



City and Hackney
Clinical Commissioning Group

Guideline for Prescribing Specialist Infant Formula in Primary Care

For Infants With Cow's Milk Protein Allergy (CMPA) or Lactose Intolerance

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Medicines Management Team

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Whilst these guidelines are for specialist formula, breast milk is the optimal milk for infants. Breastfeeding should be promoted and encouraged where possible.

This guideline aims to provide information to GP's and Health Visitors on the use of prescribable infant formula.

NOTE: Please refer all infants with suspected Cows Milk Protein Allergy (CMPA) to a Paediatric Allergy Dietitian

1. The volumes of feed to prescribe for infants

These guidelines below are for **infants over 6 months of age on oral feeds**. For **infants under 6 months of age** the volume prescribed should be roughly the same as the volume of milk they are currently taking (NOTE: most commonly used shop bought formulas are in 900g tins, whereas most specialist prescribable formulas are ~400g tins).

As a guide, for children under the age of 6 months:

- A 400g tin should last 3.5 days
- 10x400g tins per 28 days,
- 5x900g tins per 28 days.

Volumes to Prescribe for Infants OVER 6 MONTHS OLD		
Formula	Size of Tin (g)	Maximum Tins per 28 days
<i>Low lactose</i>		
SMA LF	430	6
Enfamil O-Lac	400	7
<i>Extensively Hydrolysed formula (eHF)</i>		
NutramigenLipil1 *	400	7 *
NutramigenLipil2	400	7
Milupa AptamilPepti 1 *	400 900	7* 3 *
Milupa AptamilPepti 2	900	3
Pepti Junior	450	6
Pregestimil Lipil	400	7
<i>Amino acid based</i>		
Neocate LCP	400	7
Nutramigen AA	400	7
<i>Soya-based</i>		
Infasoy	900	3
Wysoy	430 860	6 3
Materna Soya Milk **	450	6

* Child may stay on these products, past 6 months of age, at the advice of their healthcare professional

** Restricted for Kosher dietary requirements

2. Guidance on Prescribing, Reviewing and Stopping Formula

Condition/ Indication	Diagnosis	Treatment/Review Criteria	Name of Formula	Age restrictions	Criteria for stopping Formula
Secondary Lactose intolerance NOTE: Primary lactose intolerance is less common than secondary intolerance and does not usually present until later childhood or adulthood due to losing the ability to produce lactase.	Usually occurs following an infectious gastrointestinal illness. Symptoms include: abdominal bloating, increased (explosive) wind and loose green stools Lactose Intolerance should be suspected in infants who have had symptoms that persist for more than 2 weeks Diagnosis is the resolution of symptoms, usually within 48 hours, once lactose is removed from the diet	Treatment with lactose free formula for 2-8 weeks to allow symptoms to resolve, then reintroduction to standard formula/milk products slowly into the diet. If symptoms do not resolve on commencing standard infant formula then refer to a Dietitian For treating lactose intolerance in infants who have been weaned these formula should be used in conjunction with a milk free diet If an infant presents with suspected Lactose intolerance at one year or older and is on cows milk, then a lactose free full fat cows milk can be used for the treatment period. This is available in supermarkets. Note: the use of Lactase drops i.e. Colife is not evidence based and we would recommend the family purchase these over the counter and not have them on prescription.	SMA LF (SMA Nutrition)	Birth to 2 years	Can be used for a maximum of 8 weeks without review
			Enfamil O-Lac (Mead Johson)	Birth to 2 years	

