NHS Circular:
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Chief Medical Officer Directorate
Pharmacy, Medicines & Therapeutics Division

Scottish Government
Riaghaltas na h-Alba
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Medicine Supply Alert Notice

Lacidipine 2mg and 4mg tablets

Priority: Level 2*
Valid until: early November 2026

Issue

1. Lacidipine 2mg and 4mg tablets are out of stock until early November 2026.
2. Lercanidipine 10mg and 20mg tablets remain available and can support increased demand.
3. Amlodipine 2.5mg, 5mg, and 10mg tablets remain available and can support increased demand.
4. Felodipine 2.5mg, 5mg, and 10mg modified release (MR) tablets remain available and can support increased demand.
5. Nifedipine MR tablets remain available but cannot support an uplift in demand.

Advice and Actions

6. Prescribers should not initiate new patients on lacidipine 2mg or 4mg tablets until the shortage has resolved. Where patients have insufficient supply to last until the resupply date, prescribers should review treatment history and consider prescribing:
   - lercanidipine tablets, particularly in those who have experienced peripheral oedema on other dihydropyridine calcium-channel blockers (CCBs); or
   - another CCB, if appropriate, if the above option is not suitable.

7. They should take into account usual licensed dose range (see additional information), and relevant contraindications, and interactions as outlined in the SmPC, ensuring the patient:
   - is not intolerant to any of the excipients;
   - is counselled on the change in product and any changes to the dosing regimen;
   - has blood pressure monitored approximately four weeks following the switch and after any subsequent dose titrations (if necessary); and
   - is advised to report any adverse effects.

Additional Information

Clinical Information

8. Lacidipine is indicated for the treatment of hypertension, either alone or in combination with other antihypertensive agents.

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

9. Amongst the dihydropyridine class of CCBs, lacidipine and lercanidipine are associated with a lower incidence of peripheral oedema compared to amlodipine and nifedipine.
10. For further information, the Specialist Pharmacy Service (SPS) has produced a webpage on managing peripheral oedema caused by CCBs.

Dosing

11. There are no direct dose conversion data. Table adapted from CKS summarises usual starting, maintenance, and maximum doses of dihydropyridine calcium-channel blockers for hypertension.

Calcium-channel blocker	Usual starting doses	Usual maintenance dose	Maximum dose
Lacidipine	2 mg once a day	2 to 6 mg once a day	6 mg once a day
Lercanidipine	10 mg once a day	10 to 20 mg once a day	20 mg once a day
Felodipine*	5 mg once a day	5 to 10 mg once a day	20 mg once a day
Amlodipine	5 mg once a day	5 to 10 mg once a day	10 mg once a day

*For dose titration purposes, a 2.5mg tablet is available, if required.

Links to further information

- BNF: Lacidipine
- SmPC: Lacidipine
- SmPC: Lercanidipine
- SmPC: Amlodipine
- SmPC: Felodipine
- Specialist Pharmacy Service: Managing peripheral oedema caused by calcium channel blockers
- NICE CKS: Hypertension Prescribing information: Calcium-channel blockers

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).