Position statement on the prescribing of perindopril arginine

SW London CCGs* do not support the routine prescribing of perindopril arginine

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

- 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.¹
- Perindopril arginine (Coversyl® Arginine) has no clinical benefit over generic perindopril erbumine and is more costly.²
- 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.⁵
- 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.⁴ The improved stability increases shelf life from two to three years.⁵ 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).⁶

References

1. Hypertension in adults: diagnosis and management, NICE guidelines (CG127) Published date: August 2011 Accessed online November 2016

*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:

<table>
<thead>
<tr>
<th>Perindopril arginine (Coversyl® Arginine)</th>
<th>Perindopril erbumine (Coversyl® Arginine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change from:</td>
<td>Change to:</td>
</tr>
<tr>
<td>Perindopril arginine 2.5mg, once daily</td>
<td>Perindopril erbumine 2mg, once daily</td>
</tr>
<tr>
<td>Perindopril arginine 5mg, once daily</td>
<td>Perindopril erbumine 4mg, once daily</td>
</tr>
<tr>
<td>Perindopril arginine 10mg, once daily</td>
<td>Perindopril erbumine 8mg, once daily</td>
</tr>
</tbody>
</table>

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:

- Where only one antihypertensive drug has been needed
- Younger age
- Lower blood pressure
- Person has successfully adopted lifestyle measures such as losing weight, not misusing alcohol, exercising regularly, and restricting salt consumption.

**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). It is advisable to check blood pressure one to two weeks after the change for older patients.

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. However, prescribing perindopril erbumine 4mg plus an appropriate diuretic as a separate component is a suitable option and provides greater flexibility in dosing.

Appropriate diuretics are:
1. Indapamide (2.5mg immediate release once daily or 1.5mg modified release once daily)
2. Chlortalidone (12.5mg to 25mg once daily). Currently NOT cost effective (30 x 50mg tablets costs £88.00)

The most cost effective diuretic option is currently indapamide 2.5mg (28 tablets, £1.48).

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.