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15 April 2026

Circular 013/26

Medicines Management Programme – Preferred Proton Pump Inhibitor - Pantoprazole

Dear Pharmacist,

Please find enclosed a communication from Prof Michael Barry, National Clinical Lead of the HSE Medicines Management Programme (MMP) in relation to the Preferred Proton Pump Inhibitor – Pantoprazole.

Further information on each of the preferred drugs is available on the MMP website at Preferred Drugs.

Yours faithfully,

Shaun Flanagan
Assistant National Director
Primary Care Reimbursement Service

Re: Preferred Proton Pump Inhibitor - Pantoprazole

14 April 2026

Dear Colleagues,

The HSE-Medicines Management Programme's (MMP) Preferred Drugs Initiative identifies a single 'preferred drug' within a therapeutic class, and offers prescribers useful guidance on selecting, prescribing and monitoring this drug for a particular condition. Prescribers are encouraged to make the preferred drug their drug of first choice when prescribing from that therapeutic class. The identification of a preferred drug includes a review of a number of selection criteria.

The MMP previously completed an evaluation to identify a preferred proton pump inhibitor (PPI) for the treatment of gastro-oesophageal reflux disease (GORD). Following an updated evaluation, **pantoprazole** remains the preferred PPI for the treatment of GORD.*

The MMP recommends that healthcare professionals:

- prescribe pantoprazole when initiating a PPI for GORD,
- review patients receiving PPIs for the treatment of GORD, switch to pantoprazole, and reduce to the lowest effective dose, with a view to deprescribing if clinically appropriate,
- switch patients to pantoprazole for the treatment of GORD, where continued treatment is necessary.

To aid in the uptake of pantoprazole as the preferred PPI, the MMP have developed resources to support healthcare professionals, including an evaluation report and prescribing tips and tools. These resources are available on www.hse.ie/mmp under Preferred Drugs.

In 2025, total expenditure on PPIs was approximately €61 million across the Community Drug Schemes, with expenditure of €47 million on the General Medical Services (GMS) scheme. There were approximately 340,000 patients in receipt of PPIs on the GMS scheme in December 2025.

The HSE National Service Plan 2026 includes a key performance indicator to monitor the uptake of the preferred PPI on the Community Drug Schemes. Prescribing of the preferred PPI can assist in realising efficiencies in this area and delivering health services in line with the National Service Plan 2026.

My thanks for your ongoing support in promoting safe, effective and cost-effective prescribing.

With best wishes,

Michael Barry.

Professor Michael Barry, National Clinical Lead, Medicines Management Programme.

* The MMP preferred drug recommendation encompasses the five PPIs available in solid oral dosage form on the HSE Reimbursement List. It does not include other formulations of PPIs, e.g. oral suspension.

Proton pump inhibitors (PPIs) for the treatment of gastro-oesophageal reflux disease (GORD)

Preferred Drugs
THE RIGHT CHOICE, RIGHT NOW.
MEDICINES MANAGEMENT PROGRAMME

PANTOPRAZOLE is the Medicines Management Programme (MMP) preferred PPI

Tips when prescribing PPIs

- Address relevant **lifestyle issues** such as advice on healthy eating, weight reduction and smoking cessation.
- Advise patients to **avoid known precipitants** associated with their dyspepsia symptoms such as smoking, alcohol, coffee, chocolate and fatty foods.
- **Review medications** for possible causes of dyspepsia such as calcium channel blockers, nitrates, bisphosphonates, corticosteroids and nonsteroidal anti-inflammatory drugs.
- Prescribe at the **lowest effective dose** for the **shortest treatment duration**.
- **Review patients** after the initial course of treatment. For patients on long-term treatment, review at least annually. PPI treatment should be reduced or stopped if symptoms are well controlled, unless there is a recognised indication for long-term treatment.

