ALGORITHM FOR FORMULA SELECTION IN COWS' MILK PROTEIN ALLERGY (CMPA)[1]

TYPE OF ALLERGY

MILD TO MODERATE COWS' MILK PROTEIN ALLERGY - not anaphylaxis

6 months +

Soy Protein Formulas

Karicare®
Soy Infant Formula
900g

Symptoms Persist

0-6 months

Extensively Hydrolysed Formulas (eHF)
e.g. Aptamil® Pepti-Junior Gold+ or Aptamil® AllerPro Syneo

Aptamil®
Gold+ Pepti-Junior®
450g

Aptamil®
AllerPro Syneo™ 1 & 2
900g

12 months +

Aptamil®
AllerPro Syneo™ 3
900g

↓ Complete symptom resolution after trial period ↓

↓ Continue extensively hydrolysed formula ↓

REVIEW AFTER 6 MONTHS – CONSULT DIETITIAN WHERE REQUIRED

SEVERE COWS' MILK PROTEIN ALLERGY

0-12 months

Symptoms Persist

Amino Acid Formulas (AAF)
e.g. Neocate®

Neocate®
SYNEO™
400g

Neocate®
Gold
400g

12 months +

Neocate®
Junior Vanilla with Prebiotics
400g

Neocate®
Junior Unflavoured
400g

↓ Complete resolution of cows' milk allergy symptoms in 3-14 days[2-4] ↓

↓ Continue amino acid formula ↓

REVIEW AFTER 6 MONTHS – CONSULT DIETITIAN WHERE REQUIRED.
REVIEW AFTER 12 MONTHS - IF AN AAF IS STILL REQUIRED A NEW PHARMAC NUMBER FOR NEOCATE JUNIOR IS NEEDED

The use of hydrolysed protein for the management of cows' milk protein allergy. Protein hydrolysis is the process of breaking down protein. The hydrolysation process involves treating intact cows' milk protein with enzymes, which will break down the protein into its building blocks, peptides and free amino acids to make it easier to absorb.

Intact Protein
Soy bean is the protein source

Extensively Hydrolysed Protein
Intact cows' milk protein is broken down into small hypoallergenic peptides (extensively hydrolysed).

Amino Acids
Amino acids are protein in its simplest, completely broken down form. Amino acids are unlikely to bind to immune cells and therefore are unlikely to cause an allergic reaction (hypoallergenic). Amino acids are not derived from cows' milk protein.

Scoop size	7.1g	4.3g	Stage 1: 4.6g / Stage 2: 4.8g	Stage 3: 4.6g	4.5g	4.6g	7.3g	7.3g
Indication	Over 6 months of age with NO faltering growth and presenting with mild-moderate symptoms of CMPA.	For infants with malabsorption and/or with confirmed allergy to cows' milk and/or soy protein when partial or total breast milk substitute is required.	A cows' milk based extensively hydrolysed formula (eHF) recommended for formula fed infants with cows' milk allergy (not anaphylaxis) from birth.[5,6]	Suitable for toddlers with confirmed mild to moderate cows' milk and/or soy protein allergy.	Severe CMPA or Multiple Food Protein Allergy (MFPA).	Severe CMPA or MFPA, suitable for infants with short bowel syndrome.	Suitable for toddlers with Severe CMPA, MFPA or short bowel syndrome.	Suitable for toddlers with Severe CMPA, MFPA or short bowel syndrome.
Features	• No added preservatives or artificial flavours. • GMO free soy protein. • Dairy free, plant-based formula.	**Improved digestion / tolerance** An easy to digest fat blend including MCT.[7] Low osmolality. <0.1g lactose per 100mL of feed.	**Effective dietary management** Tolerated by 97% of infants with confirmed cows' milk allergy.[8] **Go beyond symptom relief** Unique synbiotic blend of prebiotics and probiotics to promote a gut microbiota closer to that of a breast fed infant.[9]	Toddlers with multiple food allergies may need to continue on specialised formula to meet their nutritional requirements as the nutrient profile is better for growth than cereal or nut based drinks.[10]	**Effective dietary management** Provides fast and effective symptom resolution in 3-14 days.[11-13] **Go beyond symptom relief** Helps balance the gut microbiota of food allergic infants.[14,15] **Neocate Syneo** has been studied in 3 clinical trials including 266 patients, evaluated over 8 years.[14-17]	**Effective dietary management** Provides fast and effective symptom resolution in 3-14 days.[11-13]	**Suitable for use when food allergies persist after 1 year of age**, especially when nutrition is a risk (e.g. fussy eaters, restricted diet, feeding difficulties).	**Suitable for use when food allergies persist after 1 year of age**, especially when nutrition is a risk (e.g. fussy eaters, restricted diet, feeding difficulties).
Contraindications	• Soy protein allergy.	• Allergic to extensively hydrolysed cows' milk formula. • Not suitable for babies with anaphylaxis to cows' milk protein. • Galactosaemia. • Primary lactose intolerance.	• Not suitable for babies with anaphylaxis to cows' milk protein.	• Not suitable for toddlers with anaphylaxis to cows' milk protein.	• Premature infants. • Immunocompromised infants. • Infants with central venous catheter, short bowel syndrome or post-pyloric feeding tube unless directed or supervised by a healthcare professional. • Not for parenteral use.	• Not for parenteral use.	• Not suitable for infants under 12 months of age. • Not for parenteral use.	• Not suitable for infants under 12 months of age. • Not for parenteral use.
Contains Prebiotics	✘	✘	✓ 9:1 scGOS : lcFOS	✓ 9:1 scGOS : lcFOS	✓ 9:1 scGOS : lcFOS	✘	✓ 1:1 scGOS : lcFOS	✘
Contains Probiotics	✘	✘	✓ Bifidobacterium breve M16V	✓ Bifidobacterium breve M16V	✓ Bifidobacterium breve M16V	✘	✘	✘
Contains Nucleotides	✘	✓	✓	✘	✓	✓	✘	✘
Contains LCPs	✘	✓	✓	✓	✓	✓	✓	✓
Contains MCT (% of TF)	✘	✓ (46%)	✘	✘	✓ (33%)	✓ (33%)	✓ (35%)	✓ (35%)
Availability	Retail Supermarkets and NutriciaStore	Fully PHARMAC funded		NutriciaStore	Fully PHARMAC funded		Fully PHARMAC funded - New PHARMAC application required by Paediatrician	
Pharmac Number	–	2492997	Allerpro 1: 2577410 / Allerpro 2: 2577429	–	2587955	2400464	2573008	2530252
Special Authority Forms Required	–	SA1557		–	SA1219			

