Department of Health & Social Care

NHS England

# Medicine Supply Notification

MSN/2022/068

## Disopyramide 150mg capsules

Tier 2 – medium impact*
Date of issue: 11/08/2022
Link: Medicines Supply Tool

## Summary


- Disopyramide 100mg and 150mg capsules (Viatris) have been discontinued with immediate effect.
- Disopyramide 100mg capsules and 250mg MR tablets (Neon) remain available and can support an increase in demand.


Actions Required

Prescribers should:

- identify all patients currently prescribed disopyramide 150mg capsules;
- convert patients to another formulation of disopyramide, at same total daily dose if the formulation allows, or as close as possible, and titrate dose as needed (see supporting information);
- seek advice from cardiology specialists for unstable patients or patients newly started on treatment, or where there is uncertainly or concern about dose conversation or formulation choice; and
- ensure patients are counselled on any formulation and dose change and advise patients to report any adverse effects or recurrence of symptoms to their prescribing clinician or pharmacist.

## Supporting information

Clinical Information

Disopyramide is licensed for the treatment of cardiac arrhythmias, with dose adjusted according to response. In addition to immediate release tablet / capsule formulations, it is also formulated as a prolonged release tablet. As disopyramide tends to be a last line antiarrhythmic agent, alternative treatment options are limited, thus switching to another disopyramide formulation would be the preferred option, in consultation with cardiology specialists (see dosing information below).

**Dosing information**

Disopyramide
Half-life: 5-8 hours

Immediate release capsules (100 and 150 mg)

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

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

Prolonged-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

The total daily dose of the 150mg immediate release capsules should be converted to the closest equivalent dose using the 100mg immediate release capsules, administered every 6 to 8 hours (individual doses may differ during the day depending on how total daily dose is to be distributed) OR using the prolonged release tablets, administered twice daily.

A decision will have to be taken, in conjunction with cardiology specialist, on choice of formulation and whether to go under or above current dose for those patients on doses that cannot be exactly delivered after switching. In practice, lower dose conversions are likely to be used and the dose titrated up as needed, based on response and tolerability.

See SmPCs below for further information

- Disopyramide preparations
- BNF disopyramide

## Enquiries

If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.