PRESCRIBING SUPPORT TEAM AUDIT: ISOSORBIDE MONONITRATE
JAN 2006 – Updated Sept 09

DATE OF AUTHORISATION:_________________

AUTHORISING GP:_________________________________

PRESCRIBING SUPPORT TECHNICIAN:__________________________

SUMMARY

Oral nitrates are effective as long-term symptomatic therapy when used once daily as a sustained release preparation, or as an asymmetric twice-daily preparation (e.g. 8 a.m. and 2 p.m.). Both isosorbide dinitrate and isosorbide mononitrate have been shown in controlled trials to be superior to placebo in controlling symptomatic angina.

Standard tablets of isosorbide mononitrate (ISMN) have been shown to reduce tolerance when given twice daily using an asymmetric dosing interval. This allows a nitrate-free period of 6 to 8 hours. SIGN 96 recommended that oral nitrates can be used as a satisfactory monotherapy in the treatment of long-term angina symptoms provided it is used in a way which avoids nitrate tolerance (e.g. in an asymmetric dose schedule).

The Dumfries & Galloway Joint Formulary recommends ISMN in an asymmetric dosing regime as first line nitrate treatment. Long acting and transdermal nitrate preparations are significantly more expensive than standard formulations. It is recommended that a cost-effective branded long
acting preparation should be prescribed only for patients who have a problem with compliance.

Audit Scotland—Supporting prescribing in General Practice, a progress report, identifies ISMN as an area where significant savings can be released. It recommends substitution of premium priced products with cheaper standard formulation (ISMN is one example).

**AIM**

1. To promote cost-effective prescribing and uniformity of supply with respect to isosorbide mononitrate modified release formulations
2. To improve compliance with the Dumfries and Galloway Joint Formulary recommendation with regard to the prescribing of isosorbide mononitrate.

**OBJECTIVE**

1. To identify all patients currently receiving sustained release isosorbide mononitrate.
2. To change appropriate patients as agreed with the practice to asymmetric dosing (8 a.m. and 2 p.m.).
3. Patients not suitable for asymmetric dosing will be changed to a cost-effective brand of sustained release Isosorbide mononitrate.
4. To inform patients of the change to their medication.

**RATIONALE**

A high proportion of isosorbide mononitrate is prescribed generically (brand unspecified), allowing any brand out of a large range to be supplied. This means that 28 days supply for a patient taking a daily dose of 60mg could cost as little as £1.26 or as much as £9.03.

NHS Dumfries & Galloway advocates that an asymmetric dose is first choice (cost per patient 20mg bd / 28 days £1.04) and if a modified release once
daily preparation is required the most cost effective brand should be prescribed (see current formulary recommendation).

**METHOD**

Computer search is done for patients who are currently receiving repeat prescriptions for Isosorbide mononitrate MR, Chemydur 60XL, Elantan LA, Imdur, Isib 60XL, Ismo Retard, Isodur, Isotard, Modisal XL, Monomax, Monosorb XL 60, Monomil and Zemon.

Patients who have not collected a prescription for ISMN in the past 6 months will be excluded and referred to GP. Patients who have previously received asymmetric dosing of ISMN and have been switched to long acting will be excluded but converted to the most cost-effective brand.

A list of those patients deemed suitable by the prescribing support technician, for a switch to asymmetric dosing will be given to GP for approval.

The dose of isosorbide mononitrate MR will be reduced by approximately one third of total daily dose when short-acting ISMN is substituted.

