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For current labeling information, please visit <https://www.fda.gov/drugsatfda>

3 N
68554 - 3072-1
2



*Each delayed-release capsule contains 20 mg of esomeprazole as esomeprazole magnesium dihydrate, USP.

Usual Adult Dosage: See package insert for complete prescribing information.

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

Keep container tightly closed.

US Contact Number:
866-495-1995

NDC 68554-3072-1

**Esomeprazole
Magnesium Delayed-
Release Capsules, USP**

20 mg*

PHARMACIST: Dispense the Medication Guide provided separately to each patient.

Rx only

90 Capsules



Mfg. Lic. No.: 22/RR/AP/2001/F&B/CC

Manufactured by:
HETERO™
HETERO LABS LIMITED
22-110, I.D.A., Jeedimetla,
Hyderabad - 500 055, India.



2023351

(b) (4)

Size: 120 x 40 mm

Note: Batch No. & Exp. Date will be over printed.

This label may not be the latest approved by FDA.
For current labeling information, please visit <https://www.fda.gov/drugsat>

3 N
68554 - 3072-0
5

*Each delayed release capsule contains 20 mg of esomeprazole as esomeprazole magnesium dihydrate, USP

Usual Adult Dosage: See package insert for complete prescribing information

Store at 20° to 25°C (68° to 77°F)
[see USP Controlled Room Temperature]

Keep container tightly closed

US Contact Number:
866 495 1995

NDC 68554 3072 0

**Esomeprazole
Magnesium Delayed-
Release Capsules, USP**

20 mg*

PHARMACIST: Dispense the Medication Guide provided separately to each patient

Rx only
30 Capsules

Mfg Lic No 22/RR/AP/2001/F&B/CC

Manufactured by
HETERO™
HETERO LABS LIMITED
22-110, I D A, Jeedimetla,
Hyderabad - 500 055, India

2023358

(b) (4)

Size: 95 x 28 mm

Note: Batch No. & Exp. Date will be over printed.

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For current labeling information, please visit <https://www.fda.gov/drugsatfda>

Mfg. Lic. No.: 22/RR/AP/2001/F&B/CC

*Each delayed-release capsule contains 20 mg of esomeprazole as esomeprazole magnesium dihydrate, USP.

NDC 68554-3072-2

**Esomeprazole
Magnesium Delayed-
Release Capsules, USP**

20 mg*

PHARMACIST: Dispense the Medication Guide
provided separately to each patient.

Rx only

1000 Capsules



Usual Adult Dosage: See
package insert for complete
prescribing information.

Store at 20° to 25°C (68° to 77°F)
[see USP Controlled Room
Temperature].

Keep container tightly closed.

**This package is not intended
for household use.**

**US Contact Number:
866-495-1995**

Manufactured by:
HETERO™
HETERO LABS LIMITED
22-110, I.D.A., Jeedimetla,
Hyderabad - 500 055, India.

2023354



(b) (4)

Size: 195 x 80 mm

Note: Batch No. & Exp. Date will be over printed.

This label may not be the latest approved by FDA.
For current labeling information, please visit <https://www.fda.gov/drugsat>

3 N
68554 - 3073-0
4



*Each delayed release capsule contains 40 mg of esomeprazole as esomeprazole magnesium dihydrate, USP

Usual Adult Dosage: See package insert for complete prescribing information

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]

Keep container tightly closed

US Contact Number:
866 495 1995

NDC 68554 3073 0

**Esomeprazole
Magnesium Delayed-
Release Capsules, USP**

40 mg*

PHARMACIST: Dispense the Medication Guide provided separately to each patient

Rx only
30 Capsules



Mfg Lic No 22/RR/AP/2001/F&B/CC

Manufactured by
HETERO™
HETERO LABS LIMITED
22 110, I D A , Jeedimetla,
Hyderabad 500 055, India

2023352



(b) (4)

Size: 95 x 28 mm

Note: Batch No. & Exp. Date will be over printed.

**This label may not be the latest approved by FDA.
For current labeling information, please visit <https://www.fda.gov/drugsatfda>**

3Z

68554

- 3073-1

1

*Each delayed-release capsule contains 40 mg of esomeprazole as esomeprazole magnesium dihydrate, USP.

Usual Adult Dosage: See package insert for complete prescribing information.

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

Keep container tightly closed.

US Contact Number:
866-495-1995

NDC 68554-3073-1

**Esomeprazole
Magnesium Delayed-
Release Capsules, USP**

40 mg*

PHARMACIST: Dispense the Medication Guide provided separately to each patient.

Rx only
90 Capsules



Mfg. Lic. No.: 22/RR/AP/2001/F&B/CC

Manufactured by:

HETERO™
HETERO LABS LIMITED
22-110, I.D.A., Jeedimetla,
Hyderabad - 500 055, India.

2023355



(b) (4)

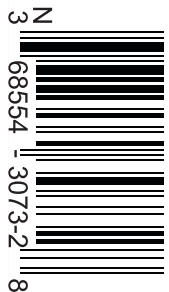
Size: 135 x 45 mm

Note: Batch No. & Exp. Date will be over printed.

*Each delayed-release capsule contains 40 mg of esomeprazole as esomeprazole magnesium dihydrate, USP.

NDC 68554-3073-2

Mfg. Lic. No.: 22/RR/AP/2001/F&B/CC



Usual Adult Dosage: See package insert for complete prescribing information.

Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

Keep container tightly closed.

This package is not intended for household use.

US Contact Number:
866-495-1995

Esomeprazole Magnesium Delayed- Release Capsules, USP

40 mg*

PHARMACIST: Dispense the Medication Guide provided separately to each patient.

Rx only

1000 Capsules



Manufactured by:

HETERO™
HETERO LABS LIMITED
22-110, I.D.A., Jeedimetla,
Hyderabad - 500 055, India.

2023353



(b) (4)

Size: 200 x 90 mm

Note: Batch No. & Exp. Date will be over printed.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use esomeprazole magnesium delayed release capsules safely and effectively. See full prescribing information for esomeprazole magnesium delayed release capsules.

ESOMEPRAZOLE magnesium delayed release capsules, USP for oral use

Initial U.S. Approval: 1989 (omeprazole)

RECENT MAJOR CHANGES

Warnings and Precautions, Interactions with Diagnostic Investigations for Neuroendocrine Tumors (5.10)	03/2014
Contraindications (4)	12/2014
Warnings and Precautions, Acute Interstitial Nephritis (5.3)	12/2014
Warnings and Precautions, Cyanocobalamin (vitamin B 12) Deficiency (5.4)	12/2014

INDICATIONS AND USAGE

Esomeprazole magnesium delayed release capsule, USP is a proton pump inhibitor indicated for the following:

- Treatment of gastroesophageal reflux disease (GERD) (1.1)
- Risk reduction of NSAID associated gastric ulcer (1.2)
- Pathological hypersecretory conditions, including Zollinger-Ellison syndrome (1.4)

DOSEAGE AND ADMINISTRATION

Indication	Dose	Frequency
Gastroesophageal Reflux Disease (GERD)		
Adults	20 mg or 40 mg	Once daily for 4 to 8 weeks
12 to 17 years	20 mg or 40 mg	Once daily for up to 8 weeks
1 to 11 years	10 mg or 20 mg	Once daily for up to 8 weeks
Risk Reduction of NSAID Associated Gastric Ulcer		
	20 mg or 40 mg	Once daily for up to 6 months
Pathological Hypersecretory Conditions		
	40 mg	Twice daily

See full prescribing information for administration options (2)

Patients with severe liver impairment do not exceed dose of 20 mg (2)

DOSEAGE FORMS AND STRENGTHS

- Esomeprazole magnesium delayed release capsules: 20 mg and 40 mg (3)

CONTRAINDICATIONS

Patients with known hypersensitivity to proton pump inhibitors (PPIs) (angioedema and anaphylaxis have occurred) (4)

WARNINGS AND PRECAUTIONS

- Symptomatic response does not preclude the presence of gastric malignancy (5.1)
- Atrophic gastritis has been noted with long term omeprazole therapy (5.2)

