

## Medicines Supply Shortage - Pabrinex® IV Injection May 2024

Pabrinex® is the licensed product for intravenous (IV) B vitamin supplementation. It is used routinely in Wernicke's treatment/ prophylaxis and in refeeding syndrome when enteral supplementation is not appropriate.

There is a prolonged national shortage of intravenous Pabrinex® with no predicted resupply date scheduled, and a 'Medicine Supply Notification Tier 3 – High impact' has been issued by NHSE/DHSC.

The pharmacy team have obtained some limited supplies of Pabrinex®, however it is likely that these supplies will be exhausted imminently. IM Pabrinex® is **NOT** available to help support the shortage

As recommended, the pharmacy team have sourced unlicensed IV thiamine to help manage the shortage. As with all unlicensed medication additional documentation will be needed, this is being kept to a minimum for prescribers and ward staff.

Guidance has been produced to minimise our unnecessary use of Pabrinex® to conserve available supplies as long as possible, and for those indications where an intravenous product is essential.

To help manage the shortage please use the following guidance:

### Prescribers:

- With immediate effect, **review all prescriptions for Pabrinex®** and consider if the prescription can be changed to oral thiamine.
- Use the guidance below for continued prescribing of Pabrinex® in the acute setting. Please note, this may differ from the recommendations given in local Clinical guidelines.
- If no Pabrinex® is available, or is not indicated in the guidance below, please use IV thiamine as the alternative.
- Liaise with your ward pharmacist and nursing staff to identify when stocks of Pabrinex® have been exhausted and IV thiamine must be used.

Indication	Pabrinex® dose (if available)	Alternative preparations when Pabrinex® no longer available	Guideline Reference
Wernicke's Treatment	<b>2 pairs TDS for 3 days</b> for any patient with known or suspected alcohol misuse showing one of the following: <ul style="list-style-type: none"><li>• Acute confusion</li><li>• Decreased consciousness/ unconscious/ coma</li><li>• Memory disturbance</li><li>• Ataxia/unsteadiness</li><li>• Ophthalmoplegia</li><li>• Nystagmus</li><li>• Unexplained hypotension with hypothermia</li></ul>	Replace 2 pairs of Pabrinex® with 400mg IV thiamine (unlicensed) TDS for 3 days AND Forceval® one OD for 3 days then reassess.  On completion of the course, switch to Thiamine 100mg BD-TDS. Forceval® not required long term.	WAHT-A&E-031  NICE-CG 100
Wernicke's Prophylaxis	1 pair of amps stat then revert to oral thiamine for any patient with known or suspected alcohol misuse who has attended the ED/ admitted to hospital AND has one of the	Thiamine 100mg TDS following stat dose (unless enteral route not available).	WAHT-A&E-031  NICE-CG 100

	<p>following risk factors without any signs of Wernicke's as listed above:</p> <ul style="list-style-type: none"> <li>• Intercurrent illness</li> <li>• Delirium tremens</li> <li>• Alcohol related seizures</li> <li>• IV glucose</li> <li>• Significant weight loss</li> <li>• Poor diet</li> <li>• Signs of malnutrition</li> <li>• Recent Diarrhoea/ vomiting</li> <li>• Drinking &gt; 20 units a day</li> <li>• Peripheral Neuropathy</li> </ul>	<p>Replace stat pair of Pabrinex® ampoules with 200mg Thiamine IV (unlicensed).</p> <p>If enteral route not available, use IV thiamine 200mg daily for up to 3 days</p>	
Hyperemesis Gravidarum	Not available for use	<p>Thiamine 50mg orally TDS for ambulatory management.</p> <p>Thiamine 200mg IV stat (unlicensed) for patients with persistent vomiting and requiring IV fluids for over 24 hours. Given weekly if repeated vomiting persists.</p>	<p>WAHT-TP-027</p> <p>RCOG 24 Green top guideline No 69</p>
Renal Replacement Therapy(ICU only)	Not available for use	Forceval® soluble 1 OD	
Re-Feeding Syndrome	Not available for use	<p>Follow current guidelines on identification and management of refeeding syndrome if oral/ enteral route able to be used.</p> <p>If patient has intestinal failure and unable to use oral/ enteral route, prescribe thiamine 200mg IV (prior to TPN) and for up to 3 days, 5 days if deemed high risk, see this guidance:</p> <p><a href="#">Prescribing thiamine in patients at risk of refeeding syndrome – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice</a></p>	WAHT-NUT-006

### Ward Staff

- Pabrinex® (whilst available) and IV thiamine will be stored on the ward areas listed below. These can continue to be ordered via their usual route (within the ward requisition books).
- If your ward area does not stock Pabrinex®/ IV thiamine, this must be ordered via the pharmacy. Please send requisition AND the chart to pharmacy for supplying to an individual named patient.
- Unless authorised by a pharmacist, do not borrow IV thiamine from other ward areas to ensure unlicensed medications can be traced to patients in the event of a recall.

- IV thiamine will be available in all emergency drug cupboards, which can be accessed by all band 6 nurses and above on the ward for supplies outside of pharmacy working hours. Please can all Ward Managers check their band 6s have access to the appropriate EDC.
- Identify any patient who can be changed from IV thiamine/ Pabrinex® to oral thiamine to prescribers for review
- **Administer IV thiamine as a slow IV injection (over 3-5mins). NB This is different from the method described in Medusa, which is for another product.**

**Where to find Medications:**

Pabrinex® (whilst available) and IV thiamine will be kept as stock in the following locations:

Ward (WRH)	Pabrinex®	IV Thiamine
A&E	Yes	Yes
MAU	Yes	Yes
EDC* 1	Yes	Yes
EDC* 2	Yes	Yes
ICU	Yes	Yes
Aconbury 4	Yes	Yes
Beech B	No	Yes
Surgical Assessment Unit (SAU)	No	Yes
Ward (AH)	Pabrinex®	IV Thiamine
A&E	Yes	Yes
MAU	Yes	Yes
EDC*	Yes	Yes
ICU	Yes	Yes
Ward 18	No	Yes

\*Emergency Drug Cupboard

Thank you for your support to manage this shortage. **Any further questions or advice, please contact your ward/ directorate or dispensary pharmacist for further information.**