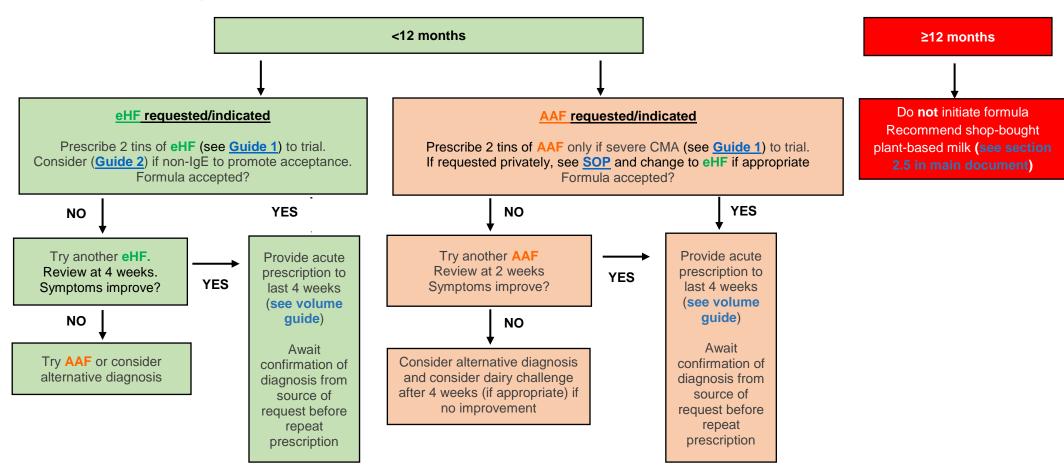


#### Algorithm 2: Guide for Prescribing Hypoallergenic Formula for GPs and Pharmacists

#### **NEW PRESCRIPTION REQUEST:**



#### Key noints

N.B Maternal dairy free diet is not recommended if no symptoms when exclusively breastfeeding.

OTC products (do not prescribe) – soya formula, lactose-free formula, 'anti-reflux' formula, 'comfort' formula, carobel Neocate Junior requested – This product MUST not be initiated without dietetic justification (not a follow-on formula)

#### **REPEAT PRESCRIPTION REQUEST:**

### **EMIS** prescription template review guide

- Ensure it has been documented on prescription request letter that diagnosis of CMA has been confirmed before providing repeat prescription. If no confirmation of diagnosis has been provided, contact request source.
- Add: next review date (review prescription against volume based on age or intake every 3 months) and prescription end date within dosage instruction (date when child
  is 12 months of age)
- Adjust volume:
  - 1. Volume recommendation from dietitian letter
  - 2. If not available, use volume recommendation (see Guide 1) based on age/intake
- Child should transition from formula to an appropriate shop-bought plant-based milk alternative (see section 2.5 in main document) from 12 months of age
- Stop prescription if:
  - tolerating dairy in diet
  - >12 months of age: unless advised by dietitian (check recent dietetic letter)

**Neocate Junior:** Ensure that dietetic review has been completed within the last 6 months and re-refer if no evidence of dietetic input within the last 6 months.

Ensure all infants with suspected/confirmed CMA receive dietetic support. See Referring to Local Services

## Contact SEL Prescribing Support Dietitians <u>gst-tr.prescribingsupportdietitians@nhs.net</u> if:

- Unsuccessful transition onto shop-bought plant-based milks at 12 months of age despite giving advice on transition
- Child with active HF prescription has been discharged from local dietetics service due to DNA or not making contact
- Any other HF prescription queries

### **Volume Guide:**

# 1. Volume required if mixed-fed (Based on daily intake of formula as reported by carer)

oz/day	ml/day	g/28 days
10oz	300ml	1600g
14oz	400ml	2000g
17oz	500ml	2400g
20oz	600ml	2800g
24oz	700ml	3200g
27oz	800ml	3600g
30oz	900ml	4000g
33oz	1000ml	4400g
36oz	1100ml	4800g

# 2. Volume required if exclusively formula fed

Age	g/28 days
0-3 months	4000g
4-6 months	5200g
7-9 months	4000g
10-12 months	3200a

# Abbreviations:

CMA cow's milk allergy

BF breastfeeding.

eHF extensively hydrolysed formula

AAF amino acid formula

**HF** hypoallergenic formula (includes both eHF and AAF)

**IgE** immunoglobulin E **OTC** over-the-counter

RAC rapid access clinic

SEL south east London

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