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE	1.1 Treatment of Gastroesophageal Reflux Disease (GERD)
1.2 Risk Reduction of NSAID Associated Gastric Ulcer	1.4 Pathological Hypersecretory Conditions Including Zollinger-Ellison Syndrome
2 DOSEAGE AND ADMINISTRATION	2.1 Dosage Forms and Strengths
3 DOSEAGE FORMS AND STRENGTHS	3.1 Contraindications
4 CONTRAINDICATIONS	4.1 Warnings and Precautions
5 WARNINGS AND PRECAUTIONS	5.1 Concurrent Gastric Malignancy
5.2 Atrophic Gastritis	5.3 Acute Interstitial Nephritis
5.4 Cyanocobalamin (vitamin B 12) Deficiency	5.5 Clostridium difficile associated diarrhea
5.6 Interaction with Clopidogrel	5.7 Bone Fracture
5.8 Hypomagnesemia	5.9 Concomitant use of esomeprazole magnesium delayed release capsules with St John's Wort or rifampin
5.10 Interactions with Diagnostic Investigations for Neuroendocrine Tumors	5.11 Concomitant use of esomeprazole magnesium delayed release capsules with Methotrexate
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6.2 Postmarketing Experience	
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7.2 Drugs for Which Gastric pH Can Affect Bioavailability	

FULL PRESCRIBING INFORMATION

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1.2 Risk Reduction of NSAID Associated Gastric Ulcer	1.4 Pathological Hypersecretory Conditions Including Zollinger-Ellison Syndrome
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Table 1: Recommended Dosage Schedule of Esomeprazole Magnesium Delayed Release Capsules		
Indication	Dose	Frequency
Gastroesophageal Reflux Disease (GERD)		
Healing of Erosive Esophagitis	20 mg or 40 mg	Once Daily for 4 to 8 Weeks*
Maintenance of Healing of Erosive Esophagitis	20 mg	Once Daily**
Symptomatic Gastroesophageal Reflux Disease	20 mg	Once Daily for 4 Weeks***
Pediatric GERD		
12 to 17 Year Olds	20 mg or 40 mg	Once Daily for 4 to 8 Weeks
Symptomatic GERD	20 mg	Once Daily for 4 Weeks
1 to 11 Year Olds*	10 mg	Once Daily for up to 8 Weeks
Short term Treatment of Symptomatic GERD	10 mg	Once Daily for up to 8 Weeks
Healing of Erosive Esophagitis	10 mg	Once Daily for 8 Weeks
weight < 20 kg	10 mg or 20 mg	Once Daily for 8 Weeks
weight ≥ 20 kg	20 mg or 40 mg	Once Daily for up to 6 months**
Risk Reduction of NSAID Associated Gastric Ulcer		
	20 mg or 40 mg	Once Daily for up to 6 months**
Pathological Hypersecretory Conditions Including Zollinger-Ellison Syndrome		
	40 mg†	*Twice daily

* [See Clinical Studies (14.1.1)] The majority of patients are healed within 4 to 8 weeks. For patients who do not heal after 4 to 8 weeks, an additional 4 to 8 weeks of treatment may be considered.

** Controlled studies did not extend beyond six months.

*** If symptoms do not resolve completely after 4 weeks, an additional 4 weeks of treatment may be considered.

† Does over 1 mg/kg/day have not been studied.

‡ The dosage of esomeprazole magnesium delayed release capsules in patients with pathological hypersecretory conditions varies with the individual patient. Dosage regimens should be adjusted to individual patient needs.

§ Doeses up to 240 mg daily have been administered [See Drug Interactions (7.1)].

Special Populations

Hepatic Insufficiency

In patients with mild to moderate liver impairment (Child Pugh Classes A and B), no dosage adjustment is necessary. For patients with severe liver impairment (Child Pugh Class C), a dose of 20 mg of esomeprazole magnesium delayed release capsules should not be exceeded [See Clinical Pharmacology (12.3)].

Table 2: Administration Options		
(See text following table for additional instructions.)		
Dosage Form	Route	Options
Delayed Release Capsules	Oral	Capsule can be swallowed whole.
		or
		Capsule can be opened and mixed with applesauce.
Delayed Release Capsules	Nasogastric Tube	Capsule can be opened and the intact granules emptied into a syringe and delivered through the nasogastric tube.

- Acute interstitial nephritis has been observed in patients taking PPIs. (5.3)
- Cyanocobalamin (vitamin B 12) Deficiency: Daily long term use (e.g., longer than 3 years) may lead to malabsorption or a deficiency of cyanocobalamin. (5.4)
- PPI therapy may be associated with increased risk of Clostridium difficile associated diarrhea. (5.5)
- Avoid concomitant use of esomeprazole magnesium delayed release capsules with clopidogrel. (5.6)
- Bone Fracture: Long term and multiple daily dose PPI therapy may be associated with an increased risk for osteoporosis related fractures of the hip, wrist or spine. (5.7)
- Hypomagnesemia has been reported rarely with prolonged treatment with PPIs. (5.8)
- Avoid concomitant use of esomeprazole magnesium delayed release capsules with St John's Wort or rifampin due to the potential reduction in esomeprazole levels (5.9, 7.3)
- Interactions with diagnostic investigations for Neuroendocrine Tumors: Increases in intragastric pH may result in hypergastrinemia and enterochromaffin like cell hyperplasia and increased chromogranin A levels which may interfere with diagnostic investigations for neuroendocrine tumors. (5.10, 12.2)

ADVERSE REACTIONS

Most common adverse reactions (6.1):

- Adults (>18 years) (incidence < 1%) are headache, diarrhea, nausea, flatulence, abdominal pain, constipation, and dry mouth
- Pediatric (1 to 17 years) (incidence ≥ 2%) are headache, diarrhea, abdominal pain, nausea, and somnolence

To report SUSPECTED ADVERSE REACTIONS, contact Helena Labs Limited at 866 495 1995 or FDA at 1 800 FDA 1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- May affect plasma levels of antiretroviral drugs – use with atazanavir and nelfinavir is not recommended if saquinavir is used with esomeprazole magnesium delayed release capsules, monitor for toxicity and consider saquinavir dose reduction. (7.1)
- May interfere with drugs for which gastric pH affects bioavailability (e.g., ketoconazole, iron salts, erlotinib, digoxin and mycophenolate mofetil). Patients treated with esomeprazole magnesium delayed release capsules and digoxin may need to be monitored for digoxin toxicity. (7.2)
- Combined inhibitor of CYP 2C19 and 3A4 may raise esomeprazole levels. (7.3)
- Clopidogrel: Esomeprazole magnesium delayed release capsule decreases exposure to the active metabolite of clopidogrel. (5.6)
- May increase systemic exposure of clobazam and an active metabolite. Consider dose reduction. (7.3)
- Tacrolimus: Esomeprazole magnesium delayed release capsules may increase serum levels of tacrolimus (7.5)
- Methotrexate: Esomeprazole magnesium delayed release capsules may increase serum levels of methotrexate. (7.7)

USE IN SPECIFIC POPULATIONS

- Pregnancy: Based on animal data, may cause fetal harm. (8.1)

See IFU for PATIENT COUNSELING INFORMATION AND FDA Approved Medication Guide.

Revised : 02/2015

7.3 Effects on Hepatic Metabolism/Cytochrome P 450 Pathways	7.4 Interactions with Investigations of Neuroendocrine Tumors
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12.2 Pharmacodynamics	12.3 Pharmacokinetics
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*Sections or subsections omitted from the full prescribing information are not listed.	

Esomeprazole Magnesium Delayed Release Capsules

Esomeprazole magnesium delayed release capsules should be swallowed whole.

Alternatively, for patients who have difficulty swallowing capsules, one tablespoon of applesauce can be added to an empty bowl and the esomeprazole magnesium delayed release capsule can be opened, and the granules inside the capsule carefully emptied onto the applesauce. The granules should be mixed with the applesauce and then swallowed immediately; do not store for future use. The applesauce used should not be hot and should be soft enough to be swallowed without chewing. The granules should not be chewed or crushed. If the granules and applesauce mixture is not used in its entirety, the remaining mixture should be discarded immediately.

