Department of Health & Social Care

NHS England

Medicine Supply Notification

MSN/2026/028

Disopyramide (Rythmodan®) 100mg capsules and disopyramide (Rythmodan Retard®) 250mg modified-release tablets

Tier 2 – medium impact*
Date of issue: 22/06/2026
Link: Medicines Supply Tool

Summary

- Disopyramide (Rythmodan®) **100mg capsules** will be in out of stock from late June 2026 **until early April 2027.**
- Disopyramide (Rythmodan Retard®) **250mg modified release** (MR) tablets will be out of stock from late June **until late July 2026** and can support a partial uplift in demand once available.
- Parallel imports of disopyramide 250mg MR tablets and disopyramide 100mg capsules are in limited supply and cannot support an uplift in demand.
- Unlicensed imports of disopyramide 100mg capsules and disopyramide 250mg MR tablets have been sourced, lead times vary (see supporting information).
- Unlicensed specials of disopyramide 25mg/5ml and 50mg/5ml oral suspension are available, lead times vary (see supporting information).

Actions Required

Clinicians should not initiate new patients on disopyramide until the shortage has resolved unless disopyramide is considered the most appropriate treatment option.

For patients prescribed disopyramide **250mg MR tablets**, clinicians should:

- Establish if they have sufficient supply to last until the resupply date;
- Seek cardiology specialist advice on whether patients can be switched to an alternative treatment for patients who do not have sufficient supply until stock is available in late July 2026; or
- If alternative treatment is not suitable, consider prescribing unlicensed imports of disopyramide 250mg MR tablets.

For patients prescribed disopyramide **100mg capsules**, clinicians should:

- Seek advice from cardiology specialists on whether patients can be switched to an alternative treatment;
- If alternative treatment is not suitable, consider prescribing unlicensed imports of disopyramide 100mg capsules; and
- Seek cardiology specialist advice on whether patients can be switched to an equivalent dose of licensed 250mg MR tablets, once stock becomes available in late July 2026.

For paediatric patients who are receiving the contents of an emptied capsule of disopyramide 100mg to administer their dose (off-label use), clinicians should consider using:

- unlicensed imports of capsules; 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/

- unlicensed specials of disopyramide liquid [25mg/5ml or 50mg/5ml] (see supporting information), ensuring preparations are assessed for 'excipient paediatric suitability'.

When prescribing unlicensed imports of disopyramide, consider lead times (see supporting information).

Ensure patients are counselled on any change in disopyramide formulation and/or dose and advise them to report adverse effects and/or recurrence of symptoms after switching (see supporting information).

If the above options are not considered appropriate, seek advice from specialists on management options.

Supporting information

Clinical Information

Disopyramide is licensed for the treatment of cardiac arrhythmias, with dose adjusted according to response. In addition to the immediate release capsule formulation, it is also formulated as a modified-release tablet.

Dosing information

Disopyramide half life
5 to 8 hours

Immediate release capsules (100 mg)
Licensed dose range: 300 mg to 800 mg daily in divided doses (usually every 6 to 8 hours)

Modified-release tablets (250 mg)
One side has a break-line and the tablets are licensed to be halved.*
Licensed dose range: 250-375 mg (one to one and a half tablets) twice daily.

Switching between immediate release capsules and modified release tablets
The total daily dose of the 100mg immediate release capsules should be converted to the closest equivalent dose of the modified release tablets, administered twice daily. Clinicians should seek specialist input as a decision will have to be taken on whether to go under or above current dose for those patients on doses that cannot be exactly delivered by the modified release tablets. In practice, lower dose conversions are likely to be used and the dose titrated up as needed, based on response and tolerability.

Immediate release capsules total daily dose (mg)	Modified release tablet dose regimens (mg)	Modified release tablet total daily dose after switch (mg)
300	125* BD or 250 am 125* pm	250 or 375
400	250 am 125* pm or 250 BD	375 or 500
500	250 BD	500
600	375* am 250 pm	625
700	375* BD	750
800	375* BD	750

Links to further information

SmPC disopyramide preparations
BNF disopyramide
BNF: Arrhythmias

Guidance on ordering and prescribing unlicensed imports

The following specialist importers have confirmed they can source unlicensed disopyramide 100mg capsules and 250mg MR tablets. Please note there may be other companies that can also source supplies:

- Chemys (100mg capsules)
- Clinigen (both 100mg capsules and 250mg MR tablets)
- Mawdsley's (both 100mg capsules and 250mg MR tablets)
- Target Healthcare (250mg MR tablets)

The following specials manufacturers have confirmed they can source unlicensed disopyramide liquid (25mg/5ml and or 50mg/5ml oral suspension). Please note there may be other companies that can also source supplies:

- Eaststone Specials
- Nova Laboratories
- PCCA
- Rokshaw Limited
- SyriMed

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),

Enquiries

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

Region	Lead SPS RPPS Name and Email	Associate SPS RPPS Name and 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/2026/028.

Email: DHSCmedicinesupplyteam@dhsc.gov.uk.