Oxfordshire Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group Commissioning Policy Statement

Policy No. 250c	**Specialist Infant Formulas**
Area Prescribing Committee recommendation	**September 2017**
Date Approved by CCG	**5th October 2017**
Date of issue	**October 2017, Updated February 2021**

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 18 months 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	**RCN feed guidance per day*** * *Formula Feeds RCN Guidance caring for infants and mothers 2016*		**Suggested volume per day**	**Quantity of powder per day**	**Equivalent in tins per 28 days**
Up to 2 weeks	7-8 feeds (60-70ml per feed)	150ml/kg	420-560mls	70-90g	5-6 x 400g
2 weeks to 2 months	6-7 feeds (75-105ml per feed)	150ml/kg	450-735mls	70-110g	5-8 x 400g
2-3 months	5-6 feeds (105-180ml per feed)	150ml/kg	525-1080mls	80-160g	6-12 x 400g
3-5 months	5 feeds (180-210ml per feed 3-4 months 4-5 months	 150ml/kg 120ml/kg	900-1050mls	140-160g	10-12 x 400g
About 6 months	4 feeds (210-240ml per feed)	120ml/kg	840-960mls	130-150g	9-11 x 400g

Guidance on feeding after 6 months for average weight children this is a guideline amount and responsive feeding to the child's appetite and their hunger and fullness cues needs to be considered.

7-9 months	4 feeds 150ml per feed	About 600ml	90g	7 x 400g or 3 x 900g
10-12 months	3 feeds 2 x 100ml and 1 x 200ml	About 400ml	90g	7 x 400g or 3 x 900g
12-24 months	Full fat cow's milk could be offered at snack times twice a day (2 x 100ml) if tolerated and as a drink before bed (200ml)	About 350-400ml of full fat cow's milk or another suitable animal milk or milk alternative. If using plant-based milk alternative seek advice as these are lower in energy than full fat animal milk.	40g	5 x 400g

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 formula** (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 (consultant led Paediatric Allergy email address oxon.paedsallergyadvice@nhs.net
  Amino acid formulas are for the treatment of severe CMPA including anaphylaxis and failure to thrive and/or children with multiple allergies or faltering growth.

6**. The cheapest appropriate formula should always be first choice.**

7. The full 'Oxfordshire Infant Feeding Guidelines and the Appropriate Prescribing of Infant Formula in Primary Care' are available under 'Professional Resources' on the ClinOx 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 https://www.oxfordshireccg.nhs.uk/professional-resources/policies.htm

References:

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- Cow's milk allergy in children: What is it? NICE CKS, (last revised December 2019)
- Cow's Milk Allergy in Children: Summary NICE CKS (last revised December 2019)
- Managing gastro-oesophageal reflux and reflux disease in infants - NICE Pathways Last updated 2.11.2020