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A. Pediatric and Adult Enteral Formulas

The following enteral tube feeding formulas have been evaluated for use with RELIZORB in the following use conditions:

1. Continuous feeding with enteral pump using single (~500 mL of formula) and tandem (~1000 mL of formula) RELIZORB at 120 mL/hour
2. Bolus feeding with a single RELIZORB at maximum feed rate of ~400 mL/hour

Enteral tube feed formulas evaluated with RELIZORB								
Formula Name	Per serving						Fat Hydrolysis (%)*	
	Fat (g)	Calories (kcal)	Contains Pre-hydrolyzed Protein	Contains Insoluble Fiber	MCT:LCT Ratio	Omega-3 DHA & EPA (g)	Continuous	Bolus**
							Single and Tandem RELIZORB at 120 mL/hour with enteral pump (Condition 1)	Single RELIZORB at 400 mL/hour (Condition 2)
Alfamino [®] Junior [†]	11	255	X	-	65:35	-	68	47
Boost [®] Kid Essentials 1.0	9	240	-	-	-	-	48	NR
Boost [®] Kid Essentials 1.5	18	360	-	-	-	-	52	24
Boost [®] Kid Essentials 1.5 with Fiber	18	360	-	X	-	-	64	47
Compleat [®] Pediatric Standard 1.0	11	250	-	X	20:80	-	66	44
Compleat [®] Pediatric Standard 1.4	16	350	-	X	20:80	-	36	32
EleCare [®] Junior [†]	12.3	254	X	-	-	-	47	48
Impact [®] Peptide 1.5	15.9	375	X	-	50:50	1.23	82	73
Kate Farms [®] Peptide 1.0	13	325	X	X	60:40	-	74	68
Kate Farms [®] Peptide 1.5	25	500	X	X	30:70	-	90	66
Kate Farms [®] Standard 1.0	12	325	-	X	30:70	-	52	41
Kate Farms [®] Standard 1.4	19	455	-	X	45:55	-	84	67
Kate Farms [®] Pediatric Peptide 1.0	11	250	X	X	50:50	-	>90	>90
Kate Farms [®] Pediatric Peptide 1.5	17	375	X	X	50:50	-	>90	66
Kate Farms [®] Pediatric Standard 1.2	12	300	-	X	40:60	-	65	49
Neocate [®] Junior [†]	12.5	250	X	-	35:65	-	43	46
Neocate [®] Splash	12.1	237	X	-	-	-	34 [†]	46 [®]
Novasource [®] Renal	24	475	-	-	-	-	38	26
Nutren [®] 1.5	15	375	-	-	20:80	-	65	50

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A. Pediatric and Adult Enteral Formulas *(continued)*

Enteral tube feed formulas evaluated with RELIZORB <i>(continued)</i>								
Formula Name	Per serving						Fat Hydrolysis (%)*	
	Fat (g)	Calories (kcal)	Contains Pre-hydrolyzed Protein	Contains Insoluble Fiber	MCT:LCT Ratio	Omega-3 DHA & EPA (g)	Continuous	Bolus**
							Single and Tandem RELIZORB at 120 mL/hour with enteral pump (Condition 1)	Single RELIZORB at 400 mL/hour (Condition 2)
Nutren [®] 2.0	23	500	-	-	50:50	-	78	42
Osmolite [®] 1.0 Cal	8.2	250	-	-	-	-	60	52
Osmolite [®] 1.2 Cal	9.3	285	-	-	-	-	60	NR
Osmolite [®] 1.5 Cal	11.6	355	-	-	-	-	51	NR
PediaSure [®] 1.0	9	240	-	-	-	-	56	NR
PediaSure [®] 1.5	16	350	-	-	-	0.03	57	45
PediaSure [®] Peptide 1.0	9.6	237	X	-	-	-	56	55
PediaSure [®] Peptide 1.5	14.4	356	X	-	-	-	72	59
PediaSure [®] Grow & Gain	9	240	-	-	-	-	78	72
PediaSure [®] Grow & Gain with Fiber	9	240	-	X	-	-	74	65
PediaSure [®] Grow & Gain Therapeutic Nutrition Shake	9	240	-	-	-	-	76	68
PediaSure [®] Grow & Gain Therapeutic Nutrition Shake with Fiber	9	240	-	X	-	-	86	69
Peptamen [®]	10	250	X	-	70:30	-	68	72
Peptamen AF [‡]	13.5	300	X	-	50:50	0.60	63	59
Peptamen [®] 1.5	14	375	X	-	70:30	-	74	68
Peptamen Junior [®]	9.5	250	X	-	60:40	-	63	54
Peptamen Junior [®] 1.5	17	375	X	-	60:40	0.15	75	48
Peptamen Junior [®] with Fiber	9.5	250	X	X	60:40	-	59	57
Pivot [®] 1.5 Cal	12	355	X	-	-	0.90	50	NR
TwoCal [®] HN ^{§§}	21.5	475	-	-	-	-	36	20
Vital [®] 1.0	9	237	X	-	-	-	68	55
Vital [®] AF 1.2 Cal	12.8	284	X	-	-	0.90	61	57
Vital [®] 1.5 Cal	13.5	355	X	-	-	-	87	55