For patients who have a nasogastric tube in place, esomeprazole magnesium delayed release capsules can be opened and the intact granules emptied into a 60 mL catheter tipped syringe and mixed with 50 mL of water. It is important to only use a catheter tipped syringe when administering esomeprazole magnesium delayed release capsules through a nasogastric tube. Replace the plunger and shake the syringe vigorously for 15 seconds. Hold the syringe with the tip up and check for granules remaining in the tip. Attach the syringe to a nasogastric tube and deliver the contents of the syringe through the nasogastric tube into the stomach. After administering the granules, the nasogastric tube should be flushed with additional water. Do not administer the granules if they are dissolved or disintegrated.

The mixture must be used immediately after preparation.

3 DOSEAGE FORMS AND STRENGTHS	Esomeprazole magnesium delayed release capsules, 20 mg are purple colored size 3' hard gelatin capsule imprinted with 'H' on cap and '72' on body filled with pale yellow colored pellets.
4 CONTRAINDICATIONS	Esomeprazole magnesium delayed release capsules, 40 mg are purple colored size 2' hard gelatin capsule imprinted with 'H' on cap and '71' on body filled with pale yellow colored pellets.
5 WARNINGS AND PRECAUTIONS	
5.1 Concurrent Gastric Malignancy	Symptomatic response to therapy with esomeprazole magnesium delayed release capsules does not preclude the presence of gastric malignancy.
5.2 Atrophic Gastritis	Atrophic gastritis has been noted occasionally in gastric cancer biopsies from patients treated long term with omeprazole, of which esomeprazole is an enantiomer.
5.3 Acute Interstitial Nephritis	Acute interstitial nephritis has been observed in patients taking PPIs including esomeprazole magnesium delayed release capsules. Acute interstitial nephritis may occur at any point during PPI therapy and is generally attributed to an idiosyncratic hypersensitivity reaction. Discontinue esomeprazole magnesium delayed release capsules if acute interstitial nephritis develops [See Contraindications (4)].
5.4 Cyanocobalamin (vitamin B 12) Deficiency	Daily treatment with any acid suppressing medications over a long period of time (e.g., longer than 3 years) may lead to malabsorption of cyanocobalamin (vitamin B 12) caused by hypochlorhydria. Rare reports of cyanocobalamin deficiency occurring with acid suppressing therapy have been reported. The clinical significance of this deficiency should be considered if clinical symptoms consistent with cyanocobalamin deficiency are observed.
5.5 Clostridium difficile associated diarrhea	Published observational studies suggest that PPI therapy like esomeprazole magnesium delayed release capsules may be associated with an increased risk of Clostridium difficile associated diarrhea, especially in hospitalized patients. This diagnosis should be considered for diarrhea that does not improve [See Adverse Reactions (6.2)].
5.6 Interaction with Clopidogrel	Patients should use the lowest dose and shortest duration of PPI therapy appropriate to the condition being treated. Clostridium difficile associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents.
5.7 Bone Fracture	Several published observational studies suggest that proton pump inhibitor (PPI) therapy may be associated with an increased risk for osteoporosis related fractures of the hip, wrist, or spine. The risk for fractures in patients treated with esomeprazole was increased with multiple daily doses, and long term PPI therapy (a year or longer). Patients should use the lowest dose and shortest duration of PPI therapy appropriate to the condition being treated. Patients at risk for osteoporosis related fractures should be managed according to established treatment guidelines [See Dosage and Administration (2) and Adverse Reactions (6.2)].
5.8 Hypomagnesemia	Hypomagnesemia, symptomatic and asymptomatic, has been reported rarely in patients treated with PPIs for at least three months, in most cases after a year of therapy. Serious adverse events include tetany, arrhythmias, and seizures. In most patients, the lowest hypomagnesemia required magnesium replacement and discontinuation of the PPI.
5.9 Concomitant use of Esomeprazole Magnesium Delayed Release Capsules with St John's Wort or Rifampin	For patients expected to be on prolonged treatment or who take PPIs with medications such as digoxin or drugs that may cause hypomagnesemia (e.g., diuretics), health care professionals may consider monitoring magnesium levels prior to initiation of PPI treatment and periodically [See Adverse Reactions (6.2)].
5.10 Interactions with Diagnostic Investigations for Neuroendocrine Tumors	Serum chromogranin A (CgA) levels increase secondary to drug induced decreases in gastric acidity. The increased CgA level may cause false positive results in diagnostic investigations for neuroendocrine tumors. Healthcare providers should temporarily stop esomeprazole treatment at least 14 days before assessing CgA levels and consider repeating the test if initial CgA levels are high. If serial tests are performed (e.g., for monitoring), the same commercial laboratory should be used for testing, as reference ranges between tests may vary [See Clinical Pharmacology (12.2.2)].

- Concomitant use of Esomeprazole Magnesium Delayed Release Capsules with Methotrexate Literature suggests that concomitant use of PPIs with methotrexate (primarily at high dose; see methotrexate prescribing information) may elevate and prolong serum levels of methotrexate and/or its metabolite, possibly leading to methotrexate toxicities. In high dose methotrexate administration a temporary withdrawal of the PPI may be considered in some patients [See Drug Interactions (7.7)].

6 ADVERSE REACTIONS

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Adults

The safety of esomeprazole magnesium delayed release capsules were evaluated in over 15,000 patients (aged 18 to 84 years) in clinical trials worldwide including over 8,500 patients in the United States and over 5,500 patients in Europe and Canada. Over 2,800 patients were treated in long term studies for up to 6 to 12 months. In general, esomeprazole magnesium delayed release capsules were well tolerated in both short and long term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical trials, which included 1,240 patients on esomeprazole magnesium delayed release capsules 20 mg, 2,434 patients on esomeprazole magnesium delayed release capsules 40 mg, and 3,008 patients on omeprazole 20 mg daily. The most frequently occurring adverse reactions (>1%) in all three groups were headache (5.5, 5, and 3.8, respectively) and diarrhea (no difference among the three groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking esomeprazole magnesium delayed release capsules or omeprazole.

Additional adverse reactions that were reported as possibly or probably related to esomeprazole magnesium delayed release capsules with an incidence < 1% are listed below by body system: Body as a Whole: abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, constipation, rash, macule papular, skin inflammation, sweating increased, urticaria; Skin and Appendages: generalized edema, leg edema, malaise, pain, rigors; Cardiovascular: flushing, hypertension, tachycardia; Endocrine: goiter; Gastrointestinal: bowel irregularity, constipation aggravated, dyspepsia, dysphagia, dysplasia GI, epigastric pain, eructation, esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms not otherwise specified, hiccup, melena, mouth disorder, pharynx disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting.

Hepatic: anorexia, anemia hypochromic, cervical lymphadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia; Hematologic: anemia, anemia hypochromic, cervical lymphadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia; Hepatic: bilirubinemia, hepatic function abnormal, SGOT increased, SGPT increased; Metabolic/Nutritional: glycosuria, hyperuricemia, hypotatemia, increased alkaline phosphatase, thirst, vitamin B12 deficiency, weight increase, weight decrease;

Musculoskeletal: arthralgia, arthritis aggravated, arthralgia, cramps, fibromyalgia syndrome, hernia, polyvinyl alcohol rheumatism; Nervous System/Psychiatric: anorexia, apathy, appetite increased, constipation, depression aggravated, dizziness, hyperkalemia, nervousness, hypotension, impotence, insomnia, migraine, migraine aggravated, paresthesia, sleep disorder, somnolence, tremor, vertigo, visual field defect.

Reproductive: dysmenorrhea, menstrual disorder, vaginitis; Respiratory: asthma aggravated, coughing, dyspnea, larynx edema, pharyngitis, rhinitis, sinusitis; Skin and Appendages: acne, angioedema, dermatitis, pruritus, pruritus ani, rash, rash erythematous, rash macule papular, skin inflammation, sweating increased, urticaria; Special Senses: otitis media, parosmia, taste loss, taste perversions;

Urogenital: abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, micturition frequency, moniliasis, genital moniliasis, polyuria; Visual: conjunctivitis, vision abnormal.

