

Report by the Comissió d'Avaluació Econòmica i Impacte Pressupostari, CAEIP (Economic Evaluation and Budget Impact Commission), of Catsalut, on proton pump inhibitor drugs (PPIs) marketed in Spain¹

The systematic review of the economic evaluations of the different PPI active principles marketed in Spain shows, according to the authors, that:

- Omeprazole is the PPI with the best pharmacoeconomic profile and should be used as the first choice.
- No arguments were found, from the perspective of the cost-effectiveness analysis, for the use of a PPI other than omeprazole. In most of the indications, this conclusion is due to the fact that there is no evidence to suggest that the more expensive PPIs are more effective.
- The only case that may lead to uncertainty is the treatment of severe gastroesophageal reflux disease (GERD) with esomeprazole which, in the doses used in the trials², showed this PPI to be slightly superior to the rest, including omeprazole. This conclusion is preliminary and needs to be confirmed through empirical studies. Likewise, analyses of subgroups need to be carried out according to the severity of the GERD.

In view of the systematic review and the available evidence, the CAEIP considers:

- The preferential use of the active principle omeprazole for the treatments of GERD, peptic ulcers, ulcers caused by non-steroidal anti-inflammatory drugs (NSAIDs), the prevention of ulcers caused by NSAIDs and the eradication of *Helicobacter pylori*, since this active principle has shown the same effectiveness and a lower cost compared to the remaining active principles of its group.
- That the greater efficiency of omeprazole should not, in any case, imply the exclusion of the selection of other alternatives which could, in specific cases, lead to improvements in terms of health due to any reason that causes a greater effectiveness of the treatment.

Barcelona, 30 January 2007

¹ esomeprazole, lansoprazole, omeprazole, pantoprazole and rabeprazole

² esomeprazole 40 mg; omeprazole 20 mg

Note: the CAEIP uses the conclusions of the systematic review to write this report, the contents of which is the responsibility of the authors.

Note on the review: the validity of the statements in this report is subject to the possible variations in the effectiveness and/or costs shown by the clinical evidence and the studies made available after the date of publication of this report. The CAEIP shall, at least every 2 years, review this report according to the emergence of newly available evidence.