseases/pubs/shortbowel/

Our tale featured giants and magic beans, now discover what all those little numbers mean.