

Date: February 22, 2005

Subject: DRC Recommendations to DCC and DHS

To: DHS, DCC, Dean's Office

From: Henry F. Simmons, Jr., MD, Ph.D.  
Chairman DRC

At its 02/18/05 meeting, the Drug Review Committee considered the potential toxicity and therapeutic roles of esomeprazole, lansoprazole, omeprazole, pantoprazole and rabeprazole. Dr. McDonough of the EPC and gastroenterologist, Bruce Johnson MD, of Gastroenterology Associates attended the group discussion and responded to questions.

The voting members of the Committee made five formal recommendations based upon their perception of the bulk of the best available evidence with the understanding that comparable doses of each drug are used.

1. None of the five drugs presents a clinically significant, special risk relative to the others when used for adults with symptoms of GERD, peptic ulcer and NSAID-induced ulcers.
2. No clinically significant differences exist among the five drugs for managing symptoms of GERD in adults.
3. No significant differences exist among the five drugs from a clinical standpoint for managing peptic ulcer disease in adults.
4. No significant differences exist among the five drugs from a clinical standpoint for managing NSAID-induced ulcer disease in adults.
5. None of the drugs offer a special benefit to various subgroups of adults in improving total symptom scores.

In addition, the Committee offers the following considerations:

At this time, the Committee can make no recommendations regarding use of a specific PPI for children.

The Committee believes that special consideration be given to alternate dosing forms for small children.

Should DHS prefer omeprazole it might consider notifying clinicians that they may prescribe the drug for adult participants in a 20 mg BID dose.

Respectfully,  
Henry F. Simmons, Jr., MD, Ph.D.