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Dear Colleague

### **Standard vs. modified release isosorbide mononitrate (ISMN)**

You will be aware of the current financial outlook for the NHS both now and over the next few years. It is imperative, therefore, that resources are targeted to interventions that have been proven to be clinically effective.

Following a review at the NHS Surrey Area Prescribing Committee in April 2010 the committee made the following decision (which is also supported by the Surrey Heart & Stroke Network):

- All new patients should be initiated with standard release ISMN tablets, as a twice daily regime, when a nitrate is considered appropriate treatment, in line with the considerations below.
- Patients currently receiving ISMN m/r preparations should be reviewed for switching to standard release ISMN preparations, in line with the considerations in appendix 1

The Area Prescribing Committee when reaching this decision noted the following key points:

- there is no evidence that once-daily modified release preparations are more effective than standard-release preparations given by asymmetric twice-daily dosing
- there is no evidence that a once-daily preparation significantly improves compliance compared with a twice-daily regimen
- the additional costs (in the region of £300,000 per annum for Surrey PCT) incurred by the routine use of once-daily modified-release preparations of isosorbide mononitrate cannot be justified

We would, therefore, urge you to review the current prescribing of ISMN m/r preparations within your practice as soon as practicable (see Appendix 1 for switch criteria agreed by the Medicines Management Committee April 2010). I understand that requests for ISMN m/r preparations are likely to come from a number of sources, including hospital and private doctor recommendations. We would be interested to know of recommendations from local acute trusts for ISMN m/r preparations so that we can work with secondary care colleagues to achieve a consistent and equitable approach across Surrey.

Many thanks in anticipation of your support in this matter.

Yours sincerely

Linda Honey  
Head of Pharmaceutical Commissioning

Kevin Solomons  
Head of Medicines Management

## Appendix 1

Surrey's Area Prescribing Committee in April 2010 made the decision that patients currently receiving ISMN m/r preparations should be reviewed for switching to standard release ISMN preparations. Please take the following into consideration when assessing the suitability of patients for switching:

- A. A patient's ability to comprehend or comply with doses at 8am and 2pm (times recommended).
- B. The quantity of other medication a patient is on, as those taking a substantial number of medicines or on complex regimen may benefit from a single daily dose in terms of concordance.
- C. The timing of anginal attacks, as for those patients with nocturnal angina a twice-daily dose would be inappropriate.

The Medicines Management Committee in April 2010 supported a switch in appropriate patients identified after a review as follows:

### **Dosage switching for isosorbide mononitrate M/R to isosorbide mononitrate BD – asymmetric timings (8:00am and 2:00pm) to avoid tolerance**

**25mg once daily → 10mg twice daily, at 8am and 2pm**

**30mg once daily → 10mg twice daily, at 8am and 2pm**

**40mg once daily → 20mg twice daily, at 8am and 2pm**

**50mg once daily → 20mg twice daily, at 8am and 2pm**

**60mg once daily → 20mg twice daily, at 8am and 2pm**

**100mg once daily → 40mg twice daily, at 8am and 2pm**

**120mg once daily → 40mg twice daily, at 8am and 2pm**

The purpose of the switch is to benefit the local health economy by using cost effective and equally efficacious medicines. Your patient should be informed in writing about any changes from the ISMN m/r to immediate release tablets (see Appendix 2).

In patients for whom an ISMN m/r preparation is appropriate this should be prescribed by brand. Monomax XL **tablets** (note only tablets - there is also a capsule available) is one of the most cost effective brands available.

The above equivalent dose recommendations were based on switch programmes already implemented by Gwent Healthcare NHS Trust in 2003 and Greater Glasgow NHS in 2005. Gwent Healthcare NHS Trust did not make any recommendations for the equivalent dose of ISMN standard release tablets for any dose of ISMN m/r over 60mg od.

## Appendix 2 – Sample Patient Letter

Dear.....

### Changes to your medicines

We have recently been undertaking a review of our prescribing and from our records we see that you are on .....(insert product name). This product is also available as a twice daily preparation. The Surrey Area Prescribing Committee and local cardiac specialists have recently reviewed the use of isosorbide mononitrate and noted:

- Once daily (modified release) preparations are not more effective than standard-release preparations given by twice-daily dosing but are significantly more costly

As a consequence NHS Surrey has asked all local GPs to review their patients currently receiving a modified release isosorbide mononitrate preparation with a view to switching over to the standard release twice daily preparation if considered appropriate.

NHS Surrey spends an additional £300,000 per year on modified release (once daily) isosorbide mononitrate. Reducing this additional spend will allow us to continue using high quality treatments, while making the best use of available NHS resources.

We hope you agree that we use NHS resources as efficiently as possible without compromising patient care so you will no longer receive .....(insert product name and strength) and will be switched to isosorbide mononitrate .....(insert product strength) twice daily

It is important that you take the standard release isosorbide mononitrate tablets twice daily at an interval of 6 hours, for example at 8am and 2pm.

If you have any further questions about this please contact the surgery on tel no. **XXXXXXXXXXXX**

Yours sincerely

Dr xxx

GP