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28th June 2021

Circular 014/ 21

Ref: Rifampicin Shortage

Dear GP /Pharmacist,

Please find an advice note in respect of a Rifampicin shortage from Prof. Martin Cormican, Clinical Lead AMRIC for your information.

Yours faithfully,

Shaun Flanagan
Primary Care Eligibility & Reimbursement

Subject: **HSE Interim guidance to manage shortage of rifampicin oral (capsule & liquid formulations) and other rifampicin-containing products. Version 1.0**

Date: **21st June 2021**

For: **Consultant Microbiologists, Infectious Disease Physicians, Antimicrobial Pharmacists, Infectious Disease Pharmacists, Chief Pharmacists, Public Health Specialists, Respiratory Physicians, Community Pharmacists, Acute Operations, Community Operations**

From: **Prof Martin Cormican Clinical Lead AMRIC, Dr Eimear Brannigan, Deputy Clinical Lead AMRIC, Marie Philbin, Chief Antimicrobial Pharmacist AMRIC**

Oral formulations of rifampicin (capsule & liquid) are currently in short supply as well as Rifinah 300/150® (rifampicin 300mg + isoniazid 150mg). Rifater® (rifampicin + isoniazid + pyrazinamide) and Rifinah 150/100® (rifampicin 150mg + isoniazid 100mg) remain available.

The shortage is due to a quality issue and multiple countries are affected by similar issues with rifampicin-containing products. Preliminary information is that the shortage of rifampicin 300mg capsules is expected to last until October 2021, as of now there are no expected return dates for the other products.

We are not aware of any other supply of rifampicin or Rifinah 300/150® that can be accessed.

Parenteral rifampicin remains available. The considerations associated with parenteral rifampicin mean it is not a viable alternative for most indications listed below.

HSE-AMRIC recommends prioritising rifampicin 150mg capsules for continuation phase treatment of TB for patients of particular weights as detailed in Table 1. HSE-AMRIC recommends using suggested alternatives for other indications as detailed below depending on local supply.

This is a general guide and is not intended to replace clinical judgement.

If prophylaxis/treatment is necessary for the indications below, suggested alternatives to rifampicin, depending on predicted or established antimicrobial susceptibility if applicable, are:

- Prophylaxis for close contacts of invasive meningococcal disease
    - Ciprofloxacin can be used, unless contraindicated. An alternative agent to ciprofloxacin is parenteral ceftriaxone. (*2016 Guidelines for bacterial meningitis including meningococcal disease on HPSC.ie*)
- Treatment of latent TB infection
    - Isoniazid (*2014 TB guidelines on HPSC.ie*)
- Treatment as part of a regimen for mycobacterial infections (TB or Non Tuberculous Mycobacteria) where rifampicin is used outside of a combination formulation
    - Rifabutin (*2013 CDC guidelines managing drug interactions in the treatment of HIV-related tuberculosis, 2020 ATS/ERS/ESCMID/IDSA clinical practice guideline for treatment of NTM pulmonary disease*)

- Treatment as part of a regimen for staphylococcal prosthetic infections
    - Rifabutin (*Doub et al. Rifabutin use in Staphylococcus biofilm infections: a case series Antibiotics (2020) Jun: 9(6):326*)

Table 1: Suggested dosing options for TB treatment continuation phase in context of shortage of Rifinah 300/150®

Patient weight	Recommended regimen	Comments
Under 50kg	Rifinah 150/100® – 3 tablets daily	No change to previous management recommendations
50-59kg	Rifinah 150/100® – 3 tablets daily	This achieves (or very close to) the recommended rifampicin 8mg/kg/day & the same amount of isoniazid as previous (300mg)
60kg & over	**Option 1:** Rifinah 150/100® – 3 tablets daily **PLUS** a single rifampicin 150mg capsule	This achieves the recommended dosing of rifampicin & isoniazid
	Option 2: Rifinah 150/100® – 4 tablets daily **PLUS** increase pyridoxine to 20mg daily	This option achieves the recommended rifampicin dose BUT a higher isoniazid dose (400mg). Ideally, this option should only be considered for patients >80kg (isoniazid 5mg/kg/day)

Suggest that where a service manages a cohort of patients with TB, that the cohort is reviewed so as to optimally manage medication supplies for affected patients over coming months/ until supply lines return.

ENDS