

## Position statement on the prescribing of perindopril arginine

**SW London CCGs\* do not support the routine prescribing of perindopril arginine in line with NHS England's national guidance on medicines which should no longer be routinely prescribed**

Perindopril arginine (Coversyl® Arginine) has no clinical benefit over generic perindopril erbumine. Perindopril erbumine is more cost effective for the NHS than perindopril arginine.

### Rationale <sup>1</sup>

- National Institute for Health and Care Excellence (NICE) hypertension guidelines advise prescribing non-proprietary drugs of low acquisition cost as first line choices of drug therapy.<sup>1</sup>
- Perindopril arginine (Coversyl® Arginine) has no clinical benefit over generic perindopril erbumine and is more costly.<sup>2</sup>
- In view of the substantial difference in cost between perindopril arginine (Coversyl® Arginine, Coversyl® Arginine Plus) and generic perindopril erbumine, the preferred choice is generic perindopril erbumine.<sup>3</sup>
- The principal reason for the change in the Coversyl® Arginine formulation originally (from erbumine to arginine salt) was improved stability which makes it better suited to extremes of (the Australian) climate.<sup>4</sup> The improved stability increases shelf life from two to three years.<sup>5</sup> This is of minor consequence in the UK.
- Perindopril erbumine has the same side-effect profile as perindopril arginine, including asthenia (weakness), mood and sleep disturbances. This is in addition to the main side-effects for angiotensin-converting enzyme inhibitors (persistent dry cough, angioedema, renal impairment, gastro-intestinal effects, altered liver function tests, pancreatitis, and blood disorders).<sup>6</sup>

### References

1. Hypertension in adults: diagnosis and management, NICE guidelines (CG127) Published date: August 2011 Accessed online November 2016
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5. Telejko E. Perindopril arginine: benefits of a new salt of the ACE inhibitor perindopril. *Curr Med Res Opin* 2007 May; 23 (5): 953-60
6. British National Formulary September 2016. Accessed online October 2016. <https://www.evidence.nhs.uk/formulary/bnf/current>
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9. Potential for confusion with new formulation of Coversyl®. 18th April 2008. NPC Rapid Review [www.npc.nhs.uk/rapidreview](http://www.npc.nhs.uk/rapidreview)
10. PrescQIPP Bulletin 59. March 2014. V2.0. Perindopril arginine: Switching from Coversyl® Arginine products (perindopril arginine) to perindopril erbumine tablets <https://www.prescqipp.info/-perindopril-arginine/send/89-perindopril-arginine/1009-bulletin-59-perindopril-arginine>. Accessed online 25.10.16

### Further information available from:

- NHS England. Items which should not routinely be prescribed in primary care: Guidance for CCGs. <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>. Updated November 2017.

\*SWL CCGs (NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG) position statement on perindopril arginine

### Guidance and recommendations for clinicians

- No new patients should be started on perindopril arginine.
- Patients currently taking perindopril arginine should be reviewed to assess whether they are suitable to change to perindopril erbumine.
- All switches should be tailored to the individual patient. Caution is needed when making this change in older people.

Changing perindopril arginine to perindopril erbumine:

Perindopril arginine (Coversyl® Arginine)	
Change from:	Change to:
Perindopril arginine 2.5mg, once daily	Perindopril erbumine 2mg, once daily
Perindopril arginine 5mg, once daily	Perindopril erbumine 4mg, once daily
Perindopril arginine 10mg, once daily	Perindopril erbumine 8mg, once daily
<p>Options should be chosen according to the clinical need of the patient. This could include a trial of discontinuing treatment gradually** if antihypertensives are no longer needed for people whose blood pressure has been well controlled for years and who have favourable factors, including:</p> <ul style="list-style-type: none"> <li>• Where only one antihypertensive drug has been needed</li> <li>• Younger age</li> <li>• Lower blood pressure</li> <li>• Person has successfully adopted lifestyle measures such as losing weight, not misusing alcohol, exercising regularly, and restricting salt consumption.</li> </ul> <p>**Follow the manufacturer's guidance on withdrawing the antihypertensive gradually. Follow up the patient carefully (e.g. at about 4-week intervals for 6 months, then 2 or 3 times a year) to detect any recurrence of hypertension (most likely to happen in the first 6 months although it can happen later).<sup>7</sup> It is advisable to check blood pressure one to two weeks after the change for older patients.</p>	

Perindopril arginine plus indapamide (Coversyl® Arginine Plus)
<ul style="list-style-type: none"> <li>• For patients taking Coversyl® Arginine Plus (perindopril arginine 5mg and indapamide 1.25mg) there is no direct switch as indapamide is not available as a 1.25mg tablet.<sup>8</sup> However, prescribing perindopril erbumine 4mg plus an appropriate diuretic as a separate component is a suitable option and provides greater flexibility in dosing.<sup>9</sup></li> <li>• Appropriate diuretics are:               <ol style="list-style-type: none"> <li>1. Indapamide (2.5mg immediate release once daily or 1.5mg modified release once daily)<sup>1</sup></li> <li>2. Chlortalidone (12.5mg to 25mg once daily). Currently <b>NOT</b> cost effective (30 x 50mg tablets costs £88.00)<sup>1,3</sup></li> </ol> </li> <li>• The most cost effective diuretic option is currently <b>indapamide 2.5mg</b> (28 tablets, £1.48).<sup>3</sup></li> </ul>

Exclusions for changing perindopril arginine to perindopril erbumine:

- Hypersensitivity to perindopril erbumine or its excipients
- Previous unsuccessful change to perindopril erbumine

### Guidance for patients, carers and guardians

- Current evidence shows there is no benefit from using the branded arginine formulation of perindopril treatment over the unbranded (generic) erbumine formulation, which is considered a more cost-effective treatment by the NHS.
- If requested by your GP, approximately four weeks after starting your new medication please make an appointment for a routine blood pressure check.
- Continue to take any remaining perindopril arginine tablets until you have used them all up and then change to perindopril erbumine tablets.
- You should not experience any adverse effects as a result of the change. However, if you have any concerns, please contact your doctor.

A patient information leaflet is available: <https://www.prescgipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets>

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