SHARED CARE AGREEMENT

Name of medicine Mexiletine

Indication Ventricular Arrhythmias

Version: **V1.0** Approval date: **September 2025** Review date: **September 2028**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available here.

Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

Consultant

Assessment and initiation

- Assessment and eligibility for mexiletine treatment, patient counselling.
- Patient will be advised to contact the cardiology team following discharge to report adverse effects.
- Short term supply (28 days) once the patient's treatment is stable.

Longer- term shared care

- Follow up with cardiology team, including monitoring and dose adjustments if required.
- Provide email or telephone advice, patients will remain under the care of cardiology long term.
- Monitor for adverse effects throughout treatment and check for drug interactions when initiating new treatments.
- If dose adjustment is required, communication to patient and GP.

General Practitioners and primary care non-medical prescribers

- Supply of mexiletine long term under the direction of the cardiology team
- Consider seeking email or telephone advice if a patient develops adverse effects
- If shared care is declined, the practice should inform the named Consultant within 14 days of receipt of the request.
- Refer the patient back to the specialist team after 2 years if not under active review.

Patient, relatives, carers

As listed in NHS Lothian Policy and Procedures for the Shared Care of Medicines

Support and Advice for the GP and primary care non-medical prescribers

Named Cardiology Consultant
Advice can also be sought through SCI-gateway referral to the Cardiology team, RIE

Key Information on the Medicine

Refer to current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Background to disease and use of drug for the given indication

Mexiletine is a type 1B antiarrhythmic structurally related to lidocaine. It is used for the treatment of ventricular arrhythmias unresponsive to other antiarrhythmic agents (beta blockers, digoxin, amiodarone, flecainide) or where other agents are contraindicated (e.g. structural heart disease, adverse reaction to other therapy). Mexiletine acts to shorten the repolarisation phase, shorten the QT interval, and elevate the fibrillation threshold.

Indication

Ventricular Arrhythmias

Dosage and administration

Loading dose: to rapidly achieve levels an initial loading dose of 400mg.

Maintenance dose: 150mg – 300mg, two to three times daily. If a loading dose is given, the maintenance dose should start 2 hours after the loading dose. Maintenance dose may be adjusted, if necessary, in steps of 50mg or 100mg increments at intervals of at least 2 to 3 days, according to response and tolerance. At least 1 week is recommended between dose adjustments in patients who are poor CYP2D6 metabolisers; maximum of 1200mg per day.

The dose should be taken orally, with food and swallowed whole with plenty of water, preferably with the patient in an upright position. It is advisable to take Mexiletine with food to minimise gastrointestinal adverse effects. The capsules should not be opened.

Monitoring

All monitoring for mexiletine prescribed for the treatment of ventricular arrhythmias will be the responsibility of secondary care. Consultant Cardiologist will review symptom control and dose adjust if required.

Cautions, contraindications - Refer to current Summary of Product Characteristics: www.medicines.org.uk

Cautions: Hypotension and heart failure (especially if severe); Tremor may be exacerbated in Parkinson's patients; Epilepsy; Patients with known blood disorders; Porphyria.

Contraindications: Known hypersensitivity to the active ingredient or any of the excipients

Fertility, Pregnancy and Lactation

Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.

Adverse effects - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.

Very common (≥1/10) adverse effects include: insomnia; dizziness, tremor; abdominal pain, dyspepsia.
Common (>1/100 to <1/10): somnolence; headache, paraesthesia, blurred vision, numbness; vertigo, tinnitus; tachycardia, palpitations, angina pain, atrial fibrillation; flushing, hypotension; nausea, constipation, dry moth; acne, rash; pain in extreme extremities; fatigue, asthenia, chest discomfort, malaise, ataxia.

Drug interactions - Refer to current Summary of Product Characteristics: www.medicines.org.uk for full detail.

Mexiletine is mainly metabolised by CYP450 2D6 and to a lesser extent 1A2.

- Plasma concentration of mexiletine may decrease when given in combination with liver enzyme inducers (.g. phenytoin, rifampicin).
- Drugs that inhibit CYP450 (e.g. cimetidine, quinidine) may result in raised levels of mexiletine.

When given in combination with medication that delays gastric emptying (e.g. opioid analgesics) absorption of mexiletine may be delayed. Similarly, drugs that accelerate gastric-emptying, such as metoclopramide, may reduce the time to peak mexiletine concentrations and increase peak concentrations.

The presence of this SCA does not compel a primary care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.

For office use only:

Approved by the General Practice Prescribing Committee (GPPC) on 09/09/2025