Department of Health & Social Care

NHS England

Medicine Supply Notification

MSN/2025/059

Propranolol 80mg and 160mg modified release capsules

Tier 2 – medium impact*
Date of issue: 10/11/2025
Link: Medicines Supply Tool

Summary

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

Actions Required

Prescribers should not initiate patients on propranolol 80mg or 160mg modified release capsules until the supply issues have resolved.

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 supporting 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 supporting 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 supporting information below).

Supporting information

Propranolol modified release capsules

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.

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

Propranolol immediate release tablets
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
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
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
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 beta-blockers are to be stopped.

Additional actions for prescribers in health and justice services
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)
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

Enquiries

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