



Medicines of Low and Limited Clinical Value (MOLLCV) Low Clinical Value – PERINDOPRIL ARGININE

Classification - Items of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.

The Scottish Government has published [Medicines – Achieving Value and Sustainability in Prescribing Guidance](#). This guidance aims to reduce the use of low value medicines and ensure the effective use of medicines with limited clinical value throughout NHS Scotland.

Scottish Government have classified PERINDOPRIL ARGININE as a medicines of low clinical value which should no longer be prescribed. It is noted that PERINDOPRIL ARGININE IS clinically effective but more cost-effective products are available.

ACTIONS FOR CONSIDERATION

- SHARE** – ensure all prescribers are aware of these national recommendations
- STOP** – do not prescribe PERINDOPRIL ARGININE for any new patients
- REVIEW** – existing patients prescribed PERINDOPRIL ARGININE should be reviewed and deprescribed, where safe to do so.

Background Information:

- Perindopril arginine (coversyl®) is an angiotensin-converting enzyme inhibitor (ACEi) licensed for use in the treatment of hypertension, treatment of symptomatic heart failure for reduction of risk of cardiac events in individuals with a history of myocardial infarction and/or revascularisation.
- 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 however in the context of the UK climate and supply chain this benefit is not significant.
- Perindopril arginine is more expensive than perindopril erbumine and information has stated there was no clinical advantage of the arginine salt ([PrescQuipp Bulletin](#))
- Additional NHS Grampian information – perindopril (all salts, all formulations) is non-formulary and not routinely recommended for use in NHS Grampian.

Prescribing Information:

NHS Grampian currently has around 124 patients, across 45 practices prescribed PERINDOPRIL ARGININE or PERINDOPRIL ARGININE COMBINATION products. (Data Jun-Nov24).

See attached HSCP/Practice prescribing information.

CHI level prescribing data can be provided to practices to aid in reviews. If you wish this information please contact Gram.medicinesmanagement@nhs.scot.

Recommendations:

Scottish Government guidance states that all patients prescribed this product should be reviewed, and deprescribed where safe to do so.

It is noted that patients will need to be switched to a suitable alternative therapy, dependant on clinical need. This may be an alternative ACE inhibitor, NHS Grampian ACE inhibitors of choice are ramipril,

Information extracted from Scottish Government: [Items of Low and Limited Clinical Value - Medicines - achieving value and sustainability in prescribing: guidance - gov.scot](#)



Prescribing Snapshot

lisinopril or enalapril. When changing therapy consideration of renal function, potassium and BP monitoring/follow up requirements should be given.

If perindopril is required, for clinical reasons, the erbumine salt represents a more cost effective choice than the arginine salt (arginine salt is 4 x cost erbumine salt). Perindopril arginine 5mg is considered equivalent to perindopril erbumine 4mg [PresQuipp Bulletin](#).

GP Practices are requested to consider this information and appropriate actions they may wish to take noting their prescribing of these low value products. This work stream is acknowledged as optional, as there are no supporting financial resources, but may fit well with patient reviews already scheduled for those patients prescribed these products.

Resources to support deprescribing, such as patient letters are available that make it clear that changes to the prescribing of these products are part of a national programme. These are accessible on Grampian Guidance, Pharmacy & Medicines Management, Primary Care Patient letters.

Monitoring of MOLLCV will be undertaken centrally, with practices receiving information regarding their prescribing on a bi-annual basis.

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