To access the latest Special Authority (SA) forms above go to: **www.pharmac.govt.nz/SAForms**

FOR HEALTHCARE PROFESSIONALS ONLY

FOS - Fructo-oligosaccharides. **MCT** - Medium Chain Triglycerides. **CMPA** - Cows' Milk Protein Allergy. **EOE** - Eosinophilic Oesophagitis. **MFPA** - Multiple Food Protein Allergy. **TF** - Total Fatty Acids. **LCPs** - Long Chain Polyunsaturated Fatty Acids. **scGOS** - short chain galactooligosaccharides. **lcFOS** - long chain fructooligosaccharides. **References: 1.** Adapted from *Preece K et al.* NZMJ. 2016; 129(1430):78-88. **2.** *Vanderhoof JA et al.* J Pediatr 1997; 131:741-744. **3.** *De Boissieu D et al.* J Pediatr 1997; 131:744-747. **4.** *Hill DJ et al.* J Pediatr 1999; 135:118-121. **5.** ASCIA. Information for patients, consumers and carers. Cow's milk (dairy) allergy. Available at https://www.allergy.org.au/patients/food-allergy/cows-milk-dairy-allergy Accessed Nov 2020. **6.** *Kemp AS et al.* MJA 2008;188(2):109-112. **7.** *Bach et al.* Am J Clin Nutr 1982; 36:950-962. **8.** *Giampietro PG et al.* Pediatr Allergy Immunol 2000;12:83-6. **9.** *van der Aa et al.* Clin Exp Allergy. 2010;40:795-804. **10.** ASCIA. Cow's milk (dairy) allergy. Available at https://www.allergy.org.au/patients/food-allergy/cows-milk-dairy-allergy. Accessed October 2020. **11.** *Vanderhoof JA et al.*, Intolerance to protein hydrolysate infant formulas: An underrecognized cause of gastrointestinal symptoms in infants. J Pediatr. 1997;131:741-744. **12.** *de Boissieu D et al.*, Allergy to extensively hydrolyzed cow milk proteins in infants: Identification and treatment with an amino acid-based formula. J Pediatr. 1997;131:744-747. **13.** *Hill DJ et al.*, The natural history of intolerance to soy and extensively hydrolyzed formula in infants with multiple food protein intolerance. J Pediatr. 1999;135:118-121. **14.** *Candy, et al.* Pediatr Res, 2018;83(3):617-86 **15.** *Fox et al.* Clin Transl Allergy. 2019;9:5. **16.** *Harvey BM, et al.* Pediatr Res. 2014;75(2):343-351. **17.** *Burks AW, et al.* Pediatr Allergy Immunol. 2015;26(4):316-322.