*Fat hydrolysis (%) is estimated based on label claim fat content.

**Representative hydrolysis for the following use conditions: Enteral pump for up to 500 mL at 400 mL/hr, manual bolus by syringe (push or gravity) of up to 250 mL with delivery of ~7 mL per min.

‡Enteral powdered formula

‡Not recommended for use with tandem RELIZORB configuration.

§Not recommended for syringe gravity bolus feeding.

§§Fat hydrolysis rates are similar over the shelf life of RELIZORB.

NR—Not recommended

B. Infant Formulas

The following infant tube feeding formulas have been evaluated for use with RELIZORB in the following use conditions:

1. Continuous feeding with an enteral pump using single (~500 mL of formula) RELIZORB at 40 mL/hour
2. Continuous feeding with enteral pump using single (~500 mL of formula) and tandem (~1000 mL of formula) RELIZORB at 120 mL/hour
3. Bolus feeding with a single RELIZORB at maximum feed rate of ~400 mL/hour

Infant tube feed formulas evaluated with RELIZORB									
Formula Name	Per 250 mL serving						Fat Hydrolysis (%)*		
	Fat (g)	Calories (kcal)	Caloric Density (kcal/oz)	Contains Pre-hydrolyzed Protein	MCT:LCT Ratio	Contains DHA & ARA	Continuous		Bolus**
							Single RELIZORB at 40 mL/hour with enteral pump (Condition 1)	Single and Tandem RELIZORB at 120 mL/hour with enteral pump (Condition 2)	Single RELIZORB at 400 mL/hour (Condition 3)
Alfamino [®] Infant [†]	8.5	169	20	X	43:57	X	55	57	NR
Bubs Goat Milk Infant [†]	9.1	173	20	-	-	X	50	NR	NR
EleCare [®]	8.1	169	20	X	33:67	X	58	72	70
Enfamil [®] Infant [†]	9.0	169	20	-	-	X	65	48	NR
Enfamil [®] NeuroPro [™]	9.0	169	20	-	-	X	72	62	NR
Enfamil [®] NeuroPro [™] EnfaCare [®]	9.9	186	22	-	20:80	X	70	63	48
Enfamil [®] NeuroPro [™] Gentlease [®]	9.9	169	20	X	-	X	58	NR	NR
Enfamil [®] Optimum [™]	9.0	169	20	-	-	X	56	47	NR
Enfamil [®] Premature 24 Cal	10.1	203	24	-	40:60	X	86	76	52
Enfamil [®] Premature 24 Cal High Protein	10.1	203	24	-	40:60	X	75	72	47
Enfamil [®] ProSobee [®]	9.0	169	20	-	-	X	62	65	54
Extensive HA [®]	8.6	169	20	X	49:51	X	50	70	46
Fortini [™]	13.7	254	30	-	-	X	67	64	31
Good Start [®] Dr. Brown's [™] GentlePro [™]	8.6	169	20	X	-	X	47	57 [‡]	NR
Good Start [®] Dr. Brown's [™] SoothePro [™]	8.6	169	20	X	-	X	53	64 [‡]	47
Kendamil [®] Organic Infant [†]	9.0	169	20	-	-	X	61	48	NR
Neocate [®] Infant DHA/ARA [†]	8.6	169	20	X	33:67	X	NR	51 [‡]	47
Nutramigen [®]	9.0	169	20	X	-	X	52	67	58
Pregestimil [®] 20 Cal	9.5	169	20	X	55:45	X	NR	NR	42
Pregestimil [®] 24 Cal	11.4	203	24	X	55:45	X	NR	37 [‡]	43
PurAmino [™]	9.0	169	20	X	33:67	X	NR	42	51
Pure Bliss [®] by Similac [®]	8.9	160	19	-	-	X	64	48	NR
Similac [®] 360 Total Care [®]	9.1	169	20	-	-	X	NR	45	NR
Similac [®] 360 Total Care [®] Sensitive	9.1	169	20	-	-	X	NR	54	NR

