

Healthcare professional guidance: Cow's Milk Protein Allergy (CMPA) - Managing supplies & when to stop the formula

The purpose of this additional guidance for GP practices is to help manage and maintain available supplies of CMPA formulas and to provide more explanation on the circumstances when it is safe to stop the prescription. [HWE Cow's Milk Protein Allergy \(CMPA\) Guidance](#) details the appropriate diagnosis and management of CMPA and remains applicable.

1. Ensure there is a formal diagnosis of CMPA:

- Most children will present with symptoms of [mild/moderate non IgE mediated \(delayed onset\) CMPA](#).
- Practices should ensure that parents/caregivers have undertaken the [HOME MILK CHALLENGE](#) for suspected mild/moderate non IgE mediated (delayed onset) CMPA - this confirms diagnosis and is an essential step to ensure ongoing treatment is appropriate.

NOTE: Any immediate onset of symptoms (within a matter of minutes up to 2 hours) may indicate an IgE mediated allergy. Diagnosis of IgE mediated (immediate/acute onset) CMPA is made in the hospital/specialist allergy service setting – do NOT promote the HOME MILK CHALLENGE for these patients.

2. CMPA formula prescription – Below table includes HWE agreed formulas, 2 additional EHF options for use in the event of supply issues*, and details additional measures to support appropriate prescribing. **If supply issue, try alternative of same type (i.e., if an EHF – try alternative EHF).**

BREASTFEEDING IS THE OPTIMAL WAY TO FEED A BABY WITH CMPA - This should be supported wherever possible and mum wishes – see HWE Cow's Milk Protein Allergy (CMPA) Guidance for resources and where to seek support. If formula is needed, see below.	
HWE agreed EXTENSIVELY HYDROLYSED FORMULAS (EHFs) – suitable for 90% CMPA: (NOTE: Alimentum withdrawn March 2022 due to product recall)	
1 st Line: SMA Althera (400g)	
2 nd Line: Nutramigen 1 with LGG (400g) - birth to 12 months/ *if supply issue: Nutramigen 2 with LGG (400g) is suitable <u>from</u> age 6 months (but not sooner)	
3 rd Line: Aptamil Pepti 1 (400g/800g) - birth to 12 months/ *if supply issue: Aptamil Pepti 2 (400g/800g) is suitable <u>from</u> age 6 months (but not sooner)	
HWE agreed AMINO ACID FORMULAS (AAFs) - for severe CMPA (required only in ~10% of patients):	
1 st Line: Nutramigen Puramino (400g)	<ul style="list-style-type: none"> • <u>Indications:</u> e.g., anaphylaxis/ if no significant symptom improvement after 2 week trial of EHF/ confirmed faltering growth – see GP FAQs for additional indications when a specialist may request an AAF • Do not prescribe an AAF simply because there is a supply issue with the usual EHF • Do not prescribe an AAF not listed here unless clinically justified by an allergy specialist HCP
2 nd Line: Neocate LCP (400g)	
3 rd Line: SMA Alfamino (400g)	
Refer to HWE CMPA Guidance for amounts to prescribe:	
<ul style="list-style-type: none"> • MAXIMUM MONTHLY amount 4800g (age 3-6 months), after age 6 months this reduces as solid foods started (unless dietitian justifies any increased amount) • State amount in grams, rather than the number of tins • Whether an ACUTE or REPEAT prescription, the key is to ensure there is a review process in place to monitor progress of the patient's journey • AVOID ALTOGETHER USING ELECTRONIC REPEAT DISPENSING (eRD) for CMPA formulas 	

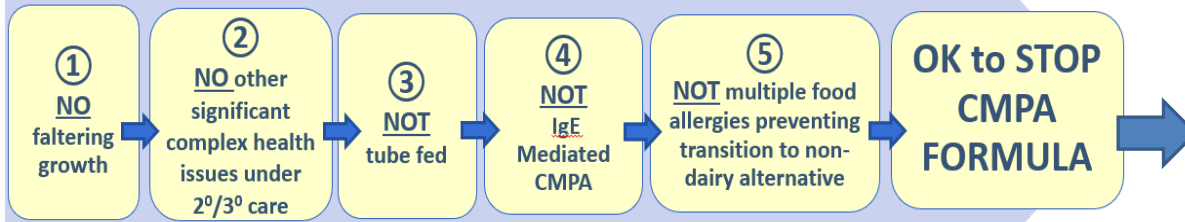
3. All children with suspected/confirmed CMPA should have received support from a dietitian – any child under age 1 year who has not should be referred NOW:

For referral details see [HWE CMPA Guidance](#) (page 2) – Caregivers must be encouraged to engage with the dietitian (book appointments and attend) for the prescription to continue. Dietetic input is essential to ensure timely support for starting dairy free solid foods (also known as weaning) and know when & how to reintroduce cow's milk safely/suitable alternatives if cow's milk allergy does not resolve. This enables the prescription to be stopped as soon as is safe to do so.

4. FOLLOW THE **"5 STEP CHECK"** for any child **over age 1 year** to see if the **CMPA formula can be stopped** - **MUST meet the criteria in all 5 steps:**

Look for the last letters from the dietitian/paediatrician/allergy nurse and for any GP entries in EMIS/SystemOne about CMPA to gather sufficient information to follow the "5 STEP CHECK" and ascertain whether the CMPA formula is safe to stop, even if cow's milk is not yet tolerated.

For child **over age 1 year** where there is:



"5 STEP CHECK" NOT MET



IF CHILD DOES NOT MEET ALL CRITERIA TO STOP THE CMPA FORMULA:

- **CONTINUE** to prescribe the CMPA formula
- **Set number of issues to monitor ongoing need**
- **Child must remain under dietitian care - contact dietitian/paediatrician if no evident review in last 6 months**
- **Dietitian/paediatrician must advise whether a fortified non-dairy alternative milk is appropriate, if & when it is safe to start the milk ladder and when it is safe to stop the CMPA formula**

OK to STOP CMPA Formula ("5 STEP CHECK" met):

- **STOP/END** the prescription and inform the caregiver
- **ADVISE** a fortified non-dairy alternative milk can be introduced to drink until the child is able to tolerate cow's milk – See Qn12 [HWE GP FAQs](#)
Examples include:
Alpro Oat Growing Up Drink 1-3+®
Oatly® Barista (also known as Oatly® Foamable)
Alpro Soya Growing Up Drink 1-3+®
KoKo® Super
- **PROVIDE** the Allergy UK's [Cow's milk free diet](#) leaflet
- **PROVIDE** the [MILK LADDER](#) - this links to a patient leaflet that explains the steps to retry cow's milk – for use no earlier than 6 months after diagnosis

The **"5 STEP CHECK"** can also be used in practice based clinician audit of CMPA formulas - SystemOne & EMIS searches are available.

Prescribing Support Dietitian Contacts: ruth.hammond3@nhs.net / lara.ellison@nhs.net / h.nunn@nhs.net

Developed by:	Ruth Hammond, Prescribing Support Dietitian, and the wider Prescribing Support Dietetic Team, Herts & West Essex ICB in conjunction with multiple ICS stakeholders, providers and partners.		
Approved by:	Hertfordshire & West Essex Area Prescribing Committee	Version:	1.0
Date approved:	April 2024	Review Date:	April 2027