

**Summary of Guidelines on prescribing specialist infant formula in primary care**  
**(NOT TO BE USED FOR DIAGNOSIS)** For diagnosis and prescribing please see the full OCCG guidelines.

Some children may require more, e.g. those with faltering growth. Review recent correspondence from the paediatrician or paediatric dietitian.						
All conditions: How much powdered infant formula should I prescribe monthly?	Under 6 months		6 – 12 months		Over 12 months	
	400g tin	900g tin	400g tin	900g tin	400g tin	900g tin
	Up to 12 tins	Up to 5 tins	6 – 12 tins	3 – 5 tins	Up to 6 tins	Up to 3 tins
Cow's Milk Protein Allergy (CMPA):	<ul style="list-style-type: none"> <li>• <b>IgE symptoms (&lt;2hrs onset)</b> [See page 4 of the full guidelines for diagnosis algorithm] – Skin symptoms: urticaria, pruritus, angioedema; respiratory: difficulty in breathing and swallowing, hoarse cry, acute wheeze or anaphylaxis.</li> <li>• <b>Non-IgE symptoms (2-72hrs onset)</b> [See page 5 of the full guidelines for diagnosis algorithm] - Skin symptoms: pruritus, erythema, urticaria, atopic dermatitis; GI symptoms: diarrhoea, bloody stools, vomiting, abdominal distention, colicky pain, constipation, GORD; Respiratory symptoms: recurrent wheeze/ cough, nasal itching, sneezing or congestion and rhinorrhoea. Growth faltering.</li> <li>• <b>Most infants with CMPA develop symptoms within 1- 2 weeks of introduction. Mild – moderate non-IgE CMPA can be managed in primary care. Early diagnosis and treatment is very important.</b> Download <a href="#">The iMAP Milk Allergy Guideline– Initial Fact Sheet</a> for parents whose infants fall under this group.</li> <li>• <b>Breast milk is the best choice for most infants with CMPA.</b> Breastfeeding mothers may require a dairy free diet and daily 1000mg calcium and 10 mcg Vitamin D supplementation.</li> <li>• Refer to paediatric community or paediatric dietitians for weaning advice before infant is 6 months of age. Always review the latest clinic correspondence before issuing each prescription to ensure any recommended changes are implemented.</li> </ul>					
	<b>First line: Extensively Hydrolysed formula (EHf)</b> Soya milk, lactose-free (LF) formula, rice milk or other mammalians milk are not suitable in CMPA		<b>GREEN</b>	Most cost-effective: <b>Similac Alimentum</b>		
	Other options: Althera, Aptamil Pepti 1&2, Nutramigen 1&2 with LGG					
	<p><b>To confirm diagnosis, perform Early Home Reintroduction in infants with mild-moderate non-IgE CMPA (2 – 72 hours). Not safe for immediate symptoms of IgE CMPA.</b></p> <p>At diagnosis EHf should be continued for at least 2 -4 weeks and if symptoms improve, Home Reintroduction should be performed after 2-4 weeks of starting EHf to confirm the diagnosis of CMPA.</p> <p>Download iMAP's parent leaflet on <a href="#">The Early Home Reintroduction to confirm diagnosis</a> to support parents at home.</p>					
	<b>Second line: Amino Acid formula (AAf)</b> Secondary care initiation or recommendation only. <b>Consultant-led email advice: <a href="mailto:oxon.paedsallergyadvice@nhs.net">oxon.paedsallergyadvice@nhs.net</a></b>		<b>AMB C</b>	Most cost-effective: <b>Alfamino</b>		
	Other options: Nutramigen PurAmino, Neocate LCP, Neocate Junior					
<p><b>Reintroduction:</b> Patients should be evaluated after at least six months of exclusion of dairy products to assess acquired tolerance to CMP. Download <a href="#">iMAP milk ladder</a> and <a href="#">recipes</a> to support parents reintroduce CM at home, provided there is no history of immediate allergic reactions or other indications for referral to secondary care.</p> <p><b>Review the need for specialised formula prescription regularly and consider STOPPING if any of the following applies:</b> Can the patient tolerate any dairy foods? Is the patient over 18 months old (continue treatment if specifically indicated by specialists)? Has the formula been prescribed for more than one year? Is the quantity prescribed more than the recommended amount?</p>						

**Refer infants with anaphylaxis or faltering growth to secondary care urgently.**

Gastro-oesophageal Reflux Disease (GORD)	GORD presents with a history of effortless vomiting after feeding (up to two hours), usually in the first six months of life. [See page 10 of the full guidelines for more details] <ul style="list-style-type: none"> <li>Over feeding should be ruled out by establishing the volume and frequency of feeds.</li> <li>Give reassurance and advice on positioning post-feeds.</li> <li>Infant Gaviscon can be given up to a maximum of six times per day.</li> </ul>	<b>Refer infants with faltering growth to secondary care without delay.</b>		
	Initially recommend adding <b>Carobel</b> (available from pharmacies) to current standard formula, or trial <b>anti-reflux formula</b> (available from pharmacies/ supermarkets) for 1-2 weeks and review symptoms.	<b>BLACK</b>	Cow and Gate Anti-reflux, Aptamil Anti-reflux, SMA PRO Anti-Reflux, Enfamil AR	
Secondary Lactose Intolerance	Secondary lactose intolerance usually occurs following an infectious GI illness (but can occur alongside new or undiagnosed coeliac disease) and is usually self-limiting. [See page 11 of the full guidelines for more details] <ul style="list-style-type: none"> <li>Symptoms include abdominal bloating, increased explosive wind and loose green stools.</li> <li>Resolution of symptoms within 48 hours of withdrawal of lactose from the diet confirms diagnosis.</li> </ul>			
	Initially recommend over-the-counter lactose-free (LF) formula for two weeks. Continue LF formula for up to eight weeks if symptoms improved. Symptoms usually resolve within this time but in rare cases may take up to three months.	<b>BLACK</b>	0 – 12 months: Enfamil O-Lac, SMA® LF, Aptamil LF Over 12 months: Lactofree	
Faltering Growth	Faltering growth cannot be detected without using a growth chart. Diagnosis is usually made when an infant falls below the 0.4th centile or crosses 2 centiles downwards on a weight or height centile. [See page 12 of the full guidelines for more details] Consultant-led email advice: <a href="mailto:oxon.paediatricadvice@nhs.net">oxon.paediatricadvice@nhs.net</a> .	<b>Refer to secondary care without delay.</b>		
	<b>First line: High-energy formula</b> Secondary care initiation or recommendation only. Discontinue when on an appropriate diet as per dietitian advice.	<b>AMB C</b>	Most cost-effective: <b>SMA PRO High Energy</b> Other options: Similac High Energy, Infatrini, Infatrini Peptisorb (high calorie EHf)	
Pre-term	These infants will have had their pre-term formula commenced on discharge from the neonatal unit and will be under regular review by the paediatricians. Pre-term formula should not be commenced in primary care unless recommended by a specialist. GPs should discontinue these formulas after the infants are <b>six months corrected age</b> or if there is excessive weight gain. [See page 12 of the full guidelines for more details]			
	<b>Started in secondary care: Pre-term formula</b> <b>DO NOT</b> prescribe liquid formula unless immune-compromised, tube fed or clinically indicated by secondary care.	<b>AMB C</b>	Nutriprem 2 powder, SMA PRO Gold Prem 2 powder	
		<b>BROWN</b>	Nutriprem 2 liquid, SMA PRO Gold Prem 2 liquid	