The following potentially clinically significant laboratory changes in clinical trials, irrespective of relationship to esomeprazole magnesium delayed release capsules, were reported in >1% of patients: increased creatinine, uric acid, total bilirubin, alkaline phosphatase, ALT, AST, hemoglobin, white blood cell count, platelets, serum gastrin, potassium, sodium, thyroxine and thyroid stimulating hormone (see Clinical Pharmacology (12)). Decreases were seen in hemoglobin, white blood cell count, platelets, potassium, sodium, and thyroxine. Endoscopic findings that were reported as adverse reactions include: duodenitis, esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or nodules, Barrett's esophagus, and esophageal cancer.

The incidence of treatment related adverse reactions during 6 month maintenance treatment was similar to placebo. There were no differences in types of related adverse reactions seen during maintenance treatment up to 12 months compared to short term treatment. Two placebo controlled studies were conducted in 710 patients for the treatment of symptomatic gastroesophageal reflux disease. The most common adverse reactions that were reported as possibly or probably related to esomeprazole magnesium delayed release capsules were diarrhea (4.3%), headache (3.8%), and abdominal pain (3.8%).

Pediatrics

The safety of esomeprazole magnesium delayed release capsules were evaluated in 316 pediatric and adolescent patients aged 1 to 17 years in four clinical trials for the treatment of symptomatic GERD [see Clinical Studies (14.2)]. In 109 pediatric patients aged 1 to 11 years, the most frequently occurring adverse reactions were headache (3.8%), diarrhea (3.8%), and abdominal pain (3.8%). In 207 adolescent patients aged 12 to 17 years, the most frequently reported (at least 2%) treatment related adverse reactions in these patients were headache (8.1%), abdominal pain (7.2%), diarrhea (2%), and nausea (2%).

No new safety concerns were identified in pediatric patients.

6.2 Postmarketing Experience

The following adverse reactions have been identified during post approval use of esomeprazole magnesium delayed release capsules. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. These reports are listed below by body system: Blood And Lymphatic: granulocytopenia, pancytopenia; Eye: blurred vision; Gastrointestinal: pancreatitis; stomatitis; microscopic colitis; Hepatobiliary: hepatic failure, hepatitis with or without jaundice; Immune System: anaphylactic reaction/shock; Infections and Infestations: GI candidiasis; Clostridium difficile associated diarrhea; Metabolism and nutritional disorders: hypomagnesemia, with or without hypocalcemia and/or hypokalemia; Musculoskeletal and Connective Tissue: muscular weakness, myalgia, bone fracture;

Nervous System: hepatic encephalopathy, taste disturbance; Psychiatric: aggression, agitation, depression, hallucinations; Renal and Urinary: interstitial nephritis; Reproductive System and Breast: gynecostasia; Respiratory, Thoracic, and Mediastinal: bronchospasm;

Skin and Subcutaneous Tissue: angioedema, erythema multiforme, hypersensitivity, photosensitivity, Stevens-Johnson syndrome, toxic epidermal necrolysis (some fatal);

7 DRUG INTERACTIONS

7.1 Interference with Antiretroviral Therapy

Concomitant use of atazanavir and nelfinavir with proton pump inhibitors is not recommended. Co administration of atazanavir with proton pump inhibitors is expected to substantially decrease atazanavir plasma concentrations and may result in a loss of therapeutic effect and development of drug resistance. Co administration of saquinavir with proton pump inhibitors is expected to increase saquinavir concentrations, which may increase toxicity and reduce efficacy. Omeprazole, of which esomeprazole is an enantiomer, has been reported to interact with some antiretroviral drugs. The clinical importance and the mechanisms behind these interactions are not always known. Increased gastric pH during omeprazole treatment may change the absorption of the antiretroviral drug. Other possible interaction mechanisms are via CYP2C19.

Reduced concentrations of atazanavir and nelfinavir For some antiretroviral drugs, such as atazanavir and nelfinavir, decreased serum levels have been reported when given together with omeprazole. Following multiple doses of nelfinavir (1,250 mg, twice daily) and omeprazole (40 mg daily), AUC was decreased by 38% and 32%, C_{max} by 37% and 89% and C_{min} by 39% and 75% respectively for nelfinavir and M8. Following multiple doses of atazanavir (400 mg, daily) and omeprazole (40 mg, daily, 2 to 3 before atazanavir), AUC was decreased by 84%, C_{min} by 96% and C_{max} by 85%. Concomitant administration with omeprazole and drugs such as atazanavir and nelfinavir is therefore not recommended. Increased concentrations of saquinavir For other antiretroviral drugs, such as saquinavir, elevated serum levels have been reported, with an increase in AUC by 82%, in C_{min} by 75%, and in C_{max} by 106%, following multiple dosing of saquinavir/ritonavir (1,000/100 mg) twice daily for 15 days with omeprazole 40 mg daily co administered days 1 to 15. This increase in plasma concentrations for saquinavir toxicity is recommended during concurrent use with esomeprazole magnesium delayed release capsules. Dose reduction of saquinavir should be considered from the safety perspective for individual patients.

There are also some antiretroviral drugs of which unchanged serum levels have been reported when given with omeprazole.

7.2 Drugs for Which Gastric pH Can Affect Bioavailability

Due to its effects on gastric acid secretion, esomeprazole can reduce the absorption of drugs where gastric pH is an important determinant of bioavailability. The active metabolite that decreases the intragastric acidity, the absorption of drugs such as ketoconazole, atazanavir, iron salts, erlotinib and mycophenolate mofetil (MMF) can decrease, while the absorption of drugs such as digoxin can increase. The clinical importance of these interactions for saquinavir is expected to increase saquinavir concentrations, which may increase toxicity and reduce efficacy. Omeprazole, of which esomeprazole is an enantiomer, has been reported to interact with some antiretroviral drugs. The clinical importance and the mechanisms behind these interactions are not always known. Increased gastric pH during omeprazole treatment may change the absorption of the antiretroviral drug. Other possible interaction mechanisms are via CYP2C19.

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There are also some antiretroviral drugs of which unchanged serum levels have been reported when given with omeprazole.

7.3 Effects on Hepatic Metabolism/Cytochrome P 450 Pathways

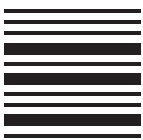
Esomeprazole is extensively metabolized in the liver by CYP2C19 and CYP3A4. In vitro and in vivo studies have shown that esomeprazole is not expected to inhibit CYPs 1A2, 2A6, 2D6, 2E1, and 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have shown that esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quindine, clarithromycin, or amoxicillin.

However, post marketing reports of changes in prothrombin measures have been received among patients on concomitant warfarin and esomeprazole therapy. Increases in INR and prothrombin time may lead to abnormal bleeding and even death. Patients treated with proton pump inhibitors and warfarin concomitantly may need to be monitored for increases in INR and prothrombin time. Esomeprazole may potentially interfere with CYP2C19, the major esomeprazole metabolizing enzyme. Coadministration of esomeprazole 20 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in clearance of diazepam.

Clopidogrel Clopidogrel is metabolized to its active metabolite in part by CYP2C19. Concomitant use of esomeprazole 40 mg resulted in a 36% decrease in the plasma concentration of the active metabolite of clopidogrel and a reduction in platelet inhibition. Avoid concomitant administration of esomeprazole magnesium delayed release capsules with clopidogrel. When using esomeprazole magnesium delayed release capsules, consider use of alternative anti-platelet therapy [See Pharmacokinetics (12.3)].

Omeprazole acts as an inhibitor of CYP2C19. Omeprazole, given in doses of 40 mg daily for one week to 20 healthy subjects in cross over study, increased C_{max} and AUC of clobazam by 18% and 28% respectively. C_{min} and AUC of one of its active metabolites, 3,4 dihydroclobazam, which has a 7 to 1 times the activity of clobazam, were increased by 29% and 69% respectively. Co administration of clobazam with esomeprazole is expected to increase concentrations of clobazam and its above mentioned active metabolite. Therefore a dose reduction of clobazam from 100 mg twice daily to 50 mg twice daily should be considered.

