

## Formulary: Hypoallergenic formula for management of cow's milk allergy in children

This formulary is intended to assist healthcare professionals in the choice of therapeutic options for patient- centred care. Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics.

If, after discussion with the patient or carer, there are good reasons for not following preferred choices, it is good practice to record these and communicate them to others involved in the care of the patient.

**“Important Note:** The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as ‘Uncontrolled’ and as such, may not necessarily contain the latest updates and amendments”.

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## Introduction

This formulary outlines NHS GGC preferred choices when prescribing milk free hypoallergenic formula in the management of cow's milk allergy (CMA) and should be used in conjunction with the clinical guideline 'Allergy management – cow's milk - infants – NHSGGC'.

**At all times breast feeding should be supported in infants with CMA .**

We recommend that prescribers follow the formulary guidance below for all new patients requiring hypoallergenic formula. If infants have been prescribed alternative formula and are tolerating these we do not expect prescribers to switch to the preferred listed products.

### Quantity to prescribe

All prescriptions for hypoallergenic formulas should be prescribed as an **acute prescription**; approximately 8 X 400g/450g tins will be required for a 4 week period for children under 6 months. For those over 6 months who are starting to wean the quantity required should decrease each month as food intake increases.

### How long to prescribe

Hypoallergenic formula for the management of **non IgE reactions** to cow's milk should only be prescribed initially for a 2-4 week trial period. This is followed with a home reintroduction of cow's milk to confirm the diagnosis (please refer to clinical guideline). If the diagnosis is confirmed it is recommended that the infant continues on a cow's milk free diet until age 9-12 months and have had a milk free diet for at least 6 months. The managing paediatric dietitian will advise parents on the timing and the stages of the planned home reintroduction of cow's milk. These infants will require on-going prescription of the hypoallergenic formula during this time.

If the child needs to continue the milk free diet after 12 months, the dietitian will educate the parents on a suitable calcium enriched milk substitutes e.g. soya, oat milk which they can purchase from the supermarket and the requirement for prescribed hypoallergenic formula will cease.

**Hypoallergenic formula** should not be prescribed for children > 15months unless advised by a paediatric dietitian and on-going dietetic follow up has been arranged.

**Infants with suspected IgE reactions to cow's milk should only have milk reintroduced under medical supervision**

### Other formula and milk substitutes

Other mammalian formula (goat's, sheep milk) are not suitable for infants with cow's milk allergy as there is a risk of allergenic cross reactivity with formula or milks based on other mammalian proteins

Supermarket milk substitutes e.g. soya, oat and coconut milks are nutritionally incomplete and should not be used as a milk substitute for infants under 12 months.

Rice milks are not suitable for children under the age of 4.5 years due to the high levels of arsenic

### Acknowledgements:

NHSGGC Paediatric Cow's Milk Allergy Guideline Group

NHSGGC Paediatric Dietitians, Royal Hospital for Children

NHS GGC Prescribing Support Dietetic Team

## Milk Free Hypoallergenic Formula P = Preferred formulary T= Total formulary

Type of Formula	Formula	Clinical Indication
<b>Extensively Hydrolysed Formula (eHF)</b>	<b>Birth onwards –</b> Aptamil Pepti® 1 (P)  Similac® Powder (T) for infants requiring lactose free formula	<b>Extensively hydrolysed formulas (eHFs)</b> are the recommended therapeutic choice and are tolerated by the majority of infants and children (90%) with cow's milk protein allergy.
<b>Extensively Hydrolysed Formula (eHF) for infants &gt; 6 months</b>	Aptamil Pepti® 2 for infants over 6 months (T) Only prescribe on the advice of a dietitian	Aptamil Pepti® 1 can be used until 12 months, therefore there is no requirement to change infants on to this formula unless there are nutritional concerns and should only be prescribed if requested by a paediatric dietitian
<b>Amino Acid Formula (AAF)</b>	<b>Birth onwards</b> Neocate® LCP Powder (P) SMA Alfamino® (T) Nutramigen® Puramino (T)	The choice of an AAF instead of an eHF may be made based on the history and combination of symptoms rather than on absolute indication (based on a single condition or a specific symptom). AAF should be offered when EHF fails, in growth faltering babies, in particular those with multisystem involvement (gastrointestinal tract and or skin), multiple food eliminations and history of anaphylaxis. The initiation of an AAF formula ideally should be discussed with the general paediatric and/or dietetic team.
<b>Soya Formula &gt; 6months only</b>	Soya infant formula is readily available for parents to buy in retail outlets.	Soya formula should not be used in infants <b>under 6months</b> as: <ul style="list-style-type: none"> <li>Soy protein based infant formula contain much higher levels of phyto-oestrogens than formula based on cows' milk protein and there is a potential risk to future reproductive health.(Committee on Toxicity, 2003)</li> </ul> <b>For Infants over 6 months of age</b> <ul style="list-style-type: none"> <li>Soya infant formula can be used if CMA is suspected in an infant &gt; 6months if there is no history of reaction to soya products.</li> </ul>