Pantoprazole dosing information in GORD

Indication	Dose	Duration	Note
Symptomatic GORD	**20 mg daily***	**2-4 weeks**	**If symptom relief/healing is not sufficient, continue treatment for a further four weeks.**
Treatment of reflux oesophagitis	**40 mg daily****	**4 weeks**	
Prophylaxis of reflux oesophagitis	**20 mg daily**	**Continuous**	**Increase to 40 mg daily for healing if a relapse occurs before reducing to 20 mg daily.**

* With reoccurring symptoms, an on-demand regimen of 20 mg once daily when required can be used. Continuous therapy may be considered with unsatisfactory symptom control using an on-demand regimen.

** In individual cases the dose may be doubled (i.e. two pantoprazole 40 mg tablets daily) especially when there has been no response to other treatment.

Safety concern with PPIs

Gastric cancer: Particular care is required in patients presenting with alarm symptoms (e.g. significant unintentional weight loss); in such cases gastric malignancy should be ruled out before treatment.

Cautions with PPIs ***

Bone fracture: PPIs may increase the risk of bone fracture of the hip, wrist and spine, particularly when used at high doses for over a year in older people. Patients at risk of osteoporosis should have an adequate intake of vitamin D and calcium.

Vitamin B12 deficiency: Long term treatment with PPIs may be associated with reduced absorption of vitamin B12.

Hypomagnesaemia: Measurement of serum magnesium concentrations should be considered before and during prolonged treatment with a PPI, especially when used with other drugs that cause hypomagnesaemia or with digoxin.

Gastrointestinal infections: PPIs may increase the risk of gastrointestinal infections caused by bacteria such as *Salmonella*, *Campylobacter*, *Clostridioides difficile.*

Subacute cutaneous lupus erythematous: PPIs are associated with very infrequent cases of subacute cutaneous lupus erythematous.

Caution is required in prescribing PPIs long-term in older people, due to increased susceptibility to the adverse effects of PPIs.

*** List not exhaustive, please see Summary of Product Characteristics for further information.

An evaluation report is available at www.hse.ie/mmp.
Information on stepping down and deprescribing PPIs is available overleaf.

References: National Institute for Health and Care Excellence (NICE) Guidance CG184: Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management (2014; updated 2019); British National Formulary (BNF) 2025. Pharmaceutical Press [Online]. Accessed at: https://www.medicinescomplete.com/#/search/bnf/ on 09/01/2026; Summary of Product Characteristics (SmPCs) Protium® 20 mg & 40 mg; Prescribing PPIs. Drugs and Therapeutics Bulletin 2017; 55(10): 117-120; Reviewing proton pump inhibitors (PPIs) for gastro-oesophageal reflux disease (GORD), NPS MedicineWise 2021. Available at: https://www.nps.org.au/assets/NPS2357_Reviewing_PPIs_Algorithm_v3_FINAL.pdf (accessed 09/01/2026).

Abbreviations: GORD: gastro-oesophageal reflux disease; MMP: Medicines Management Programme; PPI: proton pump inhibitor

Medicines Management Programme
MMP Version 1.1 March 2026

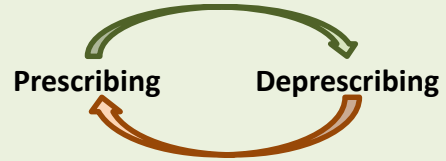
Proton pump inhibitors (PPIs) for the treatment of gastro-oesophageal reflux disease (GORD)

