



13 November 2025

Medicine Supply Alert Notice

Propranolol 80mg and 160mg modified release capsules

Priority: Level 2*

Valid until: early March 2026

Issue

1. Propranolol 80mg **modified release** capsules are out of stock until early March 2026.
2. Propranolol 160mg **modified release** capsules are out of stock from late November 2025 until mid-late January 2026.
3. Propranolol 40mg and 80mg tablets (**immediate release**) remain available and can support an increase in demand.
4. Propranolol **oral solution** remains available but cannot support an increase in demand.

Advice and Actions

5. Prescribers should not initiate patients on propranolol 80mg or 160mg modified release capsules until the supply issues have resolved.
6. Where patients have insufficient supplies to last until the re-supply date, clinicians should:
 - review the appropriateness of ongoing treatment with propranolol and avoid abrupt withdrawal if the decision is made to stop treatment (see additional information);
 - when maintaining treatment, consider appropriateness of switching to immediate release tablets to make up the equivalent daily dosage of the modified release capsules (see additional information below), ensuring that the patient:
 - is not intolerant to any of the excipients
 - can adhere to new dose regimen and increase in tablet load
 - is counselled on the change in product and new dosing regimen
 - seeks advice from prescriber if they experience loss of efficacy of treatment or side effects; and
 - if the above option is not considered appropriate, establish indication and consider switching patients to an alternative treatment option in line with local/national guidance, or for more complex cases, seek advice from specialists on management options (see additional information below).

Additional Information

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

Propranolol modified release capsules

7. These are licensed for the treatment of hypertension, angina, essential tremor, anxiety, and thyrotoxicosis, prophylaxis of migraine, and prophylaxis of upper GI bleeding in patients with portal hypertension. Following oral dosing, the blood profile is flatter than after conventional propranolol, but the half-life is increased to between 10 and 20 hours. The capsules are administered once daily. Dosing across the indications range from 80mg to 320 mg once daily.

Propranolol immediate release tablets

8. These are licensed for the same indications as the modified release capsules. Following oral dosing, propranolol is completely absorbed, and peak plasma concentrations occur 1 to 2 hours after dosing and elimination half-life is 3 to 6 hours. The frequency of dosing ranges from twice a day to four times a day, depending on indication (refer to SmPC for dosing information).

Switching to immediate release tablets

9. When switching from the once daily modified release capsules, consult the SmPC for the immediate release tablets to determine the licensed dose frequency for the indication and divide the total daily dose, accordingly. Where this is not possible, consider prescribing a dose regimen in line with the SmPC, if appropriate.

Excipients

10. As the tablets contain lactose, patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. The oral solution is lactose free.

Treatment cessation of systemic beta-blockers

11. BNF advises that abrupt withdrawal should be avoided, especially in ischaemic heart disease, as this can cause a rebound worsening of myocardial ischaemia. Gradual reduction of dose is preferable when betablockers are to be stopped.

Additional actions for prescribers in health and justice services

12. For patients in prisons and immigration removal centres where modified release propranolol is supplied not in possession, additional actions are needed to switch to the immediate release product to safeguard patient access and adherence. Patients should be reviewed so they can access the immediate release preparation as weekly in-possession where possible. Arrangements should also be made for patients continuing to access propranolol immediate release not in possession, to do so at intervals that provide a safe dose interval for both doses each day.

Healthcare Safety Investigation Branch investigation: Potential under-recognised risk of harm from the use of propranolol (2020)

13. Prescribers should take note of this investigation which noted a steady rise in the number of propranolol prescriptions issued to NHS patients and the increase in the number of deaths reported as being linked to propranolol overdose. It looked at awareness of the toxicity of propranolol and made recommendations to NICE and BNF to highlight this risk, and to national organisations supporting their staff membership to understand the risks when prescribing propranolol to certain patients.

Links to further information

- [SmPC Propranolol sustained release capsules](#)
- [SmPC: Propranolol tablets](#)
- [BNF: Propranolol hydrochloride](#)
- [NICE: Hypertension in adults: diagnosis and management](#)
- [CKS: Angina - choice of Beta-blockers](#)
- [CKS: Drugs for the prevention of migraine](#)
- [CKS: Essential tremor](#)
- [CKS: Thyrotoxicosis – choice of beta-blockers](#)
- [NICE: Cirrhosis in over 16s: assessment and management](#)
- [NICE: Generalized anxiety disorder](#)
- [HSIB investigation: Potential under-recognised risk of harm from the use of propranolol](#)

Specialist Pharmacy Service (SPS) website

14. 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.
15. 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

16. 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).