Medicine Supply Notification – UPDATE to notification from 24/05/24

To: GHNHSFT Doctors and Non-Medical Prescribers

From: Pharmacy

Date: 27th Sep 2024

Subject: *IMPORTANT - UPDATE re IV PABRINEX SHORTAGE**

Our supplies of IV Pabrinex are now exhausted. We will now be switching to using **unlicensed IV Thiamine** instead at the below doses. EPR CIWA protocols and re-feeding prescriptions that include Pabrinex will be changed to IV thiamine.

NOTE: see administration directions and warnings below.

Indication	Previous Pabrinex Dose	New IV Thiamine dose	Notes
Patients at risk of alcohol withdrawal	**2 pairs TDS for 3 days followed by oral thiamine 100mg BD.**	**400mg IV TDS for 3 days followed by oral thiamine 100mg BD**	Commence on CIWA initiation as per EPR. IV administration is essential for rapid correction of brain thiamine levels.
Following initial 24-hour CIWA monitoring for patients who DO NOT require a detox regime	**Review Pabrinex prescription. Consider switching to oral thiamine 100mg BD for patients who DO NOT have symptoms of WKS** (ophthalmoplegia, ataxia, confusion. Maintain high index of suspicion in patients with unexplained hypothermia, hypoglycaemia, coma, unconsciousness)	**Follow guidance above**	Magnesium deficiency can impair the therapeutic benefit of Pabrinex and IV thiamine resulting in extended prescribing. **Check magnesium level and correct hypomagnesaemia promptly**
Symptoms of WKS	**2 pairs TDS for 5 days, if ongoing symptoms OR evidence of improvement, continue Pabrinex 1 pair OD for 3-5 days OR as long as improvement continues. Prescribe oral thiamine 100mg BD thereafter.**	**400mg IV TDS for 5 days, if ongoing symptoms OR evidence of improvement, continue IV thiamine 400mg OD for 3-5 days OR as long as improvement continues. Prescribe oral thiamine 100mg BD thereafter.**	
Re-feeding syndrome: Patients with no enteral absorption or oral access (e.g., TPN patients) or those who are severely malnourished and at high risk of WKS)	**1 pair OD for 3 days**	**200mg IV OD for 3-5 days**	Patients with oral access/enteral absorption should receive thiamine 100mg BD with Forceval 1 OD for 10 days either orally or via feeding tube
Hyperemesis gravidarum in patients unable to tolerate oral thiamine	**1 pair once weekly, increasing to daily/TDS dosing in patients considered at severe risk of refeeding syndrome**	**200mg once weekly, increasing to daily/TDS dosing in patients considered at severe risk of refeeding syndrome**	
Post op bariatric patients who present with symptoms of thiamine deficiency (ataxia, confusion, WKS, neuropathy).	**2 pairs BD for 3-5days.**	**400mg IV BD for 3-5 days.**	IV administration is essential for rapid correction of brain thiamine levels. Resume oral thiamine / oral vitamin supplements once no longer symptomatic.

Zein Zakir (Pharmacist - Nutrition Support Team), Leela Terry (Biologics Pharmacist).

THIAMINE 200MG/2ML SOLUTION FOR INJECTION VIALS.

Intravenous administration (IV):

- Administer required dose as an IV infusion diluted in 100ml sodium chloride 0.9% over 30 minutes.

Intramuscular administration (IM):

- Administer required dose as 2 divided injection doses into **thigh** or **gluteal** muscles.
- E.g., 400mg = 4ml → administer as 2 x 2ml doses IM.

WARNING:

- Dr Reddy's Thiamine 200mg/2ml solution for injection contains **aluminium.**
- **DO NOT use in neonates.**
- Levels of aluminium can accumulate at levels associated with toxicity in neonates due to their small weight.
- **Seek specialist advice on thiamine / vitamin B1 replacement in neonates.**

References:

1. Using and prescribing thiamine in alcohol dependence – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice
2. Prescribing thiamine in patients at risk of refeeding syndrome – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice
3. Using and prescribing thiamine in alcohol dependence – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice
4. The Royal Marsden Manual of Clinical Nursing Procedures - Online edition; Chapter 15: Medicines optimization: ensuring quality and safety – intramuscular injections; https://www.rmmonline.co.uk/ - accessed 17/07/2024.
5. Cambridgeshire & Peterborough NHS Foundation Trust; Guidelines for Administration of Medicines by Intramuscular and Subcutaneous Injection; 18/12/2019.
6. U.S. Food and Drug Administration (FDA); Code of Federal Regulations Title 21; Sec. 201.323 Aluminum in large and small volume parenteral used in total parenteral nutrition. CFR – Code of Federal Regulations Title 21 (fda.gov)

Zein Zakir (Pharmacist - Nutrition Support Team), Leela Terry (Biologics Pharmacist).

Medicine Supply Notification

To: GHNHSFT Doctors and Non-Medical Prescribers

From: Pharmacy

Date: 24th May 2024

Subject: *IMPORTANT - UPDATE re IV PABRINEX SHORTAGE**

IV Pabrinex will be out of stock from August 24 and supplies are now limited. Additional national guidance is awaited.

It is essential to rationalise prescribing and reserve stock for patients at risk of / requiring treatment for Wernicke Korsakoff Syndrome (WKS). Please refer to the table below for approved indications and doses:

Indication	Pabrinex Dose	Notes
Patients at risk of alcohol withdrawal **Following initial 24-hour CIWA monitoring for patients who DO NOT require a detox regime**	**2 pairs TDS for 3 days followed by oral thiamine 100mg BD.** **Check magnesium level and correct hypomagnesaemia promptly** **Review Pabrinex prescription. consider switching to oral thiamine 100mg BD for patients who DO NOT have symptoms of WKS** (ophthalmoplegia, ataxia, confusion. Maintain high index of suspicion in patients with unexplained hypothermia, hypoglycaemia, coma, unconsciousness)	Commence on CIWA initiation as per EPR. IV administration is essential for rapid correction of brain thiamine levels. Magnesium deficiency can impair the therapeutic benefit of Pabrinex, resulting in extended prescribing
Symptoms of WKS	**2 pairs TDS for 5 days, if ongoing symptoms OR evidence of improvement, continue Pabrinex 1 pair OD for 3-5 days OR as long as improvement continues.** **Prescribe oral thiamine 100mg BD thereafter**	
Re-feeding syndrome: **Patients with no enteral absorption or oral access (e.g., TPN patients) or those who are severely malnourished and at high risk of WKS)**	**1 pair OD for 3 days**	Patients with oral access/enteral absorption should receive thiamine 100mg BD with Forceval 1 OD for 10 days either orally or via feeding tube
Hyperemesis gravidarum in patients unable to tolerate oral thiamine	**1 pair once weekly, increasing to daily/TDS dosing in patients considered at severe risk of refeeding syndrome**	

- Please seek advice from the **Alcohol Liaison Team (Ext 5495, bleep 1671)** for patients presenting with alcohol withdrawal or **Zein Zakir, Clinical Pharmacist, Nutrition Support Team (Bleep 1866)** for patients with re-feeding syndrome.

Zein Zakir (Pharmacist - Nutrition Support Team), Leela Terry (Biologics Pharmacist).