Con



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12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Esomeprazole is a proton pump inhibitor that suppresses gastric acid secretion by specific inhibition of the H⁺/K⁺ ATPase in the gastric parietal cell. The S and R isomers of esomeprazole are protonated and converted in the acidic compartment of the parietal cell forming the active inhibitor, the achrilal sulfenamide. By acting specifically on the proton pump, esomeprazole blocks the final step in acid production, thus reducing gastric acidity. This effect is dose related up to a daily dose of 20 to 40 mg and leads to inhibition of gastric acid secretion.

12.2 Pharmacodynamics

Antisecretory Activity

The effect of esomeprazole magnesium delayed release capsules on intragastric pH was determined in patients with symptomatic gastroesophageal reflux disease in two separate studies. In the first study of 36 patients, esomeprazole magnesium delayed release capsules 40 mg and 20 mg capsules were administered over 5 days. The results are shown in the Table 3.

Table 3: Effect on Intragastric pH on Day 5 (N 36)

Parameter	Esomeprazole magnesium delayed release capsules 40 mg	Esomeprazole magnesium delayed release capsules 20 mg
% Time Gastric pH >4 [†] (Hours)	70%* (16.8 h)	53% (12.7 h)
Coefficient of variation	26%	37%
Median 24 Hour pH	4.9*	4.1
Coefficient of variation	16%	27%

[†] Gastric pH was measured over a 24 hour period

* p < 0.01 Esomeprazole magnesium delayed release capsules 40 mg vs. Esomeprazole magnesium delayed release capsules 20 mg

In a second study, the effect on intragastric pH of esomeprazole magnesium delayed release capsules 40 mg administered once daily over a five day period was similar to the first study, (% time with pH > 4 was 68% or 16.3 hours).

Serum Gastrin Effects

The effect of esomeprazole magnesium delayed release capsules on serum gastrin concentrations was evaluated in approximately 2,700 patients in clinical trials up to 8 weeks and in over 1,300 patients for up to 6 to 12 months. The mean fasting gastrin level increased in a dose related manner. This increase reached a plateau within two to three months of therapy and returned to baseline levels within four weeks after discontinuation of therapy. Increased gastrin causes enterochromaffin like cell hyperplasia and increased serum Chromogranin A (CgA) levels. The increased CgA levels may cause false positive results in diagnostic investigations for neuroendocrine tumors. Healthcare providers should temporarily stop esomeprazole treatment at least 14 days before assessing CgA levels and consider repeating the test if initial CgA levels are high.

Enterochromaffin like (ECL) Cell Effects

In 24 month carcinogenicity studies of omeprazole in rats, a dose related significant occurrence of gastric ECL cell carcinoid tumors and ECL cell hyperplasia was observed in both male and female animals [see *Nonclinical Toxicology* (13.1)]. Carcinoid tumors have also been observed in rats subjected to fundectomy or long term treatment with other proton pump inhibitors or high doses of H₂ receptor antagonists.

Human gastric biopsy specimens have been obtained from more than 3,000 patients (both children and adults) treated with omeprazole in long term clinical trials. The incidence of ECL cell hyperplasia in these studies increased with time; however, no case of ECL cell carcinoids, dysplasia, or neoplasia has been found in these patients.

In over 1,000 patients treated with esomeprazole magnesium delayed release capsules (10, 20 or 40 mg/day) up to 6 to 12 months, the prevalence of ECL cell hyperplasia increased with time and dose. No patient developed ECL cell carcinoids, dysplasia, or neoplasia in the gastric mucosa.

Endocrine Effects

Esomeprazole magnesium delayed release capsules had no effect on thyroid function when given in oral doses of 20 or 40 mg for 4 weeks. Other effects of esomeprazole magnesium on the endocrine system were assessed using omeprazole studies. Omeprazole given in oral doses of 30 or 40 mg for 2 to 4 weeks had no effect on carbohydrate metabolism, circulating levels of parathyroid hormone, cortisol, estradiol, testosterone, prolactin, cholecystokinin, or secretin.

12.3 Pharmacokinetics

Absorption

Esomeprazole magnesium delayed release capsules contain a bioequivalent enteric coated granule formulation of esomeprazole magnesium. Bioequivalency is based on a single dose (40 mg) study in 94 healthy male and female volunteers under fasting condition. After oral administration peak plasma levels (C_{max}) occur at approximately 1.5 hours (T_{max}). The C_{max} increases proportionally when the dose is increased, and there is a three fold increase in the area under the plasma concentration time curve (AUC) from 20 to 40 mg. At repeated once daily dosing with 40 mg, the systemic bioavailability is approximately 90% compared to 64% after a single dose of 40 mg. The mean exposure (AUC) to esomeprazole increases from 4.32 μmol*hr/L on Day 1 to 11.2 μmol*hr/L on Day 5 after 40 mg once daily dosing.

The AUC after administration of a single 40 mg dose of esomeprazole magnesium delayed release capsules is decreased by 43% to 53% after food is consumed compared to fasting conditions over a period of five days. The results are shown in the Table 4:

Table 4: Pharmacokinetic Parameters of Esomeprazole Magnesium Delayed Release Capsules on Day 5 Following Oral Dosing for 5 Days

Parameter* (CV)	Esomeprazole Magnesium Delayed Release Capsules 40 mg	Esomeprazole Magnesium Delayed Release Capsules 20 mg
AUC (μmol*hr/L)	12.6 (42%)	4.2 (59%)
C _{max} (μmol/L)	4.7 (37%)	2.1 (45%)
T _{max} (h)	1.6	1.6
t _{1/2} (h)	1.5	1.2

*Values represent the geometric mean, except the T_{max}, which is the arithmetic mean; CV: Coefficient of variation

Distribution

Esomeprazole is 97% bound to plasma proteins. Plasma protein binding is constant over the concentration range of 2 to 20 μmol/L. The apparent volume of distribution at steady state in healthy volunteers is approximately 16 L.

Metabolism

Esomeprazole is extensively metabolized in the liver by the cytochrome P450 (CYP) enzyme system. The metabolites of esomeprazole lack antisecretory activity. The major part of esomeprazole's metabolism is dependent upon the CYP 2019 isoenzyme, which forms the hydroxy and desmethyl metabolites. The remaining amount is dependent on CYP 3A4 which forms the sulfonamide metabolite. CYP 2C19 isoenzyme exhibits polymorphism in the metabolism of esomeprazole, since some 3% of Caucasians and 15 to 20% of Asians lack CYP 2C19 and are termed Poor Metabolizers. At steady state, the ratio of AUC in Poor Metabolizers to AUC in the rest of the population (Extensive Metabolizers) is approximately 2.

Following administration of equimolar doses, the S and R isomers are metabolized differently by the liver, resulting in higher plasma levels of the S than of the R isomer.

Excretion

The plasma elimination half life of esomeprazole is approximately 1 to 1.5 hours. Less than 1% of parent drug is excreted in the urine. Approximately 80% of an oral dose of esomeprazole is excreted as inactive metabolites in the urine, and the remainder is found as inactive metabolites in the feces.

Concomitant Use with Clopidogrel

Results from a crossover study in healthy subjects have shown a pharmacokinetic interaction between clopidogrel (300 mg loading dose/75 mg daily maintenance dose) and esomeprazole (40 mg p.o. once daily) with respect to 30 days. Exposure to the active metabolite of clopidogrel was reduced by 35% to 40% over this time period. Pharmacodynamic parameters were also measured and demonstrated that the change in inhibition of platelet aggregation was related to the change in the exposure to clopidogrel active metabolite.

Concomitant Use with Mycophenolate Mofetil

Administration of omeprazole 20 mg twice daily for 4 days and a single 1000 mg dose of MMF approximately one hour after the last dose of omeprazole to 12 healthy subjects in a cross over study resulted in a 52% reduction in the C_{max} and 22% reduction in the AUC of MPA.

Special Populations

Geriatric

The AUC and C_{max} values were slightly higher (25% and 18%, respectively) in the elderly as compared to younger subjects at steady state. Dosage adjustment based on age is not necessary.

