



**Final Appraisal Recommendation**

Advice No: 2612 – October 2012

**Ramipril 2.5 mg/5 ml oral solution**

**Limited submission by Rosemont Pharmaceuticals Ltd**

**Recommendation of the All Wales Medicines Strategy Group**

**Ramipril oral solution is recommended as an option for use within NHS Wales for:**

- **Treatment of hypertension.**
- **Cardiovascular prevention: reduction of cardiovascular morbidity and mortality in patients with:**
  - **manifest atherothrombotic cardiovascular disease (history of coronary heart disease or stroke, or peripheral vascular disease);**
  - **diabetes with at least one cardiovascular risk factor.**
- **Treatment of renal disease:**
  - **incipient glomerular diabetic nephropathy as defined by the presence of macroalbuminuria;**
  - **manifest glomerular diabetic nephropathy as defined by macroproteinuria in patients with at least one cardiovascular risk factor;**
  - **manifest glomerular non diabetic nephropathy as defined by macroproteinuria  $\geq 3$  g/day.**
- **Treatment of symptomatic heart failure.**
- **Secondary prevention after acute myocardial infarction: reduction of mortality from the acute phase of myocardial infarction in patients with clinical signs of heart failure when started > 48 hours following acute myocardial infarction.**

**Additional note:**

- AWMMSG is of the opinion that ramipril oral solution may be appropriate for prescribing by all prescribers within NHS Wales for the above recommendation.
- Ramipril oral solution should only be considered if the patient can not swallow or tolerate ramipril tablets or capsules.

In reaching the above recommendation AWMMSG has taken account of the AWMMSG Secretariat Assessment Report (ASAR), the Preliminary Appraisal Recommendation (PAR) and the applicant company's response to the PAR,

clinical expert opinion (where available), the views of patients/patient carers (where available) and the lay member perspective (where available).

The All Wales Therapeutics and Toxicology Centre (AWTTC) reviewed this appraisal recommendation in November 2022. No new evidence was identified that is likely to significantly affect the current recommendation. Therefore, this recommendation has been transferred to AWMSG's static list of medicine recommendations.

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