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ALLERGY DIETARY MANAGEMENT & **PHARMAC GUIDE**

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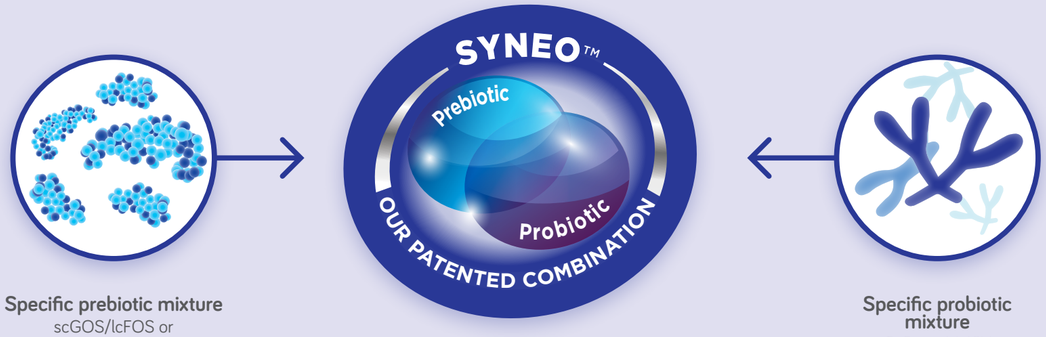
NEW ZEALAND 2021

NUTRICIA'S UNIQUE SYNBIOTIC BLEND CAN REBALANCE THE GUT MICROBIOTA[1-5] **BRINGING IT CLOSER TO THAT OF HEALTHY BREASTFED INFANTS[4]**



Specific prebiotic mixture
scGOS/lcFOS or
scFOS/lcFOS (9:1)

Specific probiotic mixture
B. Breve M-16V

Unique synbiotic blend

Aptamil® AllerPro Syneo contains -
Bifidobacterium breve M-16V and scGOS/lcFOS (9:1), patented and clinically proven to modulate the gut microbiota similar to a breast fed infant.[5]

Neocate® Syneo contains -
Bifidobacterium breve M-16V and scFOS/lcFOS (9:1) clinically proven to modulate the microbiota similar to a breastfed infant.[8]

References:
1. *Harvey BM, et al.* Pediatr Res. 2014;75(2):343–351. (AAF). **2** *Burks AW, et al.* Pediatr Allergy Immunol. 2015;26(4):316–322. (AAF). **3.** PRESTO, unpublished data (AAF). **4.** *Abrahamse-Berkeveld M, et al.* J Nutr Sci. 2016;5:e42. (EHF). **5.** *Van Der Aa LB, et al.* Clin Exp Allergy. 2010;(40):795–804. (EHF). **6.** *Candy, DCA, et al.* Pediatric research, 2018;83(3):677–686. (AAF). **7.** *Fox AT, et al.* Clin Transl Allergy. 2019;9(1):5. (AAF). **8.** *Michaelis LW, et al.* Allergy, EAACI 2016;71(S102):93-4.

SYNEO IS PROVEN TO REBALANCE THE GUT MICROBIOTA[1-5] **BRINGING IT CLOSER TO THAT OF HEALTHY BREASTFED INFANTS[4]**

Exploratory and safety outcomes show

	Infections	Gastrointestinal	Skin	Asthma
eHF with synbiotics scGOS/lcFOS/ B.breve M-16V		• Fewer infants with constipation and dry stools[5]	• Effective resolution of skin symptoms in a subgroup of infants with IgE-mediated CMPA[5]	• Lower prevalence of asthma-like symptoms and asthma medication at 1 year follow up[5]
AAF with synbiotics scFOS/lcFOS/ B.breve M-16V	• Fewer experienced infections and lower % of infants requiring antibiotics[1] • Fewer ear infection and use of anti-infectives[2] • Fewer infections and hospitalisations[3]	• Improved stool consistency and stool colour[1,2] closer to that of healthy breastfed infants • Reduced need for medication for functional GI disorders[2]	• Lower use of dermatological medication[7]	

BREAST MILK IS BEST FOR BABIES. Professional advice should be followed before using an infant milk formula. Social and financial implications should be considered when selecting a method of feeding. Please note that introducing partial bottle feeding could negatively affect breastfeeding. Good maternal nutrition is important for breastfeeding and reversing a decision not to breastfeed may be difficult. Infant formula should only be used as directed. Proper use of an infant formula is important for the infant.