NHS Tayside Specialist Baby Milk Formulary for Infants with Cow's Milk Allergy

For symptom assessment, diagnosis and management of Cow's Milk Allergy see pathway. [click here to view]

Introduction

This formulary aligns with NICE CG116, BSACI guidance and the MAP guidelines, it has been developed by NHS Tayside Paediatric Dietitians and reviewed by the Nutrition and Dietetics Clinical Governance Group, Clinical, Care and Professional Governance Group (Dundee HSCP) and Prescribing of Non-Medicines Advisory Group (PONMAG).

Cow's Milk Allergy (CMA) is a reproducible, immune-mediated allergic response to cow's milk protein. It commonly presents in the first year of life, with a prevalence of between **1.8-7.5%**. Based on a live birth rate of 3,206 (April 2024-March 2025) an estimated **58-240 infants** would be diagnosed with CMA in Tayside during this period.

As symptoms can occur in otherwise healthy infants there can be overdiagnosis, which may result in unnecessary long-term prescribing and dietary restriction.
Additional support should be considered for families with barriers to access, safeguarding concerns, or faltering growth.

Breastfeeding

Breastfeeding should be promoted and supported where possible. WHO guidance recommends exclusive breastfeeding for the first six months, with continued breastfeeding alongside solids up to two years and beyond. CMA can occur in exclusively breastfed infants, but it is uncommon **(≈0.5%; ~ 16 infants in Tayside per year).**

Formula feeding

Approximately 90% of infants with CMA respond to an extensively hydrolysed formula (eHF), which should be used as first line and is preferred due to cost-effectiveness. The products below are whey-based which can help with palatability and is in alignment with standard stage 1 infant formulas.

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Prescribing

- Following symptom assessment by health visitor or family nurse, if CMA is suspected, issue **5 tins** of first line eHF. This should last approximately two weeks.
- Review tolerance after one week. If tolerated, issue a **one-month trial prescription.**
- Reintroduction of cow's milk to confirm diagnosis will be guided by the health visitor, family nurse practitioner or dietitian. Once diagnosis of CMA is confirmed continue specialist baby milk until 12 months of age, reducing volumes as solids are introduced.
- Following clinical review if CMA is no longer suspected please discontinue the prescription of specialist baby milk.

Table 1: Formulary

Costs based on GP10 prescribing cost February 2026.

Product	Type	Indication	Cost/tin	Line
Aptamil Pepti 1 (400g tin)	eHF	For infants with CMA who are formula-fed or mixed-feeding and cannot return to exclusive breastfeeding. *Not suitable for vegetarian or Halal diets.*	£10.98	1st line
SMA Althera (400g tin)	eHF	For infants who do not tolerate first line eHF *Suitable for vegetarian, Halal and Kosher diets.*	£11.04	2nd line
There is no requirement to move onto a stage 2 milk at 6 months of age, most infants can remain on the stage 1 formula until 1 year of age, when they should then transition onto a suitable milk alternative if they need to continue on a cow's milk free diet.				

Note: Hypoallergenic formulas have a different smell and taste, which is better accepted by younger infants. For non-IgE CMA only, short-term mixing may help acceptance (e.g. 25% hypoallergenic/75% standard formula, increasing over a few days). Mixing delays symptom improvement and should be brief.

Table 2: Quantities to prescribe

Age	Tins per 28 days (400/420g)	Average total volume feed per day	Additional information
≤ 6 months	10	~ 1000 mL (~150mL/kg/day)	Full nutritional requirements met through breast milk or first infant formula.
7-9 months	7	~ 600 mL	Milk volume reduces as solids increase.
10-12 months	6	~ 500 mL	After 12 months of age, a suitable calcium fortified milk alternative can be introduced if a cow's milk free diet needs to be continued.

Amino Acid Formula (AAF)

Approximately 10% of infants with CMA (≈24 infants in Tayside per year) may require an AAF.

Very few infants require an AAF, it is **usually reserved for severe or complex presentations**. If you feel an AAF is indicated, please prescribe it only as a temporary measure in primary care while awaiting dietetic assessment. If AAF is prescribed, refer to the Paediatric Dietetic Service by emailing the infant's name and CHI to **tay.paediatriccma@nhs.scot** for monitoring and review.

Table 3: AAF Formulary

Costs based on GP10 prescribing cost February 2026.

Nutramigen Puramino is the most cost effective AAF at time of formulary development. However, other AAF products may be more suitable depending on other dietary factors. See table below.

Product	Type	Indication	Cost/tin
Nutramigen Puramino (400g tin)	AAF	For severe or complex presentations. Alert paediatric dietitians if prescribed. *Suitable for Halal and Kosher diets.*	£22.98
Neocate LCP (420g tin)	AAF	For severe allergic reactions. Alert paediatric dietitians if prescribed. *Suitable for Halal, Kosher and vegetarian diets.*	£25.56
SMA Alfamino (400g tin)	AAF	For severe or complex presentations. Alert paediatric dietitians if prescribed. *Suitable for vegetarian and Halal diets.*	£25.75