

FAQs About Nexium® 24HR

Q: What is the indication for Nexium 24HR and how does it differ from the indications for the prescription formulation?

A: Nexium 24HR (esomeprazole 20 mg capsules) is indicated for the treatment of frequent heartburn (2 or more days a week) in adults 18 years of age or older. Nexium 24HR capsules are indicated for 14-day treatment of frequent heartburn.¹

NEXIUM® (esomeprazole) is available by prescription (20 mg and 40 mg) and is indicated for the treatment of gastroesophageal reflux disease (GERD), risk reduction of NSAID-associated gastric ulcer, *H. pylori* eradication to reduce the risk of duodenal ulcer recurrence, and pathological hypersecretory conditions, including Zollinger-Ellison syndrome.²

Q: Is NEXIUM available as a prescription?

A: Yes, NEXIUM is available as a prescription medication for its currently approved indications.

Q: How is Nexium 24HR sold in stores?

A: Nexium 24HR is available in 14-capsule, 28-capsule, and 42-capsule sizes. These sizes contain 1, 2, and 3 courses of 14-day treatment, respectively. Nexium 24HR should not be used for more than 14 days in a row unless directed by a doctor. With the 28 count (two 14-day courses) and the 42 count (three 14-day courses), patients may repeat a 14-day course every 4 months.



Q: Who should take Nexium 24HR?

A: Adults who are 18 years of age or older with frequent heartburn (2 or more days per week) can take Nexium 24HR.¹ It is important to read and carefully follow the labeling directions for use of Nexium 24HR. Those who should not take Nexium 24HR include¹:

- Children under 18 years of age
- People who have 1 episode or less of heartburn per week
- Those who want immediate relief of heartburn
- People with known hypersensitivity to esomeprazole magnesium or any of the ingredients in Nexium 24HR
- People who have trouble or pain swallowing food, vomiting with blood, or bloody or black stools, as these may be signs of a serious condition

Q: How quickly will Nexium 24HR work?

A: Because the acid-releasing proton pumps in the stomach are not all active at the same time, it may take 1 to 4 days for a PPI—such as Nexium 24HR—to build up and work on enough active pumps to reach full effect.³⁻⁶

Q: What is the mechanism of action of Nexium 24HR?

A: Esomeprazole is a PPI that suppresses gastric acid secretion by specific inhibition of H⁺/K⁺ ATPase in the gastric parietal cell. The S-isomer of omeprazole is protonated and converted in the acidic compartment of the parietal cell forming the active inhibitor, the achiral sulphenamide. By acting specifically on the proton pump, esomeprazole blocks the final step in acid production, thus reducing gastric acidity.²

Q: How is Nexium 24HR different compared to Prilosec OTC®?

A: Nexium 24HR and Prilosec OTC are both over-the-counter PPIs, but they have different active ingredients. Omeprazole 20 mg (equivalent to Prilosec OTC*) is a racemic mixture, which is a compound composed of two isomers: the S- and R-isomers. Esomeprazole contains only the S-isomer, which is more bioavailable than the racemic mixture, and therefore delivers 80% more acid blockers to the source compared to omeprazole 20 mg (equivalent to Prilosec OTC*).^{7†} By having only the S-isomer, esomeprazole—the active ingredient in Nexium 24HR—is more effective in suppressing acid.^{7‡}

*Prilosec OTC contains the active ingredient omeprazole magnesium 20.6 mg, equivalent to omeprazole 20 mg, used in this study.

†Based on a pharmacokinetic study. The correlation of pharmacokinetic variables to clinical outcome has not been directly established.

‡Acid control (pH >4) does not imply symptom relief. The correlation of pH data to clinical outcome has not been directly established.

References: 1. Nexium 24HR Drug Facts, Pfizer Inc, 2014. 2. NEXIUM [package insert]. Wilmington, DE: AstraZeneca LP; 2014. 3. Shin JM, Vagin O, Munson K, et al. Molecular mechanisms in therapy of acid-related diseases. *Cell Mol Life Sci*. 2008;65(2):264-281. 4. Sachs G, Shin JM, Howden CW. Review article: the clinical pharmacology of proton pump inhibitors. *Aliment Pharmacol Ther*. 2006;23(suppl 2):2-8. 5. Shin JM, Munson K, Vagin O, Sachs G. The gastric HK-ATPase: structure, function, and inhibition. *Pflugers Arch*. 2009;457(3):609-622. 6. Wolfe MM, Sachs G. Acid suppression: optimizing therapy for gastroduodenal ulcer healing, gastroesophageal reflux disease, and stress-related erosive syndrome. *Gastroenterology*. 2000;118(2 suppl 1):S9-S31. 7. Lind T, Rydberg L, Kylebäck A, et al. Esomeprazole provides improved acid control vs. omeprazole in patients with symptoms of gastro-oesophageal reflux disease. *Aliment Pharmacol Ther*. 2000;14:861-867.