Dear patient,

You have been prescribed COVERSYL® (Perindopril), which is an ACE inhibitor. This medication is an anti-hypertensive (blood pressure lowering) agent, but it also has important vascular protective properties independent of its blood lowering effects.

The landmark EUROPA trial studied 12218 patients with stable coronary heart disease defined as previous heart attack (MI), angiographic evidence of coronary disease, prior angioplasty or bypass surgery or male patients with a positive stress ECG, echo or nuclear heart scan. Congestive heart failure was an exclusion from this study. Eligible subjects were randomized to receive either 8 mg of COVERSYL® or placebo and followed for an average of 4.2 years. Mean age of the patients was 60 years with a range of 24-90 years.

Results included:

- **Cardiovascular mortality, MI or cardiac arrest by 20% RRR**: ARR*1.9% (488 vs 603, p<0.0003) : NNT† 53
- **Cardiovascular mortality by 14% RRR**: ARR 0.6% (215 vs 249, p<0.107) : NNT† 167
- **Total mortality, non-fatal MI, unstable angina or cardiac arrest by 14% RRR**: ARR 2.3% (904 vs 1043, p=0.0009) : NNT† 43

  § RRR = relative risk reduction  
  * ARR = absolute risk reduction  
  † NNT = number needed to treat

The mechanism of benefit relates to the vascular protective effects of ACE inhibitors which improve blood vessel dilatation, reverse atherosclerosis (hardening of the arteries), stabilize arterial plaques, improve function of the cells lining the blood vessels, reduce blood clotting and blood vessel inflammation and promote natural anti-oxidant properties.

These medications are intended for lifelong protection in any patient with:

- Prior heart attack or unstable angina
- Chronic coronary artery disease documented at angiography
- Males with positive stress ECG, echo or nuclear studies
- Prior angioplasty or bypass surgery

COVERSYL® is the second ACE inhibitor shown to have cardio-protective properties and the EUROPA trial extends the benefit of ACE inhibitors to a much younger and lower risk population. Administration of this medication should be considered in ALL PATIENTS WITH CAD.

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What you need to know about your COVERSYL®

COVERSYL® has been prescribed in your case:
- To treat high blood pressure
- For vascular protection
- To treat CHF (congestive heart failure)
- To treat left ventricular dysfunction (weakened heart muscle) after a heart attack
- To protect your kidneys from vascular damage
- To reduce the amount of protein leaking through your kidneys

COVERSYL® has been prescribed at a dose of:
- 2.0 mg daily (starting dose in patient > age 70 and patients with kidney failure)
- 4.0 mg daily (usual starting dose)
- 8.0 mg daily (target dose)

The therapeutic goal is to increase COVERSYL® to the highest tolerated dose to provide maximum vascular protection.

COVERSYL® side effects include:
- Dry non-productive cough
- Dizziness, especially with first dose or if you are dehydrated
- Elevated potassium – potassium level should be monitored with a blood test within 2 weeks of starting ACE inhibitors medication
- Elevated serum creatinine (a measure of kidney function) – creatinine level should be monitored with a blood test within 2 weeks of starting medication
- Angioedema (swelling or the face and throat). This is a rare occurrence but if it happens stop the medication and contact your physician immediately.

In general COVERSYL® is well tolerated. The risk of a serious side effect is <1%.

COVERSYL® Patient Instructions:
- Take exactly as directed.
- Do not discontinue without consulting prescribing physician.
- Hold COVERSYL® and consult prescribing physician if excess dizziness or angioedema occurs.
- COVERSYL® does not eliminate need for diet, exercise or other lifestyle modifications.
- Do not use NSAID’s (anti-inflammatory agents), potassium supplements or salt substitutes without consulting prescribing physician.
- COVERSYL® should not be used in women of childbearing years unless appropriate contraceptive precautions are taken.

If you have any questions concerning COVERSYL® consult your doctor.