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B. Infant Formulas *(continued)*

Infant tube feed formulas evaluated with RELIZORB <i>(continued)</i>									
Formula Name	Per 250 mL serving						Fat Hydrolysis (%)*		
	Fat (g)	Calories (kcal)	Caloric Density (kcal/oz)	Contains Pre-hydrolyzed Protein	MCT:LCT Ratio	Contains DHA & ARA	Continuous		Bolus**
							Single RELIZORB at 40 mL/hour with enteral pump (Condition 1)	Single and Tandem RELIZORB at 120 mL/hour with enteral pump (Condition 2)	Single RELIZORB at 400 mL/hour (Condition 3)
Similac® Advance®	9.1	169	20	-	-	X	74	61	42
Similac® Alimentum®	9.4	169	20	X	-	X	NR	46‡	NR
Similac® Neosure®	10.2	186	22	-	25:75	X	74	60	46
Similac® Neosure® [§]	11.2	203	24	-	25:75	X	80	60	47
Similac® Pro-Total Comfort®	9.1	169	20	X	-	X	63	54	NR
Similac® Special Care® 24 Cal Premature	11.0	203	24	-	-	X	84	76	55
Similac® Special Care® 24 Cal Premature High Protein	11.0	203	24	-	-	X	77	78	47
Similac® Total Comfort®	9.1	169	20	X	-	X	65	58	NR

*Fat hydrolysis (%) is estimated based on label claim fat content.

**Representative hydrolysis for the following use conditions: Enteral pump for 500 mL at 400 mL/hr, manual bolus by syringe (push or gravity) of 250 mL with delivery of ~7 mL per min.

§Infant powdered formula

‡Not recommended for use with tandem RELIZORB configuration.

NR—Not recommended



For other compatibility questions, please contact RELIZORB Support Services at 1-844-632-9271.

C. Pasteurized Human Milk

Pasteurized human milk has been evaluated for use with RELIZORB in the following use conditions:

1. Feeding with enteral syringe (~250 mL) with RELIZORB at 40 mL/hour
2. Feeding with enteral syringe (~250 mL) with RELIZORB at 120 mL/hour
3. Feeding with enteral syringe (~250 mL) with RELIZORB at 400 mL/hour

Pasteurized human milk (PHM) [#] evaluated with RELIZORB						
PHM with or without Supplement	Caloric Density (kcal/oz)	Fat Content (grams/250 mL)	Baseline Hydrolyzed Fat (%) [*]	Total Fat Hydrolysis (%) with RELIZORB ^{**}		
				40 mL/hr (Condition 1)	120 mL/hr (Condition 2)	400 mL/hr (Condition 3)
PHM only	20	9.3	28	45	43	NR
PHM + Enfamil [®] Human Milk Fortifier Standard Protein	24	12.5	13	62	63	54
PHM + Enfamil [®] Human Milk Fortifier High Protein	24	12.8	11	56	56	48
PHM + Similac [®] Human Milk Fortifier Extensively Hydrolyzed Protein	24	10.0	20	46	42	40
PHM + Enfamil [®] NeuroPro [™] EnfaCare [®]	24	10.8	22	46	39	34
PHM + Similac [®] Neosure [®]	24	11.0	19	42	40	36

[#]Pasteurized human milk obtained from University of California Health Milk Bank, La Jolla, California.

^{*}Baseline hydrolyzed fat refers to the percentage of hydrolyzed fat present in the tested human milk prior to the introduction of RELIZORB. The total fat hydrolysis percentage is inclusive of the baseline hydrolyzed fat and the fat hydrolyzed by RELIZORB.