Stepping down and deprescribing PPIs

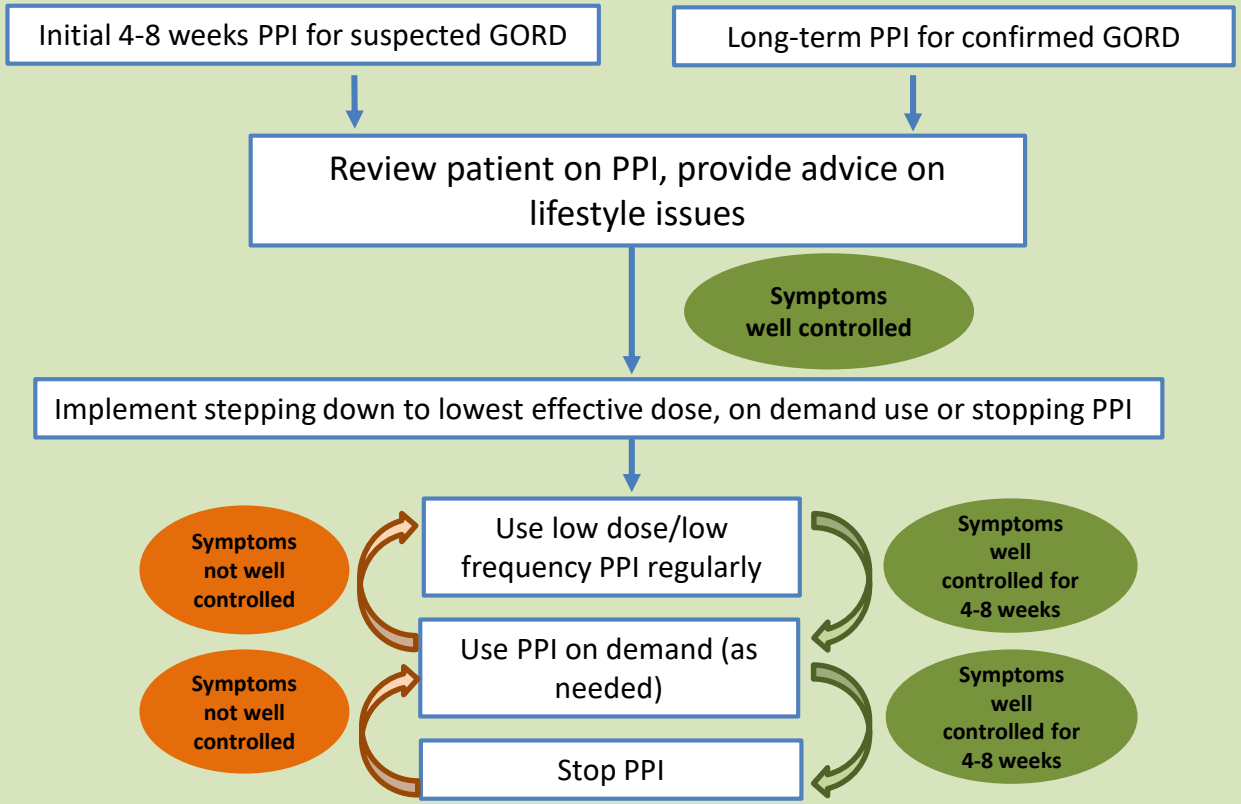
Encourage patients who use PPIs long-term for the management of GORD and dyspepsia symptoms, to reduce their use of PPIs stepwise, unless there is a recognised indication for long-term treatment.

Recommendations for a stepwise approach to stepping down and deprescribing PPIs:

1. Reduce to the lowest effective dose of PPI
2. Reduce to "as needed" PPI use, when appropriate
3. Stop PPI when appropriate and provide advice on self-treatment with an antacid and/or alginate therapy.



An example of an approach to assist in stepping down and deprescribing a PPI in GORD



The approach to stepping down a PPI should be individualised in consultation with the patient.

A patient can move between the different step-down options, depending on their level of symptom control.

Rebound acid hypersecretion resulting in an increase in reflux and dyspepsia symptoms, may occur during deprescribing. To help limit the occurrence:

- Dose can be reduced gradually
- Counsel patients about the risk of an increase in these symptoms
- Advise patients to manage such symptoms with an **antacid and/or alginate**.

References: National Institute for Health and Care Excellence (NICE) Guidance CG184: Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management (2014; updated 2019); British National Formulary (BNF) 2025. Pharmaceutical Press [Online]. Accessed at: https://www.medicinescomplete.com/#/search/bnf/ on 09/01/2026; Summary of Product Characteristics (SmPCs) Protium® 20 mg & 40 mg; Prescribing PPIs. Drugs and Therapeutics Bulletin 2017; 55(10): 117-120; Reviewing proton pump inhibitors (PPIs) for gastro-oesophageal reflux disease (GORD), NPS MedicineWise 2021. Available at: https://www.nps.org.au/assets/NPS2357_Reviewing_PPIs_Algorithm_v3_FINAL.pdf (accessed 09/01/2026)

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