



Clinician Summary Proton Pump Inhibitors (PPI)

June 2011

Based on the DERP report of June 2006

Produced by:

The Health Resources Commission

Office for Oregon Health Policy & Research

1225 Ferry Street SE Salem, OR 97301 Phone: 503.373.1629

HRC.info@state.or.us

<http://www.oregon.gov/OHPPR/HRC/index.shtml>

Clinician Summary: Proton Pump Inhibitors (PPI)

Based on the June 2006 DERP report

Drugs included: Omeprazole, omeprazole with sodium bicarbonate, lansoprazole, pantoprazole, rabeprazole, esomeprazole

Conclusions:

Good evidence: There are no clinically significant differences between the PPIs for treatment of GERD, peptic ulcer, non-steroidal ulcer, duodenal ulcer, or eradication of *Helicobacter Pylori*.

Infants:

No evidence: There is no comparative evidence for different PPIs in infants with GERD.

Harms:

No evidence: There is no significant comparative difference in the incidence and nature of adverse effects.

However, the HRC is aware of new evidence of harms associated with long term use of medications in this class.

Special populations

No evidence supports difference in efficacy or adverse effects by race and ethnicity, age, gender, or co-morbidities.

Fair evidence: There was no significant difference in the rates of major anomalies compared to controls in children born of pregnant women exposed to omeprazole, lansoprazole, or pantoprazole

Generic

Omeprazole
Omeprazole Magnesium
Omeprazole Sodium Bicarbonate
Lansoprazole

Pantoprazole
Rabeprazole
Esomeprazole

Brand

Prilosec Rx
Prilosec OTC
Zegerid
Prevacid
Prevacid SoluTab
Protonix
Aciphex
Nexium