



25 February 2026

Medicine Supply Alert Notice

Propafenone (Arythmol®) 150mg tablets

Priority: Level 2*

Valid until: early April 2026

Issue

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

Advice and Actions

5. Clinicians should not initiate new patients on propafenone 150mg tablets until the supply issue has resolved.
6. 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 additional information section); 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 additional information section).
7. If the above options are not appropriate the patient should be referred to secondary care specialists for a management plan.

Additional Information

Clinical Information

8. 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

9. The 300 mg tablets are film-coated, unscored, and must be swallowed whole (without chewing) with liquid. 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.
10. Accurate dosing is critical, especially in patients at risk of proarrhythmic effects, and propafenone therapy typically requires ECG monitoring during dose titration.
11. 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

Agent	Formulation	Dose
Flecainide	50mg and 100mg tablets	Supraventricular arrhythmias: 50mg to 100mg twice daily (maximum daily dose 150mg twice daily) Ventricular arrhythmias: 100 mg twice daily (maximum daily dose 200 mg twice daily)
Propafenone	300mg tablets	300mg twice daily (after dose titration with 150mg three times a day)

Links to further information

- [SmPC Propafenone \(Arythmol®\) tablets](#)
- [SmPC Flecainide tablets](#)
- [BNF Propafenone hydrochloride](#)
- [BNF Flecainide acetate](#)
- [BNF Treatment Summary - Arrhythmias](#)

Specialist Pharmacy Service (SPS) website

12. The UK Department of Health and Social Care (DHSC) in conjunction with the Specialist Pharmacy Service (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.
13. Prescribers, pharmacy professionals, and pharmacy procurement leads in Scotland are encouraged 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

14. 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).