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Chief Medical Officer Directorate
Pharmacy and Medicines Division

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Medicine Supply Alert Notice

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

Priority: Level 2*
Valid until: mid-January 2025

Issue

1. Disopyramide (Rythmodan Retard®) 250mg modified-release tablets are out of stock until mid-July 2024.
2. Disopyramide (Rythmodan®) 100mg capsules will be out of stock from mid-July 2024 until mid-January 2025.
3. From mid-July, disopyramide (Rythmodan Retard®) 250mg modified-release tablets can support a partial increase in demand.
4. Alternative treatments to disopyramide remain available (see Additional information).
5. Unlicensed imports of disopyramide 100mg capsules and disopyramide 250mg MR tablets have been sourced, lead times vary (see Additional information).
6. Unlicensed specials of disopyramide 25mg/5ml & 50mg/5ml oral suspension are available, lead times vary (see Additional information).

Advice and Actions

7. Clinicians should evaluate whether disopyramide is the most appropriate treatment before initiating new patients. During this period, clinicians should not initiate patients on 100mg capsules unless alternative treatment options are not appropriate (see further information below under advice ‘for patients prescribed Rythmodan® 100mg capsules’).

8. Until mid-July, for patients prescribed Rythmodan Retard® 250mg modified-release tablets, clinicians should:
   - Establish if they have sufficient supply to last until the resupply date.
   - Consider prescribing unlicensed products only where licensed alternatives are not appropriate. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see Additional information).
   - If unlicensed imports are unavailable, consider unlicensed specials of disopyramide liquid (25mg/5ml & 50mg/5ml), **ensuring no intolerance to excipients. Unlicensed specials of disopyramide liquid should be assessed for excipient paediatric suitability.**

9. Until Jan 2025, for patients prescribed Rythmodan®100mg capsules clinicians should:

***https://www.nss.nhs.scot/media/1842/medicine-supply-alert-notices-definitions-of-classifications-21-october-2019.pdf**

- If appropriate, consider prescribing mavacamten where disopyramide has been prescribed for hypertrophic obstructive cardiomyopathy. Note: mavacamten is not routinely used in patients less than 18 years of age (see Additional information).
- Convert patients where suitable to Rythmodan Retard® 250mg modified release tablets at same total daily dose if the formulation allows, or as close as possible, and titrate the dose as needed (see Additional information).
- Counsel patients on any change in formulation and/or dose change and advise them to report adverse effects and/or recurrence of symptoms after switching.
- Consider prescribing unlicensed products only where licensed alternatives are not appropriate or unavailable. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary (see Additional information).
- If unlicensed imports or if the 250mg tablets are unavailable/unsuitable, consider unlicensed specials of disopyramide liquid (25mg/5ml & 50mg/5ml), **ensuring no intolerance to excipients. Unlicensed specials of disopyramide liquid should be assessed for excipient paediatric suitability.**

10. Seek advice from cardiology specialists on management of paediatric patients, unstable patients or patients newly started on treatment, or where there is uncertainly or concern about switching formulation and or/dose conversion.

Additional Information

Clinical Information

11. 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. As disopyramide tends to be a last line antiarrhythmic agent, alternative treatment options are limited, need to be assessed on an individual basis, and require specialist input.
12. Disopyramide is used in specialist clinics for symptomatic control of hypertrophic obstructive cardiomyopathy (off-label use). Mavacamten is prescribed by specialists for the treatment of hypertrophic obstructive cardiomyopathy and may be considered a potential alternative subject to suitable specialist referral and pharmacogenetic testing.

Disopyramide conversion between immediate release and modified release preparations

Half-life: 5 to 8 hours

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

Modified release 250mg tablets
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.

Disopyramide conversion between immediate release and modified release preparations

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

Disopyramide conversion between immediate release and specials liquid preparations

Capsules total daily dose (mg)	Oral Suspension daily dose
300	**75mg four times a day***
400	**100mg four times a day***
500	**125mg four times a day***
600	**150mg four times a day***
700	**175mg four times a day***
800	**200mg four times a day***

Total daily dose can be given as three times a day regimen if more convenient for patient (volume may need to be rounded to nearest mL)

Links to further information

- SmPC disopyramide preparations
- SmPC mavacamten preparations
- BNF disopyramide
- BNF: Arrhythmias
- NICE TA913 (Mavacamten)

Guidance on ordering and prescribing unlicensed imports

13. 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:
    - Alium Medical (100mg capsules)
    - Chemys (100mg capsules)
    - Genetech **(both 100mg capsules and 250mg MR tablets**)
    - Mawdsleys Unlicensed **(both 100mg capsules and 250mg MR tablets**)
    - Target Healthcare **(both 100mg capsules and 250mg MR tablets)**
14. 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:

- Nova Laboratories
- PCCA
- Temag Target Healthcare

Any decision to prescribe an unlicensed medicine must consider the relevant guidance and Health Board 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).

Specialist Pharmacy Service (SPS) website

15. The UK Department of Health and Social Care (DHSC) in conjunction with SPS have launched an online Medicines Supply Tool, which provides up to date information about medicine supply issues. To access the online Medicines Supply Tool you need to register with the SPS website. Registration for access to the website is available to UK healthcare professionals and organisations providing NHS healthcare. The tool is located under the Tools tab and then click on the Medicines Supply option.
16. We encourage prescribers, pharmacy professionals, and pharmacy procurement leads in Scotland to register with the SPS website and use its Medicine Supply Tool to stay up to date concerning medicines supply disruptions. Please be aware that while medicines supply issues will appear on the SPS website, some of the recommended actions may not always be appropriate / relevant within the Scottish context.

Enquiries

17. Enquiries from Health Boards or healthcare professionals should be directed in the first instance to PharmacyTeam@gov.scot (primary care) or NSS.NHSSMedicineShortages@nhs.scot (secondary care).