NHS
Suffolk and
North East Essex

Position Statement for Medicines of Low Value

PERINDOPRIL ARGININE

Summary

The Suffolk and North East Essex Integrated Care Board (SNEE ICB) does not support the prescribing of perindopril arginine (Coversyl® Arginine and Coversyl Arginine Plus®), in line with NHS England's national guidance on medicines of low clinical value.

All products containing perindopril arginine are classed as "Double Red" i.e., no prescribing in primary or secondary care

There are no patient exceptionalities identified

Perindopril is an ACE inhibitor used in heart failure, hypertension, diabetic nephropathy and prophylaxis of cardiovascular events. The perindopril arginine salt version was developed as it is more stable in extremes of climate than the perindopril erbumine salt, which results in a longer shelf-life. Perindopril arginine is significantly more expensive than perindopril erbumine and a PrescQIPP CIC review of the topic found that perindopril arginine had no clinical advantage over the erbumine salt.[1,2]

DEPRESCRIBING ADVICE

Review the need for the antihypertensive medicines and consider any polypharmacy issues.

Where perindopril arginine is used a single agent:

- Where treatment is indicated consider the following dose equivalent of perindopril erbumine dose equivalence.[1]

Current treatment	Switch To
Coversyl ® Arginine 2.5mg ONCE daily	Perindopril erbumine 2mg ONCE daily
Coversyl ® Arginine 5mg ONCE daily	Perindopril erbumine 4mg ONCE daily
Coversyl ® Arginine 10mg ONCE daily	Perindopril erbumine 8mg ONCE daily

Where perindopril 5mg/indapamide 1.25mg (Coversyl Arginine Plus®) is used:

Please note there is no direct equivalent for the diuretic component in the combination product.

Where a diuretic is <u>not</u> required, consider prescribing perindopril erbumine 4mg OD

Where a diuretic <u>is</u> required, consider prescribing perindopril erbumine 4mg OD and indapamide 2.5mg immediate release OD as separate drugs. Please note the following considerations (not exhaustive):

- Dose difference of the diuretic may precipitate hypokalaemia, hyponatraemia and hypocalcaemia
- Exercise caution for patients with the following
    - Gout
    - Diabetes

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- Systemic lupus erythematosus
- Hepatic impairment
- History of falls
- Elderly patients (75yrs and over)
- Patients with concomitant drugs which may precipitate further side effects e.g. antihypertensives, diuretics
- Patients on medicines with an increased risk of falls
- Patients in the above categories may benefit a trial without indapamide.

- Consider undertaking U+Es two weeks following the switch to ensure markers have not been significantly affected.

All changes should be tailored to the individual patient.

NEW PATIENTS

- **Do not initiate medicines containing perindopril arginine under any circumstances**
- Where an ACE inhibitor is required, consider a formulary option, and titrate accordingly

FURTHER SUPPORT

- National Patient Information Leaflets have been developed and can be supplied to patients to help support the deprescribing of these products (click here)
- Patients who wish to seek further clarification can be directed to Patient Advice and Liaison Service (PALS) via:
  - E-mail: sneeicb.pals@nhs.net
  - Telephone: 0800 389 6819

Reference

1. PrescQIPP. Perindopril arginine: Switching from Coversyl® Arginine products (perindopril arginine) to perindopril erbumine tablets. PrescQIPP. [Online] March 2014. [Cited: 07 05, 2019.] https://www.prescqipp.info/our-resources/bulletins/bulletin-59-perindopril-arginine/

2. NHS England and NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: Guidance for CCGs v2. NHS England. [Online] 30 November 2017. https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-precscribed-in-pc-ccg-guidance-v2.pdf