



Oral Nutritional Supplements (ONS) and Infant Formula Prescribing

Oral Nutritional Supplements (ONS)

➤ **Formulary**

The “Oral Nutritional Supplements (ONS) in Adults: six steps to appropriate prescribing” ([link](#)) has been updated in order to ensure cost-effective prescribing. Products classified as double red, with the exception of Home Enteral Patients, should be switched over to formulary products unless there is a prior approval submitted from the dietitian. To provide guidance on managing patients with nutritional concern, templates are in both SystemOne and EmisWeb systems.

➤ **Nutritional care with the COVID patient**

The prescribing support dietitians have been involved in developing national guidance for managing nutritional care with the COVID patient specifically for primary care ([link](#)).

Although we are experiencing a low level of COVID patients at the present time, nutrition plays a key role in the recovery and for any future increase cases that may arise. The document in conjunction with our local formulary guides practitioners on nutritional interventions that are specific to this disease and ensures appropriate prescribing of ONS.

Infant Formula (BABY milks) Top Tips ([link](#))

➤ **Audit**

Northamptonshire CCG expenditure on prescribing of Infant Formula is currently over £1M a year. Infant Formulas should usually only be prescribed for patients with moderate to severe Cow’s Milk Protein Allergy and pre-term babies. Lactose-free infant formula for infants with lactose intolerance should be purchased, rather than prescribed (see below). Results from a recent audit indicate that prescribing quantities are not being reduced when the baby is being weaned (usually at 6 months) and prescribing is not then subsequently stopped (usually at 1 year).

➤ **Good Prescribing Practice**

- When suspected of CMPA, refer to the dietitian to ensure guidance on the product and weaning advise.
- An extensively hydrolysed formula (EHF) should be prescribed first line. There are 2 types of EHF:
 - “Whey Based” EHF formula (contain lactose) are preferred if there are no GI symptoms e.g.
 - **Less than 6 months of age** - SMA Althera or Milupa Aptamil Pepti 1
 - **More than 6 months of age** - Milupa Aptamil Pepti 2
 - “Casein Based” EHF (Lactose free) formula
 - **Less than 6 months of age** - Alimentum or Nutramigen1 with LGG
 - **More than 6 months of age** - Nutramigen 2 with LGG or Alimentum.
- Reduce quantity of tins when weaning commences (enter reminder note in clinical system)
 - 10x400 grams from 0-6 months
 - 8x400 grams from 6-9 months
 - 6x400 grams from 9-12 months
- Discontinue after 1 year of age unless alternative recommendations from the dietitian
- Make a note in the record to have the prescription changed to the age appropriate formula (see above)
- Issue powder formulations only on all infant products unless otherwise advised by specialist.
- The following products should be purchased over the counter they can be purchased in retail outlets and are not significantly more expensive than “regular” infant formulas:

Lactose free	Soya	Anti-reflux
SMA LF powder Enfamil LF powder Aptamil LF powder	SMA Wysoy powder	Aptamil AR powder Cow & Gate AR powder Enfamil powder SMA PRO AR powder

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