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## **NéevoDHA®**

Whether you are planning your pregnancy or you are pregnant, many women want to ensure they are getting all of the vitamins and nutrients needed for a healthy pregnancy. It is extremely important to make sure that you and your baby are provided with these essential nutrients. One of the essential nutrients needed for pregnancy is folate. Folate plays an important role within pregnancy. Folate is needed for growth and development of a healthy baby.

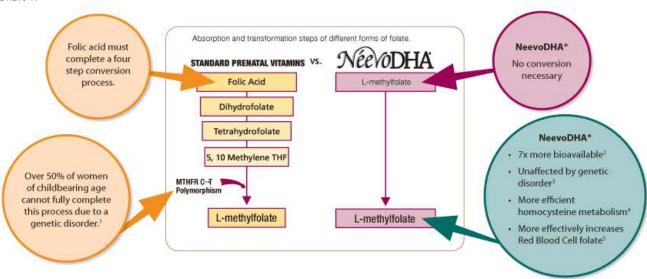
Many women know to take folic acid during pregnancy, but few know whether their bodies can fully process it. Folic acid is synthetic (man-made) and must go through a four-step conversion process in order for the body to use it. Unfortunately, over 50% of pregnant women in the U.S. have a genetic disorder (MTHFR Polymorphism) that limits the conversion process. L-methylfolate is the active form of folate ready to be used by the body. L-methylfolate is unaffected by this genetic disorder and offers you and your baby the active form of folate.

The ingredient that makes NeevoDHA® different from standard prenatal vitamins is the inclusion of L-methylfolate.

MERCK EXHIBIT 2092 Gnosis v Merck & Cie IPR2013-00117

HOF-000016

Chart 1.



# Not all prenatal vitamins are created equal

Chart 2.

	Standard PNV with Folic Acid	NeevoDHA® with L-methylfolate
Improves the nutritional status of women throughout pregnancy	✓	ф
No folate conversion needed		ф
Unaffected by the genetic disorder MTHFR C677T polymorphism <sup>1</sup> (Over 50% of women of childbearing age have this genetic disorder) <sup>2</sup>		ф
More effectively increases Red Blood Cell folate <sup>3</sup>		ф
More efficient homocysteine metabolism⁴		ф
7x more bioavailable <sup>5</sup>		ф

#### References

<sup>1</sup> Molloy Anne M, Daly Sean, Mills James L, Kirke Peader N, Whitehead Alexander S, Ramsbottom Dorothy, Conley Mary R, Weir Donald G, and Scott John M: Thermalobile variant of 5,10-Methylenetetrahydrofolate reductase associated with low red-cell folates: implications for folate intake recommendations. The Lancet 1997;Vol 349:1591-93

#### References in Chart 1:

- <sup>1</sup> Molloy Anne M, Daly Sean, Mills James L, Kirke Peader N, Whitehead Alexander S, Ramsbottom Dorothy, Conley Mary R, Weir Donald G, and Scott John M: Thermalobile variant of 5,10-Methylenetetrahydrofolate reductase associated with low red-cell folates: implications for folate intake recommendations. The Lancet 1997;Vol 349:1591-93
- <sup>2</sup> Willems FF, Boers GH, Blom HJ, et al. Pharmacokinetic Study on the Utilization of 5-methyltetrahydrofolate and Folic Acid in Patients with Coronary Artery disease. Br. J Pharmacol 2004:141:875-830
- <sup>3</sup> Molloy Anne M, Daly Sean, Mills James L, Kirke Peader N, Whitehead Alexander S, Ramsbottom Dorothy, Conley Mary R, Weir Donald G, and Scott John M: Thermalobile variant of 5,10-Methylenetetrahydrofolate reductase associated with low red-cell folates: implications for folate intake recommendations. The Lancet 1997;Vol 349:1591-93
- <sup>4</sup> Akoglu, M Schrott, H Bolouri, A Jaffari, E Kutschera, WF Capsary and D Faust: The Folic Acid Metabolite L-5-Methyltetrahydrofolate Effectively Reduces Total Serum Homocysteine Level in Orthotopic Liver Transplant Recipients: A Double-Blind Placebo Controlled Study. European Journal of Clinical Nutrition (2007), 1-6
- <sup>5</sup> Lamers, Yvonne, Prinz-Langenohl, Bramswig Susanne, and Pietrzik Klaus: Red blood cell folate concentrations increase more after supplementation with [6S]-5-methyltetrahydrofolate than folic acid in women of childbearing age. Am J Clin Nutr 2006;84:156-61

#### References in Chart 2:

- <sup>1</sup> Molloy Anne M, Daly Sean, Mills James L, Kirke Peader N, Whitehead Alexander S, Ramsbottom Dorothy, Conley Mary R, Weir Donald G, and Scott John M: Thermalobile variant of 5,10-Methylenetetrahydrofolate reductase associated with low red-cell folates: implications for folate intake recommendations. The Lancet 1997;Vol 340:1501,03
- <sup>2</sup> Botto Lorenzo D, and Yang Quanhe: 5,10-Methylenetetrahydrofolate Reductase Gene Variants and Congenital Anomalies: A HuGE Review. American Journal of Pridemiology 2000; Vol 151, No.9:862-77.

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- <sup>3</sup> Lamers, Yvonne, Prinz-Langenohl, Bramswig Susanne, and Pietrzik Klaus: Red blood cell folate concentrations increase more after supplementation with [6S]-5-methyltetrahydrofolate than folic acid in women of childbearing age. Am J Clin Nutr 2006;84:156-61
- <sup>4</sup> Akoglu, M Schrott, H Bolouri, A Jaffari, E Kutschera, WF Capsary and D Faust: The Folic Acid Metabolite L-5-Methyltetrahydrofolate Effectively Reduces Total Serum Homocysteine Level in Orthotopic Liver Transplant Recipients: A Double-Blind Placebo Controlled Study. European Journal of Clinical Nutrition (2007), 1-6
- <sup>5</sup> Willems FF, Boers GH, Blom HJ, et al. Pharmacokinetic Study on the Utilization of 5-methyltetrahydrofolate and Folic Acid in Patients with Coronary Artery disease. Br. J Pharmacol 2004;141:825-830

NeevoDHA® is a food for special dietary use in women who are pregnant or lactating.

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