Condition/ Indication	Diagnosis	Treatment/Review Criteria	Name of Formula	Age restrictions	Criteria for stopping Formula
Cows Milk Protein Allergy (CMPA)	<p>Suspect CMPA after careful history taking.</p> <p>Refer to NICE guidelines (Food Allergy in Children and Young People, Feb 2011) –</p> <p>http://guidance.nice.org.uk/CG116 for history taking and symptoms.</p> <p>The possibility of CMPA should also be considered in children and young people, whose symptoms do not respond adequately to treatment for;</p> <ul style="list-style-type: none"> • Atopic eczema • Gastroesophageal Reflux Disease • Chronic gastrointestinal symptoms, including chronic constipation (NICE CG116) 	<p>These infants should be reviewed by / referred to a Paediatric Allergy Service</p> <p>The Amino Acid Formulas should only be initiated on the advice of a Dietitian / Consultant Paediatrician.</p> <p>NOTE: Lactose free formulas are not suitable for treating CMPA</p>			<p>Special infant formula usually continued until infant has grown out of allergy or they are 2 years old.</p> <p>At 6 months, usually change prescription to Nutramigen Lipil 2 unless a dietitian has advised otherwise. The same for Pepti 1</p> <p>These children should be reviewed every 6 months as paediatric allergy will often resolve.</p> <p>Refer to NICE guidelines (2011)for which children should be challenged with cows milk in secondary care setting.</p>
		<p>Extensive Hydrolysed Formula</p> <p>The taste of eHFis unpleasant and it has a bitter smell therefore compliance can be improved by using a bottle, closed cup or a straw.</p> <p>Infants <6m old will take hydrolysed formulas more readily than older infants</p> <p>To aid compliance in infants over 6 months of age</p> <p>i) Mix eHF with standard formula gradually increasing the ratio of eHF to standard formula until 100% of the eHF is taken. If infant continues to refuse then</p> <p>ii) The taste may be masked to some extent by the addition of flavourings (e.g. Nesquik powder or Crusha syrup), which may make them taste more acceptable.</p> <p>Advise parents to check ingredients (e.g. Chocolate Nesquik powder containssoya).</p> <p>Infants who do not tolerate one formula may tolerate another. Therefore it is worth</p>	<p>Nutramigen Lipil 1 (Mead Johnson)</p>	<p>Birth to 6 months</p>	
			<p>Nutramigen Lipil 2 (Mead Johnson)</p>	<p>6 months to 2 years.</p>	
		<p>Pepti1 (Aptamil)</p> <p>Can be used if infant not tolerating/taking Nutramigen Lipil 1. Does contain some lactose therefore be cautious of its use when there are GI symptoms.</p>	<p>Birth to 6 months</p>		
	<p>Pepti 2 (Aptamil)</p> <p>Can be used if infant not tolerating/taking Nutramigen Lipil 2. Does contain some lactose therefore be cautious of its use</p>	<p>6 months to 2 years</p>			

Condition/ Indication	Diagnosis	Treatment/Review Criteria	Name of Formula	Age restrictions	Criteria for stopping Formula
		<p>prescribing only 1 or 2 tins initially and if not tolerated or taken after perseverance trying another formula</p>	<p>when there are GI symptoms.</p> <p>Pepti Junior (Cow & Gate)</p> <p>PregestimilLipil (Mead Johnson)</p> <p>Can be used if above formulas are not tolerated/taken. However more commonly used in diseases where malabsorption exists</p>	<p>Birth until 2 years</p>	
		<p style="text-align: center;">Amino Acid Formula</p> <p>1st line for infants who have;</p> <ul style="list-style-type: none"> • reacted to cows' milk protein through breast milk or • have food allergies in addition to faltering growth or • have had an anaphylactic reaction to cows' milk protein <p>2nd line for the ~ 10% of infants who do not tolerate an eHF</p> <p>Use as a diagnostic tool only under guidance or with suitable allergy training from a paediatric or allergy consultant.</p>	<p>Neocate LCP (SHS)</p> <p>Indicated when hydrolysed formulas do not resolve symptoms or when if there is evidence of severe/multiple allergy.</p> <p>Note: children over 9 months may need 750ml/day to meet their calcium requirements (9 tins/month)</p>	<p>Birth until infant has grown out of allergy</p>	<p>These formulas are stopped when the infant has grown out of the allergy or they are 2 years old. They will require secondary/tertiary care input to establish this.</p> <p>Neocate Active, Neocate Advanced and Neocate Spoon are highly specialised products and therefore should only be used by secondary/tertiary care and not prescribed in infants under age of one</p>