Pediatric

1 to 11 Years of Age

The pharmacokinetics of esomeprazole were studied in pediatric patients with GERD aged 1 to 11 years. Following once daily dosing for 5 days, the total exposure (AUC) for the 10 mg dose in patients aged 6 to 11 years was similar to that seen with the 20 mg dose in adults and adolescents aged 12 to 17 years. The total exposure for the 10 mg dose in patients aged 1 to 5 years was approximately 30% dose in patients aged 6 to 11 years. The total exposure for the 20 mg dose in patients aged 6 to 11 years was higher than that observed with the 20 mg dose in 12 to 17 year olds and adults, but lower than that observed with the 40 mg dose in 12 to 17 year olds and adults. See Table 5.

Table 5: Summary of PK Parameters in 1 to 11 Year Olds with GERD following 5 Days Of Once Daily Oral Esomeprazole Treatment

Parameter	1 to 5 Year Olds		6 to 11 Year Olds	
	10 mg (N 8)	10 mg (N 7)	10 mg (N 7)	20 mg (N 6)
AUC (μmol*hr/L)*	4.83	3.70	6.28	
C _{max} (μmol/L)*	2.98	1.77	3.73	
T _{max} (h)†	1.44	1.79		
t _{1/2} (h)*	0.74	0.88	0.73	
Ci/F (L/h)*	5.99	7.84	9.22	

*Geometric mean; †arithmetic mean

12 to 17 Years of Age

The pharmacokinetics of esomeprazole magnesium delayed release capsules were studied in 28 adolescent patients with GERD aged 12 to 17 years inclusive, in a single center study. Patients were randomized to receive esomeprazole magnesium delayed release capsules 20 mg or 40 mg once daily for 8 days. Mean C_{max} and AUC values of esomeprazole were not affected by body weight or age; and more than dose proportional increases in mean C_{max} and AUC values were observed between the two dose groups in the study. Overall, esomeprazole magnesium delayed release capsules pharmacokinetics in adolescent patients aged 12 to 17 years were similar to those observed in adult patients with symptomatic GERD. See Table 6.

Table 6: Comparison of PK Parameters in 12 to 17 Year Olds with GERD and Adults with Symptomatic GERD Following the Repeated Daily Oral Dose Administration of Esomeprazole*

Parameter	12 to 17 Year Olds (N 28)		Adults (N 36)	
	20 mg	40 mg	20 mg	40 mg
AUC (μmol*hr/L)	3.65	13.86	4.2	12.6
C _{max} (μmol/L)	1.45	5.13	2.1	4.7
t _{max} (h)	2	1.75	1.6	1.6
t _{1/2} (h)	0.82	1.22	1.2	1.5

Data presented are geometric means for AUC, C_{max} and t_{1/2}, and median value for t_{max}.
*Duration of treatment for 12 to 17 year olds and adults were 8 days and 5 days, respectively. Data were obtained from two independent studies.

Gender

The AUC and C_{max} values were slightly higher (13%) in females than in males at steady state. Dosage adjustment based on gender is not necessary.

Hepatic Insufficiency

The steady state pharmacokinetics of esomeprazole obtained after administration of 40 mg once daily to 4 patients each with mild (Child Pugh A), moderate (Child Pugh Class B), and severe (Child Pugh Class C) liver insufficiency were compared to those obtained in 36 male and female GERD patients with normal liver function. In patients with mild and moderate hepatic insufficiency, the AUCs were within the range that could be expected in patients with normal liver function. In patients with severe hepatic insufficiency the AUCs were 2 to 3 times higher than in the patients with normal liver function. No dosage adjustment is recommended for patients with mild to moderate hepatic insufficiency (Child Pugh Classes A and B). However, in patients with severe hepatic insufficiency (Child Pugh Class C) a dose of 20 mg once daily should not be exceeded [see *Dosage and Administration* (2)].

Renal Insufficiency

The pharmacokinetics of esomeprazole magnesium delayed release capsules in patients with renal impairment are not expected to be altered relative to healthy volunteers as less than 1% of esomeprazole is excreted unchanged in urine.

Other pharmacokinetic observations

Co administration of oral contraceptives, diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole.

Studies evaluating concomitant administration of esomeprazole and either naproxen (non selective NSAID) or rofecoxib (COX 2 selective NSAID) did not identify any clinically relevant changes in the pharmacokinetic profiles of esomeprazole or these NSAIDs.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

The carcinogenic potential of esomeprazole magnesium delayed release capsules were assessed using studies of omeprazole, of which esomeprazole is an enantiomer. In two 24 month oral carcinogenicity studies in rats, omeprazole at oral doses of 1.7, 3.4, 13.8, 44, and 140.8 mg/kg/day (about 0.4 to 34 times the human dose of 40 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a dose related manner in both male and female rats; the incidence of this effect was markedly higher in female rats which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg omeprazole/kg/day (about 3.4 times the human dose of 40 mg/day on a body surface area basis) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs. 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs. 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78 week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive.

Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Omeprazole was positive in the *in vitro* human lymphocyte chromosome aberration test, in *in vivo* mouse bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test.

The potential effects of esomeprazole on fertility and reproductive performance were assessed using omeprazole studies. Omeprazole at oral doses up to 138 mg/kg/day in rats (about 34 times the human dose of 40 mg/day on a body surface area basis) was found to have no effect on reproductive performance of parental animals.

13.2 Animal Toxicology and/or Pharmacology

Reproduction Studies

Reproduction studies have been performed in rats at oral doses up to 280 mg/kg/day (about 68 times an oral human dose of 40 mg on a body surface area basis) and in rabbits at oral doses up to 86 mg/kg/day (about 42 times an oral human dose of 40 mg on a body surface area basis) and have revealed no evidence of impaired fertility or harm to the fetus due to esomeprazole [see *Pregnancy, Animal Data* (8.1)].

Juvenile Animal Study

A 28 day toxicity study with a 14 day recovery phase was conducted in juvenile rats with esomeprazole magnesium at doses of 70 to 280 mg/kg/day (about 17 to 68 times a daily oral human dose of 40 mg on a body surface area basis). An increase in the number of deaths at the high dose of 280 mg/kg/day was observed when juvenile rats were administered esomeprazole magnesium from postnatal day 7 through postnatal day 35. In addition, doses equal to or greater than 140 mg/kg/day (about 34 times a daily oral human dose of 40 mg on a body surface area basis), produced treatment related decreases in body weight (approximately 14%) and body weight gain, decreases in femur weight and femur length, and affected overall growth. Comparable findings described above have also been observed in this study with another esomeprazole salt, esomeprazole strontium, at equimolar doses of esomeprazole.

14 CLINICAL STUDIES

14.1 Healing of Erosive Esophagitis

The healing rates of esomeprazole magnesium delayed release capsules 40 mg, esomeprazole magnesium delayed release capsules 20 mg, and placebo (N=1088) in patients with GERD (as indicated by the evaluation of patients with endoscopically diagnosed erosive esophagitis in four multicenter, double blind, randomized studies. The healing rates at Weeks 4 and 8 were evaluated and are shown in the Table 7:

Table 7: Erosive Esophagitis Healing Rate (Life Table Analysis)

Study	No. of Patients	Treatment Groups	Week 4	Week 8	Significance Level *
1	588	Esomeprazole magnesium delayed release capsules 20 mg	68.7%	90.6%	N.S.
	588	Omeprazole 20 mg	69.5%	88.3%	
2	654	Esomeprazole magnesium delayed release capsules 40 mg	75.9%	94.1%	p < 0.001
	656	Esomeprazole magnesium delayed release capsules 20 mg	70.5%	89.9%	
3	576	Esomeprazole magnesium delayed release capsules 20 mg	64.7%	86.9%	N.S.
	572	Omeprazole 20 mg	71.5%	92.2%	
4	1216	Esomeprazole magnesium delayed release capsules 40 mg	68.6%	89.8%	p < 0.001
	1209	Omeprazole 20 mg	81.7%	93.7%	
			68.7%	84.2%	

*log rank test vs. omeprazole 20 mg

N.S. not significant (p > 0.05).