^{**}Composition of pasteurized human milk can vary and therefore, total fat hydrolysis may vary.

[†]All testing was performed using offset outlet syringes mounted on an enteral syringe pump to control flow rate. The pump was positioned at approximately a 45° angle with the syringe outlet facing upward.

NR—Not recommended

D. Important Notes

- The enteral nutrition included in these tables has been evaluated for compatibility with RELIZORB. Compatibility of RELIZORB has not been established in enteral nutrition not listed or at rates listed as not recommended.
- For most enteral nutrition tested, the free fatty acid content, as represented by percent hydrolysis, was lower at 400 mL/hour vs. 120 mL/hour when evaluated for compatibility.
- For powdered formulas:
 - Pediatric and adult enteral powdered formulas were tested at 30kcal/oz.
 - Infant powdered formulas were tested per manufacturer instructions at ~20 kcal/oz (except where noted at 24k cal/oz).
 - Powdered formulas were mixed periodically when evaluated with continuous feedings with RELIZORB to prevent settling.
- The following formulas have been evaluated for use with RELIZORB and were shown to be incompatible: Liquid Hope, Nourish, Real Food Blends, Promote with Fiber, Compleat Pediatric, Compleat Organics, Compleat Pediatric Organics, Compleat Standard 1.4, Kate Farms Pediatric Blended Meals, PediaSure 1.5 with Fiber, Nutren Jr. with Fiber, Isosource 1.5, Replete with Fiber.
- Formula manufacturers may change the composition of their formulas, which may affect the operation of RELIZORB. Please refer to formula product websites for recent product descriptions, ingredients, and nutritional information.
- Please consult with your physician regarding acceptable enteral nutrition formulas for use with children.

E. Enteral Feeding Supplies

RELiZORB is intended to connect to ENFit® feeding supplies including tubing, extension sets, and enteral syringes.

- When using RELiZORB, all connections should be kept clean and dry before connecting supplies for feeding to prevent connections from overtightening or becoming stuck together.

RELiZORB is for use with enteral feeding only; do not connect to intravenous or other medical tubing. Medications should not be administered through RELiZORB. **Please see Instructions for Use at www.relizorb.com/IFU**

Enteral Pumps

- RELiZORB must be used with enteral tube feeding pumps that have low flow/no flow alarms. RELiZORB has been tested and is compatible with the following pumps*:

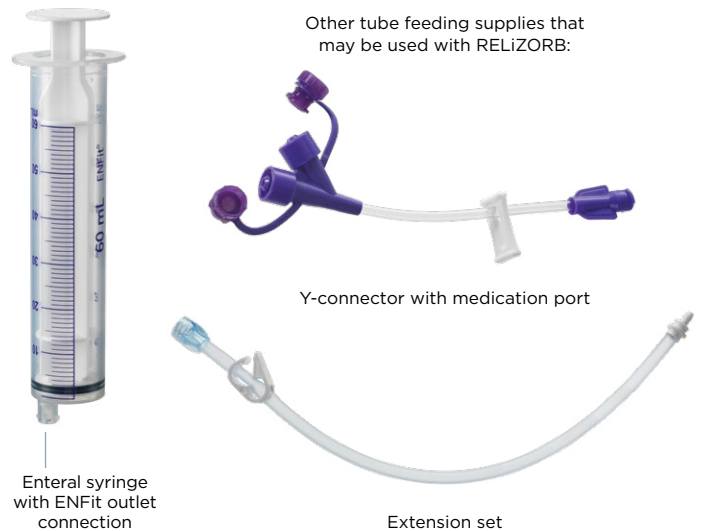
Pump Name	Pump Manufacturer
EnteraLite® Infinity®	Moog
Kangaroo™ Joey	CardinalHealth
Kangaroo™ ePump	CardinalHealth
Kangaroo OMNI™ Pump	CardinalHealth

*Pumps tested with pump manufacturer specific enteral feeding pump sets.



Enteral Supplies

- RELiZORB must be used with syringes that have ENFit outlet connections.



Extension set clamp types that may be used with RELiZORB set ups:
Note: Adjustable clamp types are recommended for enteral syringe gravity feeding



For other compatibility questions, please contact RELiZORB Support Services at 1-844-632-9271.