Condition/ Indication	Diagnosis	Treatment/Review Criteria	Name of Formula	Age restrictions	Criteria for stopping Formula
			Nutramigen AA (Mead Johnson) Indicated when hydrolysed formulas do not resolve symptoms or when there is evidence of severe or multiple allergy NOTE: children over 9 months may need 800ml/d to meet calcium requirements (10 tins/month)	Birth until infant grows out of allergy	year. Refer to NICE guidelines (2011) ¹ for which children should be challenged with cows' milk in secondary care setting.
			Soya Formula	6 months to 2 years	Alpro Junior 1+ Milk Alternative 1L can be used from one year of age onwards in place of formula (monitor intake). However it is not widely available. Beyond 2 years calcium enriched soya milk can be used as an alternative source of milk
		Can be considered in Infants over 6 months. The chief medical officer advises that Soya formula should not be used as the first line treatment for CPMA under 6 months.	Wysoy (SMA Nutrition)	6 months to 2 years	
		Soya Formula should be considered in infants over 6 months, who will not take a hypoallergenic formula, who have been shown to have no soya allergy and on the advice of a clinician experienced in allergy management.	Infasoy (Cow & Gate)	6 months to 2 years	
			Materna Soya Milk (Materna Industries) For Kosher Dietary Requirements	6 months to 2 years	

A GP Guide to Reviewing Formula Used in Cows Milk Protein Allergy*

To prevent wastage, please review requirement for formula regularly and review most recent correspondence from paediatrician / dietitian.

Can you answer 'YES' to at least one of the following questions?

1. Is the patient over 2 years of age?
2. Has the formula been prescribed for more than one year?
3. For products supplied in tins: Is the patient prescribed a 28 day supply more than;
 - a. 13 x 400g tins (for infants less than 6 months)
 - b. 7 – 13 x 400g tins (for infants 6 – 12 months)
 - c. 7 x 400g tins (for children over 12 months)
4. Is the patient eating any of the following foods:
Cows milk, cheese, yoghurt, ice-cream, custard, chocolate, cakes, cream, butter, margarine, ghee

If the answer is 'YES' to any of these questions, please review the formula prescription.

Notes:

1. 60-75% of children outgrow their cows' milk protein allergy by 2 years of age. This figure rises to 85-90% of children at 3 years of age.
[Consider GP / specialist review plans to assess whether cows milk allergy is still present.](#)
2. Children with cows' milk protein allergy require regular review and at minimum once per year. If your patient has been receiving formula for more than one year, [check the patient is attending allergy review appointments so that the on-going need for formula can be assessed.](#)
3. These dosage calculations are based on infants less than 6 months being exclusively formula fed and drinking 150ml/kg/day of a normal concentration formula.
For infants who are 6-12 months, the calculation is based on formula intake decreasing as solid food intake increases.
For children over 12 months, the calculation is based on children drinking the 600ml of milk or milk substitute per day, recommended by the Department of Health.
[Consider GP / specialist reviews plans if prescribed volumes do not match volumes stated above.](#)
N.B. Some children will require more than the amounts stated, especially those with faltering growth.
4. Standard versions of the foods listed contain cows' milk protein. If your patient is asymptomatic whilst eating a diet containing these foods (especially if the foods are taken regularly and in normal portion sizes) then this may be an indication that the cows' milk allergy has resolved and the formula is no longer required.
[Consider review plans to assess whether cows milk allergy is still present.](#)

*Paediatric Nutritional Products, Appropriate Prescribing Resource Pack, Version: 22nd June 2011, London Procurement Programme,

<http://www.lpp.nhs.uk/page.asp?fldArea=2&fldMenu=6&fldSubMenu=7&fldKey=195>