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Questions and answers on the referral for Protium and associated names

pantoprazole, 20 or 40 mg gastro-resistant tablets and 40 mg powder for solution for injection

The European Medicines Agency has completed a review of Protium and associated names. The Agency's Committee for Medicinal Products for Human Use (CHMP) has concluded that there is a need to harmonise the prescribing information for Protium and associated names in the European Union (EU) and the European Economic Area (EEA).

The review was carried out under an 'Article 30' referral[1].

What is Protium?

Protium is used to treat diseases where the stomach produces too much acid. These include:

- reflux disease to treat symptoms such as heartburn and acid regurgitation (acid flowing up in the mouth),
- reflux oesophagitis (inflammation of the gullet, due to acid),
- stomach or duodenal ulcer,
- Zollinger-Ellison syndrome (a condition caused by oversecretion of acid in the stomach).

Protium can also be used for the prevention of the stomach ulcers that can be caused by some medicines used to treat pain and inflammations called non-selective non-steroidal anti-inflammatory drugs (NSAIDs), when the patient needs continuous NSAID treatment, and to help rid the stomach of a bacterium called Helicobacter pylori, which is known to cause stomach ulcers.

The active substance in Protium, pantoprazole, is a proton pump inhibitor (PPI). It works by blocking 'proton pumps', proteins found in specialised cells in the stomach lining that pump acid into the stomach. By blocking the pumps, pantoprazole reduces acid production.

Protium is also available in the EU and EEA under other trade names: Anagastra, Apton, Controloc, Eupantol, Inipomp, Pantec, Pantecta, Pantipp, Panto-Byk-20, Panto-Byk-40, Panto-Byk-IV, Pantoc,

[1] Article 30 of Directive 2001/83/EC as amended, referral on the grounds of divergent decisions adopted by member States

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Pantoloc, PantoLomberg, Pantopan, Pantoprazol 20 mg Byk, Pantoprazol NYC, Pantoprazol Nycomed, Pantoprazol-Byk, Pantoprazole ALTANA, Pantoprazole Lomberg, Pantorc, Pantozol, Peptazol, Rifun, Somac, Ulcotenal, Zurcal, Zurcale and Zurcazol.

The company that markets these medicines is Nycomed.

Why was Protium reviewed?

Protium is authorised in the EU via national procedures. This has led to divergences among Member States in the way the medicine can be used, as seen in the differences in the Summaries of Product Characteristics (SPCs), labelling and package leaflets in the countries where the product is marketed. Protium has been identified as needing harmonisation by the Co-ordination Group on the Mutual and Decentralised Procedures – Human (CMD(h)).

On 3 September 2008, the European Commission referred the matter to the Committee for Medicinal Products for Human Use (CHMP) in order to harmonise the marketing authorisations for Protium and associated names in the EU and the EEA.

What are the conclusions of the CHMP?

The CHMP, in the light of the data submitted and the scientific discussion within the Committee, was of the opinion that the SPCs, labelling and package leaflets should be harmonised across the EU. The main areas harmonised include:

4.1 Therapeutic indications

The CHMP agreed on a harmonised indication (the disease for which the medicine may be used). The Committee recommended that the 20 mg gastro-resistant tablets should be used for the treatment of symptomatic gastro-oesophageal reflux disease, the long-term management and prevention of relapse in reflux oesophagitis and the prevention of gastroduodenal ulcers induced by non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in patients at risk with a need for continuous NSAID treatment.

The Committee recommended that the 40 mg gastro-resistant tablets and the 40 mg powder for solution for injection should be used to treat reflux oesophagitis, gastric and duodenal ulcer, and Zollinger-Ellison-Syndrome and other pathological hypersecretory conditions. The 40 mg gastro-resistant tablets can also be used to eradicate Helicobacter pylori (H. pylori) in combination with appropriate antibiotic therapy in patients with H. pylori associated ulcers.

4.2 Posology and method of administration

The recommended dosage for the treatment of symptomatic gastro-oesophageal reflux disease, the long-term management of reflux oesophagitis and the prevention of gastroduodenal ulcers in patients taking NSAIDs, the recommended dose is one 20 mg tablet once daily. This can be increased to 40 mg a day in cases where symptoms of reflux oesophagitis relapse.

The recommended dose for reflux oesophagitis and gastric or duodenal ulcers is one 40 mg tablet or one 40 mg injection daily. The dose of the tablets may be doubled in cases where there has been no response to treatment. Zollinger-Ellison-Syndrome and other pathological hypersecretory conditions are treated with a daily dose of 80 mg of pantoprazole, either as two 40 mg tablets or an injection. The dose can be adjusted depending on the amount of acid being secreted in the stomach. To eradicate H. pylori in the stomach, the recommended dose is one 40 mg gastro-resistant tablet taken twice a day in combination with appropriate antibiotic treatment.

4.3 Contra-indications

The CHMP also agreed on a harmonised wording for the contra-indications (situations where the medicine must not be used). The Committee was of the opinion that the concomitant use of atazanavir and other anti-HIV medicines should not be contraindicated, but that a warning should be added in section 4.4.

4.4 Special warnings and precautions for use

Co-administration of atazanavir with PPIs is not recommended. However, if the combination of atazanavir with a PPI is judged unavoidable, close clinical monitoring (e.g. virus load) is recommended while high doses of PPI should be avoided. The CHMP also included a warning that treatment with Protium and other PPIs may lead to an increase in infections of the gut.

4.5 Interactions with other medicinal products

The CHMP noted that, due to interactions, the concomitant use of PPIs may affect the efficacy of atazanavir and other HIV medications whose absorption is pH-dependent.

Other changes

The CHMP harmonised the SPC sections on pregnancy and lactation, the ability to drive and use machines, undesirable effects and overdose.

The amended information to doctors and patients is available here

The European Commission issued a decision on 15 April 2010.

Rapporteur:	Dr Calvo-Rojas (Spain)
Co-Rapporteur:	Dr Enzmann (Germany)
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