

Oxfordshire Clinical Commissioning Group Commissioning Policy Statement

Policy No. 250b	Specialist Infant Formulas
Area Prescribing Committee recommendation	September 2017
Date Approved by CCG	5th October 2017
Date of issue	October 2014, Updated October 2017

Recommendation:

Following agreement of local guidelines for diagnosis and treatment of Cow's Milk Protein Allergy (CMPA) and other common childhood conditions, and consultation with local specialists and neighbouring CCGs, OCCG have agreed guidance on the circumstances in which it would be appropriate to prescribe infant milk products. It should be noted that all infant formulas can be purchased without a prescription; however some milk products are more expensive and are not as widely available. Healthy Start Vouchers can be used to purchase infant formulas but cannot be used to purchase milk products which are not based on cow's milk.

1. Prescribing for babies over 18months will be **not normally be funded** unless specifically requested from a specialist (paediatrician/dietitian) and reason for continued use is provided.
2. Prescribing of lactose free, soya and anti-reflux formulas will **not normally be funded** . Parents should be advised to purchase these as their costs are similar to that of cow's milk formula.
3. Prescribing of ready-to-feed liquids will not **normally be funded** unless specifically requested from a specialist (paediatrician/ dietitian) when there is a clinical need, e.g. if the patient is tube or PEG fed.
4. Recommended quantity to prescribe per month:

Age of child	Suggested quantity of powdered formula to prescribe per month	
	400g tin	900g tin
< 6 months Highest requirement at 4-6 months prior to weaning	Up to 12 tins	Up to 5 tins
6 – 12 months	6 – 12 tins	3 – 5 tins
> 12 months	Up to 6 tins	Up to 3 tins

• Only prescribe **1-2 tins initially** to assess tolerance. Some children may require more e.g. those with faltering growth. Please review recent correspondence from the paediatrician or paediatric dietitian.

5. Specialist infant formulas may be prescribed for babies with CMPA, in line with the CMPA guidelines, usually for not longer than 6-12 months. Reintroduction of cow's milk after at least 6 months of dairy exclusion or from 1 year of age is recommended, this may be carried out under recommendation and supervision of a specialist.
 - Extensively hydrolysed protein formulae (EHf) should be first line for mild to moderate CMPA.
 - Amino Acid Formulas (AAf) should only be prescribed in primary care following recommendation or initiation from secondary care*, for the treatment of severe CMPA including anaphylaxis and failure to thrive and/or for children with multiple allergies or growth faltering (*consultant-led Paediatric Allergy email address oxon.paedsallergyadvice@nhs.net.)
6. **The cheapest appropriate formula should always be first choice.**
7. The full 'Guidelines on Prescribing Specialist Infant Formulas in primary care' are available under 'Professional Resources' on the Oxfordshire CCG website.

- **NOTES:**

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE
- This Policy was recommended to all Thames Valley CCGs. Consult individual CCG websites for date of adoption.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>
- Oxfordshire CCG Clinical Commissioning Polices can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies.htm>

References:

- Bernie Canani R et al. (2013) Formula selection for management of children with cow's milk allergy influences the rate of acquisition of tolerance: a prospective multicentre study. J Pediatr, 163 (3):771-7.
- Buller HA, Rings EH, Montgomery RK, Grand RJ. (1991) Clinical aspects of lactose intolerance in children and adults. Sc and J Gastroenterolgy Suppl, 188:73-80.
- Food Standard Agency statement on arsenic levels in rice milk (2009) <http://www.food.gov.uk/multimedia/pdfs/fsis0209arsenicinrice.pdf>
- Milk Allergy in Primary Care (MAP) Guidelines:
- Venter C, Brown T, Shah N, Walsh J Fox AT. (2013) Diagnosis and management of non-IgE-mediated cow's milk allergy in infancy - a UK primary care practical guide, Clinical and Translational Allergy, 3:23. www.cowsmilkallergyguidelines.co.uk/the-map-guideline/
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- NICE (2011) Food Allergy in Children and Young People. <https://www.nice.org.uk/guidance/cg116>
- NICE (2015) Gastro-oesophageal reflux disease in children and young people. NG1 <https://www.nice.org.uk/guidance/ng1>