In these same studies of patients with erosive esophagitis, sustained heartburn resolution and time to sustained heartburn resolution were evaluated and are shown in the Table 8:

Table 8: Sustained Resolution[†] of Heartburn (Erosive Esophagitis Patients)

Study	No. of Patients	Treatment Groups	Cumulative Percent [‡] with Sustained Resolution		Significance Level *
			Day 14	Day 28	
1	573	Esomeprazole magnesium delayed release capsules 20 mg	64.3%	72.7%	N.S.
	555	Omeprazole 20 mg	64.1%	70.9%	
2	621	Esomeprazole magnesium delayed release capsules 40 mg	64.8%	74.2%	p < 0.001
	620	Esomeprazole magnesium delayed release capsules 20 mg	62.9%	70.1%	
3	626	Omeprazole 20 mg	56.5%	66.6%	N.S.
	568	Esomeprazole magnesium delayed release capsules 40 mg	65.4%	73.9%	
4	551	Omeprazole 20 mg	65.5%	73.1%	N.S.
	1187	Esomeprazole magnesium delayed release capsules 40 mg	67.6%	75.1%	
	1188	Omeprazole 20 mg	62.5%	70.8%	p < 0.001

[†]log rank test vs. omeprazole 20 mg

N.S. not significant (p > 0.05).

[‡] Defined as 7 consecutive days with no heartburn reported in daily patient diary.

^{*} Defined as the cumulative proportion of patients who have reached the start of sustained resolution

*log rank test vs. omeprazole 20 mg

N.S. not significant (p > 0.05).

In these four studies, the range of median days to the start of sustained resolution (defined as 7 consecutive days with no heartburn) was 5 days for esomeprazole magnesium delayed release capsules 40 mg, 7 to 8 days for esomeprazole magnesium delayed release capsules 20 mg and 7 to 8 days for omeprazole 20 mg.

There are no comparisons of 40 mg of esomeprazole magnesium delayed release capsules with 40 mg of omeprazole in clinical trials assessing either healing or symptomatic relief of erosive esophagitis.

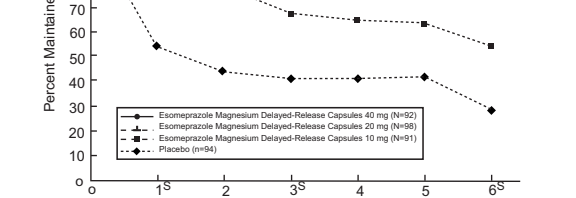
Long Term Maintenance of Healing of Erosive Esophagitis

Two multicenter, randomized, double blind placebo controlled 4 arm trials were conducted in patients with endoscopically confirmed, healed erosive esophagitis to evaluate esomeprazole magnesium delayed release capsules 40 mg (N 174), 20 mg (N 180), 10 mg (N 168) or placebo (N 171) once daily over six months of treatment.

No additional clinical benefit was seen with esomeprazole magnesium delayed release capsules 40 mg over esomeprazole magnesium delayed release capsules 20 mg.

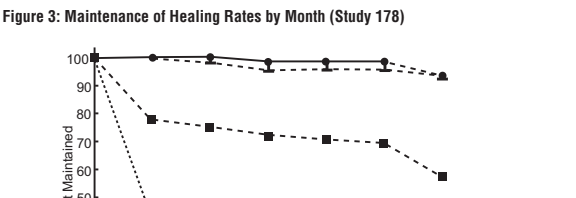
The percentages of patients that maintained healing of erosive esophagitis at the various time points are shown in the Figures 2 and 3:

Figure 2: Maintenance of Healing Rates by Month (Study 177)



s scheduled visit

Figure 3: Maintenance of Healing Rates by Month (Study 178)



For patients in the Esomeprazole Magnesium Delayed Release Capsules 40 mg group, the percentage of patients maintaining healing over 6 months was approximately 80%.

For patients in the Esomeprazole Magnesium Delayed Release Capsules 20 mg group, the percentage of patients maintaining healing over 6 months was approximately 80%.

For patients in the Esomeprazole Magnesium Delayed Release Capsules 10 mg group, the percentage of patients maintaining healing over 6 months was approximately 30%.

For patients in the Placebo group, the percentage of patients maintaining healing over 6 months was approximately 30%.

s scheduled visit

Patients remained in remission significantly longer and the number of recurrences of erosive esophagitis was significantly less in patients treated with esomeprazole magnesium delayed release capsules compared to placebo.

In both studies, the proportion of patients on esomeprazole magnesium delayed release capsules who remained in remission and were free of heartburn and other GERD symptoms was well differentiated from placebo.

In a third multicenter open label study of 808 patients treated for 12 months with esomeprazole magnesium delayed release capsules 40 mg, the percentage of patients that maintained healing of erosive esophagitis was 85.7% for six months and 88.4% for one year.

14.2 Symptomatic Gastroesophageal Reflux Disease (GERD)

Two multicenter, randomized, double blind, placebo controlled studies were conducted in a total of 717 patients comparing four weeks of treatment with esomeprazole magnesium delayed release capsules, 20 mg or 40 mg once daily versus placebo for resolution of GERD symptoms. Patients had ≥ 6 month history of heartburn episodes, no erosive esophagitis by endoscopy, and heartburn on at least four of the seven days immediately preceding randomization.

The percentage of patients that were symptom free of heartburn was significantly higher in the esomeprazole magnesium delayed release capsules groups compared to placebo at all follow up visits (Weeks 1, 2, and 4).

No additional clinical benefit was seen with esomeprazole magnesium delayed release capsules 40 mg over esomeprazole magnesium delayed release capsules 20 mg.

The percent of patients symptom free of heartburn by day are shown in the Figures 4 and 5:

Figure 4: Percent of Patients Symptom Free of Heartburn by Day (Study 225)

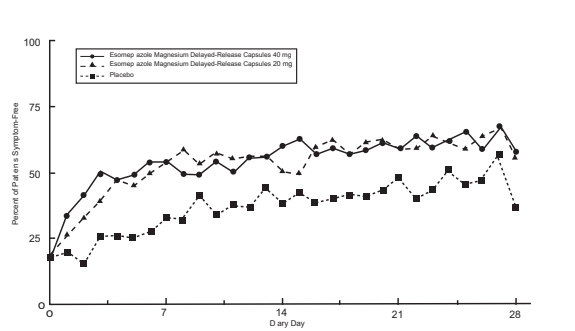
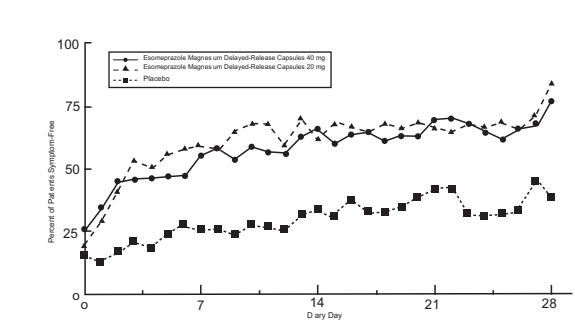


Figure 5: Percent of Patients Symptom Free of Heartburn by Day (Study 226)



In three European symptomatic GERD trials, esomeprazole magnesium delayed release capsules 20 mg and 40 mg and omeprazole 20 mg were evaluated. No significant treatment related differences were seen.

14.3 Pediatric Gastroesophageal Reflux Disease (GERD)

1 to 11 Years of Age

In a multicenter, parallel group study, 109 pediatric patients with a history of endoscopically proven GERD (1 to 11 years of age; 53 female; 89 Caucasian, 19 Black, 1 Other) were treated with esomeprazole magnesium delayed release capsules once daily for up to 8 weeks to evaluate safety and tolerability. Dosing by patient weight was as follows:

weight < 20 kg: once daily treatment with esomeprazole magnesium 5 mg or 10 mg

weight ≥ 20 kg: once daily treatment with esomeprazole magnesium 10 mg or 20 mg

MEDICATION GUIDE

Esomeprazole Magnesium Delayed-Release Capsules, USP (es'' oh mep' ra zole mag nee' zee um)

Read the Medication Guide that comes with esomeprazole magnesium delayed-release capsules before you start taking esomeprazole magnesium delayed-release capsules and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment.

What is the most important information I should know about esomeprazole magnesium delayed-release capsules?

