PRESCRIBING OF RIFAMPICIN AND RIFAMPICIN CONTAINING MEDICINES DURING SHORTAGE

A National patient safety alert was issued by DHSC on 29th July 2025 highlighting the intermittent availability of antimicrobial agents used in tuberculosis (TB) treatment, until at least the end of 2025.

In order to manage supplies locally, the Pharmacy Medicines Shortages Group (PMSG) has been convened and an Expert Working Group (EWG) formed. The EWG has reviewed national guidance and agreed the prioritisation and prescribing information below, which should be followed until such time as the shortage has resolved.

Primary care clinicians should only prescribe rifampicin under the direction of Infectious Diseases (ID)/Medical Microbiology (MM) or a Specialist who has discussed with ID/MM.

Liquid preparations must be reserved for use in paediatrics.

PRIORITISATION OF RIFAMPICIN AND RIFAMPICIN CONTAINING MEDICINES

- Patients with active TB are the first priority
- High-risk contacts of pulmonary TB cases are second priority
- Biologics patients (especially anti-TNF) with latent TB infection are third priority
- Currently, other patients with latent TB infection not to be treated with rifampicin, unless individual cases have been given approval by the TB team and PMSG; alternatives include isoniazid monotherapy (recognising stocks are not sufficient to allow this to become standard practice)
- Patients with nontuberculous mycobacteria (NTM) infections - see below
- Non-NTM/ non-TB patients - see below

Tuberculosis (TB)	Prescribing information
Active tuberculosis infection	Under direction of TB/ID clinicians. First priority for rifampicin.
Latent TB infection	Under direction of TB/ID clinicians with agreed prioritisation for treatment: • 1) High-risk contacts of pulmonary TB cases • 2) Biologics patients (especially anti-TNF) • 3) For other patients, if no approval for rifampicin, alternatives include isoniazid monotherapy (recognising stocks are not sufficient to allow this to become standard practice)

Non-tuberculous mycobacterial (NTM) infection	Prescribing information
Currently on treatment	Continue rifampicin
New diagnosis	Under direction of TB/ID clinicians. Use alternatives to rifampicin if possible – consider rifabutin if available. • For *M avium*: alternatives include ethambutol and macrolide AND one of clofazimine/ moxifloxacin/ linezolid/ amikacin (IV via OPAT or nebulised) • For other NTM: alternatives include clofazimine, moxifloxacin, linezolid or amikacin (IV via OPAT or nebulised); doses as per BTS NTM 2017 treatment guidance monographs

Non TB/NTM indications	Prescribing information
Discuss ALL patients with Infectious Diseases or Medical Microbiology. Alternatives to be used if possible.	
Bone and joint infections	Alternatives include daptomycin. If rifampicin is essential, use lower end of the standard dosing range.
Cardiology: • Staphylococcal prosthetic valve infections	If rifampicin is essential, use lower end of the standard dosing range.
Dermatology: • Hidradenitis • PVL staphylococcus	Alternatives include clindamycin monotherapy, or as per European S2k guidelines for hidradenitis suppurativa / acne inversa Part 2: Treatment or British Association of Dermatologists guidelines for the management of hidradenitis suppurativa (acne inversa) 2018 Alternatives include clindamycin monotherapy
Gastroenterology • Primary Biliary Cholangitis itch	Seek GI specialist advice on non-antibiotic alternatives
Public Health • Chemoprophylaxis for contacts of invasive meningococcal disease • Chemoprophylaxis for contacts of invasive Hib disease	First line: Ciprofloxacin. As per PHS advice rifampicin remains second line option Rifampicin remains first line option

Expert Working Group – approved September 2025

The Expert Working Group was multidisciplinary with representation from pharmacy as well as other relevant clinical specialities, and chaired by Chris Littlejohn (Consultant in Public Health).