Department of Health & Social Care

NHS England

UPDATE:

Update to communications issued on 3 December 2025.
Material updates can be found **in bold.**

Medicine Supply Notification

MSN/2025/062U

Rivastigmine 4.6mg/24hours and 9.5mg/24hours transdermal patches

Tier 2 – medium impact*
Date of issue: 04/06/2026
Link: Medicines Supply Tool

Summary

- Rivastigmine 4.6mg/24hours and 9.5mg/24hours transdermal patches are in limited supply until **late September 2026.**
- Rivastigmine 13.3mg/ 24hours transdermal patch remains available but cannot support an uplift in demand.
- Rivastigmine (Zeyzelf) twice weekly 4.6 mg/24hours transdermal patch **remains available but cannot support an uplift in demand.**
- Rivastigmine (Zeyzelf) twice weekly 9.5 mg/24hours transdermal patch **remains available but cannot support uplift in demand.**
- Unlicensed supplies of rivastigmine 4.6mg/24hours and 9.5mg/24hours transdermal patches are available and **hospitals in England should orders these directly** (see supporting information)
- In order to support uninterrupted access of patients in primary care wholesalers will be monitoring sales carefully and may impose maximum sales volumes and will not be making stock available to hospitals in England.
- Alternative formulations of acetylcholinesterase (AChE) inhibitors remain available, except for galantamine modified release capsules which are in limited supply (see Supporting Information).

Actions Required

Hospital Pharmacy teams should not order licensed rivastigmine patches and ensure sufficient volumes of unlicensed rivastigmine 4.6mg/24hours and 9.5mg/24hours transdermal patches are ordered to ensure continuity of supply for existing and forecasted new patients until regular supply is established.

In primary care, clinicians should not initiate new patients on daily rivastigmine transdermal patches until the supply issue has resolved, and should:

- review patients on rivastigmine 4.6mg/24hours and 9.5mg/24hours transdermal patches to establish if they have sufficient supply to last until the resupply date;
- prioritise remaining stock for patients unable to swallow oral formulations or who could not tolerate their gastrointestinal side effects;
- For patients able to swallow solid oral dosage forms, consider prescribing:
    - an oral rivastigmine formulation taking into account treatment history (see Supporting Information); or

*Classification of Tiers can be found at the following link:
https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/

- once daily donepezil tablets if a twice daily dosing regimen of oral rivastigmine is inconvenient for patients/carers;

- where these options are not suitable, consider prescribing unlicensed rivastigmine 4.6mg/24hours or 9.5mg/24hours transdermal patches, taking into account lead times for ordering (see Supporting Information).
- Advice should be sought from specialists if the above options are not considered suitable and for further advice on treatment options.

Supporting information

Clinical information:

Of the AChE inhibitors, only rivastigmine is available as a transdermal formulation.

Rivastigmine patches are licensed for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Abrupt cessation of treatment should be avoided as it can be associated with a sudden decline in cognition and function. If treatment has not been interrupted for more than three days, the patch can be resumed at the same dose, otherwise, treatment should be re-initiated with 4.6 mg/24 hours.

Dose conversion between available acetylcholinesterase inhibitors

The dose of rivastigmine released from the transdermal patch over 24 hours cannot be directly equated to the amount of rivastigmine contained in a capsule with respect to plasma concentration produced over 24 hours. Data are lacking on dose conversion from transdermal to oral rivastigmine. Pharmacokinetic models suggest drug exposure was not significantly different between the 4.6 mg/24hour patch and 3 mg twice daily (6 mg/day) capsule doses, or between the 9.5 mg/24-hour patch and 6 mg BD (12 mg/day) capsule doses.

Table 1: Dose conversion based on pharmacokinetic data*

Rivastigmine patch strength	Rivastigmine capsules or 2mg/ml oral solution sugar free
4.6mg/24hours	3mg twice daily
9.5mg/24hours	6mg twice daily

**If the equivalent oral dose causes GI side effects after switching, the dose should be lowered as needed and patients switched back to patches when the supply issue has resolved.*

Ordering unlicensed supplies

Sufficient stocks of unlicensed rivastigmine transdermal patches have been identified to account for secondary care usage in line with NHSE framework demand.

Pack sizes available are different from UK licensed stock and appropriate levels of stock will need to be ordered to meet patients need. The products available are as follows:

- **Rivastigmine Luye 4.6mg/24 packs of 30 patches**
- **Rivastigmine Luye 4.6mg/24 packs of 42 patches**
- **Rivastigmine Luye 9.5mg/24 packs of 42 patches**

- **Rivastigmine Luye 9.5mg/24 packs of 60 patches**
- **Rivastigmine Luye 9.5mg/24 packs of 84 patches**

Trusts are able to access stock directly via QMED Pharmaceutical Quoting reference: Luye Rivastigmine.
unlicensed@qmedpharma.co.uk

Guidance on ordering and prescribing unlicensed imports

Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Trust or local governance procedures. Unlicensed imports do not undergo any central quality assessment or suitability evaluation. Therefore, any import must be locally assessed in line with local unlicensed medicines processes.

Please see the links below for further information:

- The supply of unlicensed medicinal products, Medicines and Healthcare products Regulatory Agency (MHRA)
- Professional Guidance for the Procurement and Supply of Specials, Royal Pharmaceutical Society
- Prescribing unlicensed medicines, General Medical Council (GMC)

When prescribing a product that is not licensed in the UK due to a supply issue with the licensed alternative prescribers must indicate on the FP10 prescription that an unlicensed product is required. This can be done in one of the following two ways:

Electronic prescriptions – if the required unlicensed product is shown on electronic prescribing systems, GPs should select:

- Rivastigmine 4.6mg/24hours transdermal patches (imported)
- Rivastigmine 9.5mg/24hours transdermal patches (imported)

Paper prescriptions – where the unlicensed product is not shown on electronic prescribing systems, GPs should use a paper prescription and annotate with the following wording: "**special order**".

Links to further information
SmPC – Rivastigmine
SmPC – Donepezil
SmPC – Galantamine
BNF: Dementia
NICE guidance (TA217)

Enquiries

Enquiries from NHS Trusts in England should in the first instance be directed to your Regional Pharmacy Procurement Specialist (RPPS) or Associate RPPS, who will escalate to national teams if required.

REGION	Lead RPPS	Email	Associate RPPS	Email
Midlands	Andi Swain	andi.swain@nhs.net	Dav Manku	dav.manku@uhb.nhs.uk
East of England	James Kent	james.kent@nhs.net	Tracy McMillan	tracy.mcmillan2@nhs.net
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All other organisations should send enquiries about this notice to the DHSC Medicine Supply Team quoting reference number MSN/2025/062U. Email: DHSCmedicinesupplyteam@dhsc.gov.uk.