



# Medicine Supply Notification

MSN/2026/011

Propafenone (Arythmol®) 150mg tablets

Tier 2 – medium impact\*

Date of issue: 17/02/2026

Link: [Medicines Supply Tool](#)

## Summary

- Propafenone (Arythmol®) 150mg tablets are out of stock until early April 2026.
- Propafenone (Arythmol®) 300mg tablets remain available and can support increased demand, but they should not be halved to deliver a 150mg dose.
- Flecainide 50mg and 100mg tablets remain available and can support increased demand.
- Alternative medicines for ventricular and supraventricular arrhythmias remain available.

## Actions Required

Clinicians should not initiate new patients on propafenone 150mg tablets until the supply issue has resolved.

Where patients have insufficient supply to last until the re-supply date, clinicians, with advice from secondary care specialists, should consider:

- prescribing flecainide tablets, taking into account medical and treatment history, previous hypersensitivity and adverse reactions, and ensure patient is counselled on the appropriate dose (see supporting information); or
- where the above option is not suitable and propafenone is preferred agent, consider if dosing regimen can be increased to 300mg twice a day, ensuring the patient is counselled on the increase in dose, and consider an ECG to check QRS duration within 2 weeks of dose change (see supporting information).

If the above options are not appropriate the patient should be referred to secondary care specialists for a management plan.

\*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

# Supporting information

## Clinical Information

Propafenone is indicated for prophylaxis and treatment of:

- ventricular arrhythmias
- paroxysmal supraventricular tachyarrhythmias which include paroxysmal atrial flutter/fibrillation and paroxysmal re-entrant tachycardias involving the AV node or accessory bypass tracts, when standard therapy has failed or is contra-indicated

The 300 mg tablets are film-coated, unscored, and must be swallowed whole. They should not be halved to deliver a 150mg dose as this compromises the coating designed to mitigate bitter taste and local anaesthetic effects. Tablet splitting could also potentially alter bioavailability or tolerability, resulting in dose inaccuracy, which poses risks as propafenone has a narrow therapeutic index.

Accurate dosing is critical, especially in patients at risk of proarrhythmic effects, and propafenone therapy typically requires ECG monitoring during dose titration.

Flecainide has a therapeutic profile which is almost identical to propafenone. It has been claimed to have some beta-blocking properties, but in practice, this is not clinically significant. Strict medical monitoring of ECG and plasma levels during treatment is required.

Table 1: Alternative agents

<b>Agent</b>	<b>Formulation</b>	<b>Dose</b>
Flecainide	50mg and 100mg tablets	Supraventricular arrhythmias: 50mg to 100mg BD (maximum daily dose 150mg BD) Ventricular arrhythmias: 100 mg BD (maximum daily dose 200 mg BD)
Propafenone	300mg tablets	300mg BD (after dose titration with 150mg TDS)

## Links to further information

[SmPC Propafenone \(Arythmol®\) tablets](#)  
[SmPC Flecainide tablets](#)  
[BNF Propafenone hydrochloride](#)

[BNF Flecainide acetate](#)  
[BNF Treatment Summary - Arrhythmias](#)

## Enquiries

If you have any queries, please contact [DHSCmedicinesupplyteam@dhsc.gov.uk](mailto:DHSCmedicinesupplyteam@dhsc.gov.uk).