



Medicine Supply Notification

MSN/2025/047

Isosorbide mononitrate 10mg tablets (immediate-release)

Tier 2 – medium impact*

Date of issue: 24/07/2025

Link: [Medicines Supply Tool](#)

Summary

- Isosorbide mononitrate 10mg **immediate-release** (IR) tablets are in limited supply until early-September 2025.
- Alternative strengths of isosorbide mononitrate IR tablets remain available but cannot support increased demand.
- Isosorbide mononitrate modified-release (MR) tablets and capsules (available in strengths of 25mg, 40mg, 50mg and 60mg) remain available and can support increased demand.

Actions Required

Clinicians should not initiate new patients on isosorbide mononitrate 10mg **IR** tablets until the supply issues have resolved.

Where patients have insufficient supplies to last until the re-supply date, prescribers should:

- consider generically prescribing isosorbide mononitrate **MR** tablets or capsules, at equivalent total daily dose, which can support the market during this time, if clinically appropriate (see Supporting information); and
- ensure that the patient is not intolerant to any of the excipients and is counselled on the change in product, dosage, and possible adverse events they may experience, particularly in the first few days, the most important being hypotension, tachycardia, and worsening headaches. They should be advised to contact their prescriber if they have concerns.

Advice should be sought from specialist teams if the above is not considered appropriate.

Supporting information

Isosorbide mononitrate IR tablets

Licensed for the prophylaxis of angina pectoris and for use as an adjunct in congestive heart failure. The recommended dosage ranges from 20 to 120mg daily in divided doses. One tablet is taken asymmetrically (to allow a nitrate low period), usually twice a day, but can be up to three times a day.

Isosorbide mononitrate MR tablets and capsules

Licensed for the prophylaxis of angina pectoris and taken once daily in the morning. The dose can be titrated to minimise the possibility of headache, by initiating the treatment with 30mg (half a 60mg tablet) for the first 2 – 4 days. Selection of a dose when switching should be done on a case-by-case basis depending on treatment history, current disease control, and concerns about side effects. In practice, the MR preparations are used off label for heart failure, due to the convenient once daily dosing.

*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

Switching from an IR to an MR isosorbide mononitrate preparation

There is no definitive guidance on dose equivalence. A pragmatic approach would be to match the total daily dose of IR preparation as closely as possible to the MR preparation administered once daily in the morning. Where the dose cannot be exactly matched, prescribers should consider whether to dose slightly above to ensure symptom control is not compromised, or slightly under, if there are concerns about side effects such as headache and/or postural drop in blood pressure (see table). Patients should be monitored after the switch, and dose titrated accordingly.

Examples of potential dose switches

ISMN IR (asymmetric dose)	ISMN MR (morning dose)
10mg BD	25mg OD
10mg TDS	25mg or 40mg OD
20mg BD*	40mg OD
20mg TDS or 30mg BD*	60mg OD

**assuming patients using multiples of 10mg IR tablets to make up dose*

Links to further information

[SmPC Isosorbide mononitrate tablets and capsules](#)

[BNF Treatment summaries - Nitrates](#)

[BNF Isosorbide mononitrate](#)

[CKS Prescribing information - Nitrates](#)

Enquiries

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