

Prescribing specialist infant formulae: Quick reference guide

Additional resources available here: <https://www.prescqiip.info/infant-feeds/category/93-infant-feeds>



Bulletin



Data pack



Audits, patient letter

All conditions	Under 6 months	6 - 12 months	Over 12 months
How much powdered infant formula should I prescribe monthly?	13 x 400g, 12 x 450g or 6 x 900g tins	7-13 x 400g/450g or 3-6 900g tins	7 x 400g, 6 x 450g tins or 3 x 900g tins

Cow's milk protein allergy (CMPA)	<ul style="list-style-type: none"> Symptoms differ if the allergy is IgE-mediated or non-IgE mediated and can include: timing of onset of symptoms, skin symptoms, e.g. pruritis, erythema, urticaria, atopic dermatitis, acute angioedema. GI symptoms, e.g. diarrhoea, bloody stools, nausea and vomiting, abdominal distention and/or colicky pain, constipation, GORD, respiratory symptoms, e.g. current wheeze or cough, nasal itching, sneezing, rhinorrhoea or congestion, anaphylaxis or faltering growth. Most infants with CMPA develop symptoms within one week of introduction. Breast milk is the best choice for most infants with CMPA 	<div style="border: 2px solid red; padding: 5px;"> <p>Refer infants with anaphylaxis or faltering growth to secondary care without delay</p> </div>
	<p>First line formulae options (insert local first-line choice) Do not prescribe soya or lactose-free formulae</p> <ul style="list-style-type: none"> Breastfeeding mothers may require a milk free diet and calcium supplementation. Refer to paediatric community dietitians before weaning and refer to latest correspondence before issuing prescriptions. Amino acid formulae (AAF) should normally be started in secondary or specialist care. There is no evidence to suggest that changing the brand of infant formula causes any harm. <p>Review the need for prescribing if the answer is yes to any of the following questions: Can the patient tolerate any dairy foods? Is the patient over two years of age? Has the formula been prescribed for more than one year? Is the quantity prescribed more than the recommended amount?</p>	

Gastro-oesophageal reflux disease (GORD)	<p>GORD presents with a history of effortless vomiting after feeding (up to two hours), usually in the first six months of life.</p> <ul style="list-style-type: none"> Over feeding should be ruled out by establishing the volume and frequency of feeds. Give reassurance and advice on positioning post-feed. Infant Gaviscon can be given up to a maximum of six times per day. 	<div style="border: 2px solid red; padding: 5px;"> <p>Refer infants with faltering growth to secondary care without delay</p> </div>
	<p>Initially recommend over the counter anti-reflux formula from community pharmacy: Cow and Gate® or Aptamil® anti-reflux, Enfamil AR® or SMA Stay Down®.</p>	

Lactose intolerance	<ul style="list-style-type: none"> • Primary lactase deficiency usually occurs after two years of age and may not fully manifest until adulthood. Resolution of symptoms within 48 hours of withdrawal of lactose from the diet confirms diagnosis. • Congenital lactase deficiency requires specialist management. • Secondary lactose intolerance usually occurs following an infectious GI illness (but can occur alongside new or undiagnosed coeliac disease). • Symptoms include abdominal bloating, increased explosive wind and loose green stools. 	
	Initially recommend over the counter low lactose/lactose free formula from community pharmacy: Enfamil-O-Lac with Lipil® or SMA LF®.	
	First line formula options (insert recommendation for prescribing if this is an option locally)	
	DO NOT recommend or prescribe for longer than eight weeks without review. Symptoms usually resolve within this time but can take up to three months. DO NOT prescribe for children over one year – lactose-free supermarket products are suitable.	

Faltering growth	Faltering growth cannot be detected without using a growth chart. Diagnosis is usually made when an infant falls below the 0.4 th centile or crosses 2 centiles downwards on a growth chart or is 2 centiles below length centile.		Refer to secondary care without delay
	First line formulae options (insert local first-line choice)		

Pre-term formulae	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. These formulae should not be started in primary care and should be discontinued by six months corrected age or if there is excessive weight gain.	
	Started in secondary care	SMA Gold Prem 2® powder or Nutriprem 2® powder
	DO NOT prescribe liquid formula unless clinically indicated by secondary care	

Refer to the full PrescQIPP guideline ‘Appropriate prescribing of specialist infant formulae’ for more details and second line choices.

Contact help@prescqipp.info with any queries or comments related to the content of this document. This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP’s quality assurance framework. The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). [Terms and conditions](#)