**The following table summarises key dose changes:-**

<table>
<thead>
<tr>
<th>Total daily dose ISMN MR</th>
<th>Frequency</th>
<th>Conventional Release ISMN dose</th>
<th>Frequency</th>
<th>Total daily dose equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>25mg</td>
<td>Once daily</td>
<td>10mg</td>
<td>Twice daily asymmetric</td>
<td>20mg</td>
</tr>
<tr>
<td>30mg</td>
<td>Once daily</td>
<td>10mg</td>
<td>Twice daily asymmetric</td>
<td>20mg</td>
</tr>
<tr>
<td>40mg</td>
<td>Once daily</td>
<td>10mg</td>
<td>Twice daily asymmetric</td>
<td>20mg</td>
</tr>
<tr>
<td>50mg</td>
<td>Once daily</td>
<td>20mg</td>
<td>Twice daily asymmetric</td>
<td>40mg</td>
</tr>
<tr>
<td>60mg</td>
<td>Once daily</td>
<td>20mg</td>
<td>Twice daily asymmetric</td>
<td>40mg</td>
</tr>
<tr>
<td>120mg</td>
<td>Once daily</td>
<td>40mg</td>
<td>Twice daily asymmetric</td>
<td>80mg</td>
</tr>
</tbody>
</table>
Where an asymmetrical dosage regimen is not thought to be appropriate, all generic ISMN MR will be switched to one of the D&G Joint Formulary choices. In addition, the following brands of ISMN MR will also be changed to the most cost effective brand.

A note will be recorded in the patient’s computer record detailing the action taken.

**EXCLUSION CRITERIA**
- Patient who is undergoing current care of a cardiologist
- Patient with unstable angina
- Any criteria for exclusion as specified by the authorising GP
- Patient who has documented evidence of problems with a previous switch
- Patients who have had another therapeutic switch undertaken in the past six months (where authorising GP thinks this is important)

**SUGGESTED CRITERIA FOR REFERRAL TO PRACTICE**

Any criteria specified by the practice.
CHANGES TO REPEAT PRESCRIBING

1. The audit must be checked and agreed with a GP in the practice prior to work being undertaken by the Prescribing Support Technician.

2. Agreement is made between the Practice and the Prescribing Support Technician on a suitable date for implementation.

3. It is recommended that the prescribing support technician/LHP Pharmacist notify local community pharmacies of the impending change in prescribing of Isosorbide Mononitrate.

4. The Prescribing Support Technician conducts a search of the Practice Clinical System to identify patients currently prescribed Isosorbide Mononitrate SR as authorised on the Prescribing Review form.

5. The patient list is checked to ensure that all patients are still undergoing treatment (excluding recently deceased or recent discontinuation of Isosorbide mononitrate).

6. Patients are assessed, with respect to potential referral to GP.

7. No patient may be changed beyond the scope of the SPC unless authorised by the prescriber.

8. All changes to prescribing must be recorded within the prescribing field and, wherever possible, an indication recorded for the medication added.

9. Each patient should be informed of any changes made in accordance with the Practice’s preferred mode of communication. The Prescribing Support Team recommends personalised written communication sent from the
Practice. (see Appendix 1 letter). Additional information e.g. patient leaflets may be included wherever possible.

10. If the patient is in residential care or has their medication otherwise supervised, e.g. Dosette dispensing, information regarding any changes should also be communicated to the relevant service providers.

11. The Prescribing Support technician will communicate information about the review to relevant personnel within the practice e.g. receptionists, nurses and will, if appropriate, create on-screen reminders on the Clinical System.

12. A project file is retained by the Practice containing a list of patients involved, patient letter templates and any individual information sent, a copy of the protocol and prescribing review form and contact details for the Prescribing Support Team.

13. The Prescribing Support Technician may record statistics of the review for report purposes and analysis of the review. No information regarding individual patients leaves the practice.

14. A follow-up audit can take place within 6 months if requested

REFERENCES

2. CKS - http://www.cks.nhs.uk/angina
3. NHS Dumfries & Galloway Joint Formulary
5. Drug Tariff (Scotland) Part 7 September 09
Dear Patient Name

AN IMPORTANT CHANGE TO YOUR REPEAT PRESCRIPTION FOR
ISOSORBIDE MONONITRATE MR (modified release)

From <insert date> your prescription for isosorbide mononitrate MR will be
changed to.

Isosorbide mononitrate 20mg twice daily to be taken 6-8 hours apart
(e.g. 8.00 a.m. and 2.00 p.m.)

The reason for this change is that current Dumfries & Galloway and National
prescribing guidelines recommend the above therapy instead of isosorbide
mononitrate MR.

This is exactly the same medicine but in a different dosage form.

If you have any problems please do not hesitate to contact the surgery.

Yours sincerely

GP