Esomeprazole magnesium delayed-release capsules may help your acid-related symptoms, but you could still have serious stomach problems. Talk with your doctor.

Esomeprazole magnesium delayed-release capsules can cause serious side effects, including:

- **Diarrhea.** Esomeprazole magnesium delayed-release capsules may increase your risk of getting severe diarrhea. This diarrhea may be caused by an infection (*Clostridium difficile*) in your intestines.

Call your doctor right away if you have watery stool, stomach pain, and fever that does not go away.

- **Bone fractures.** People who take multiple daily doses of Proton Pump Inhibitor medicines for a long period of time (a year or longer) may have an increased risk of fractures of the hip, wrist, or spine. You should take esomeprazole magnesium delayed-release capsules exactly as prescribed, at the lowest dose possible for your treatment and for the shortest time needed. Talk to your doctor about your risk of bone fracture if you take esomeprazole magnesium delayed-release capsules.

Esomeprazole magnesium delayed-release capsules can have other serious side effects. See “**What are the possible side effects of esomeprazole magnesium delayed-release capsules?**”

What are esomeprazole magnesium delayed-release capsules?

Esomeprazole magnesium delayed-release capsules are a prescription medicine called a proton pump inhibitor (PPI). Esomeprazole magnesium delayed-release capsules reduces the amount of acid in your stomach.

Esomeprazole magnesium delayed-release capsules are used in adults:

- for 4 to 8 weeks to treat the symptoms of gastroesophageal reflux disease (GERD). Esomeprazole magnesium delayed-release capsules may also be prescribed to heal acid-related damage to the lining of the esophagus (erosive esophagitis), and to help continue this healing.
GERD happens when acid in your stomach backs up into the tube (esophagus) that connects your mouth to your stomach. This may cause a burning feeling in your chest or throat, sour taste, or burping.
- for up to 6 months to reduce the risk of stomach ulcers in some people taking pain medicines called non-steroidal anti-inflammatory drugs (NSAIDs).
- for the long-term treatment of conditions where your stomach makes too much acid, including Zollinger-Ellison Syndrome. Zollinger-Ellison Syndrome is a rare condition in which the stomach produces a more than normal amount of acid.

For children and adolescents 1 year to 17 years of age, esomeprazole magnesium delayed-release capsules may be prescribed for up to 8 weeks for short-term treatment of GERD. It is not known if esomeprazole magnesium delayed-release capsules are effective in children under 1 month of age.

Who should not take esomeprazole magnesium delayed-release capsules?

Do not take esomeprazole magnesium delayed-release capsules if you:

- are allergic to esomeprazole magnesium or any of the ingredients in esomeprazole magnesium delayed-release capsules. See the end of this Medication Guide for a complete list of ingredients in esomeprazole magnesium delayed-release capsules.

- are allergic to any other Proton Pump Inhibitor (PPI) medicine.

What should I tell my doctor before taking esomeprazole magnesium delayed-release capsules?

Before you take esomeprazole magnesium delayed-release capsules, tell your doctor if you:

- have been told that you have low magnesium levels in your blood.
- have liver problems
- are pregnant or plan to become pregnant. It is not known if esomeprazole magnesium delayed-release capsules can harm your unborn baby.
- are breastfeeding or planning to breastfeed. Esomeprazole magnesium may pass into your breast milk. Talk to your doctor about the best way to feed your baby if you take esomeprazole magnesium delayed-release capsules.

Tell your doctor about all of the medicines you take, including prescription and non-prescription drugs, vitamins and herbal supplements. Esomeprazole magnesium delayed-release capsules may affect how other medicines work, and other medicines may affect how esomeprazole magnesium delayed-release capsules works.

Especially tell your doctor if you take:

- warfarin (Coumadin, Jantoven)
- ketoconazole (Nizoral)
- voriconazole (Vfend)
- atazanavir (Reyataz)
- nelfinavir (Viracept)
- saquinavir (Fortovase)
- products that contain iron
- digoxin (Lanoxin)
- St. John's Wort (*Hypericum perforatum*)
- Rifampin (Rimactane, Rifater, Rifamate)
- cimetidine (Pletal)
- diazepam (Valium)
- tacrolimus (Prograf)
- erlotinib (Tarceva)
- methotrexate
- clopidogrel (Plavix)
- mycophenolate mofetil (Cellcept)

How should I take esomeprazole magnesium delayed-release capsules?

- Take esomeprazole magnesium delayed-release capsules exactly as prescribed by your doctor.
- Do not change your dose or stop esomeprazole magnesium delayed-release capsules without talking to your doctor.
- Take esomeprazole magnesium delayed-release capsules at least 1 hour before a meal.
- Swallow esomeprazole magnesium delayed-release capsules whole. **Never chew or crush esomeprazole magnesium delayed-release capsules.**
- If you have difficulty swallowing esomeprazole magnesium delayed-release capsules, you may open the capsule and empty the contents into a tablespoon of applesauce. Do not crush or chew the granules. Be sure to swallow the applesauce right away. Do not store it for later use.
- If you forget to take a dose of esomeprazole magnesium delayed-release capsules, take it as soon as you remember. If it is almost time for your next dose, do not take the missed dose. Take the next dose on time. Do not take a double dose to make up for a missed dose.
- If you take too much esomeprazole magnesium delayed-release capsules, call your doctor or local poison control center right away, or go to the nearest hospital emergency room.

- See the “Instructions for Use” at the end of this Medication Guide for instructions how to take esomeprazole magnesium delayed-release capsules through a nasogastric tube or gastric tube.

What are the possible side effects of esomeprazole magnesium delayed-release capsules?

Esomeprazole magnesium delayed-release capsules can cause serious side effects, including:

- **See “What is the most important information I should know about esomeprazole magnesium delayed-release capsules?”**
- **Chronic (lasting a long time) inflammation of the stomach lining (Atrophic Gastritis).** Using esomeprazole magnesium delayed-release capsules for a long period of time may increase the risk of inflammation to your stomach lining. You may or may not have symptoms. Tell your doctor if you have stomach pain, nausea, vomiting, or weight loss.
- **Vitamin B-12 deficiency.** Esomeprazole magnesium delayed-release capsules reduces the amount of acid in your stomach. Stomach acid is needed to absorb vitamin B-12 properly. Talk with your doctor about the possibility of vitamin B-12 deficiency if you have been on esomeprazole magnesium delayed-release capsules for a long time (more than 3 years).
- **Low magnesium levels in your body.** Low magnesium can happen in some people who take a proton pump inhibitor medicine for at least 3 months. If low magnesium levels happen, it is usually after a year of treatment.

You may or may not have symptoms of low magnesium.

Tell your doctor right away if you have any of these symptoms:

- seizures
- dizziness
- abnormal or fast heart beat
- jitteriness
- jerking movements or shaking (tremors)
- muscle weakness
- spasms of the hands and feet
- cramps or muscle aches
- spasm of the voice box

Your doctor may check the level of magnesium in your body before you start taking esomeprazole magnesium delayed-release capsules or during treatment if you will be taking esomeprazole magnesium delayed-release capsules for a long period of time.

The most common side effects with esomeprazole magnesium delayed-release capsules may include:

- headache
- diarrhea
- nausea
- gas
- abdominal pain
- constipation
- dry mouth
- drowsiness

Other side effects:

Serious allergic reactions. Tell your doctor if you get any of the following symptoms with esomeprazole magnesium delayed-release capsules.

- rash
- face swelling
- throat tightness
- difficulty breathing

Your doctor may stop esomeprazole magnesium delayed-release capsules if these symptoms happen.

Tell your doctor if you have any side effects that bother you or that do not go away. These are not all the possible side effects with esomeprazole magnesium delayed-release capsules.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store esomeprazole magnesium delayed-release capsules?

- Store esomeprazole magnesium delayed-release capsules at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].
- Keep the container of esomeprazole magnesium delayed-release capsules closed tightly.

Keep esomeprazole magnesium delayed-release capsules and all medicines out of the reach of children.

General information about esomeprazole magnesium delayed-release capsules

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use esomeprazole magnesium delayed-release capsules for a condition for which it was not prescribed. Do not give esomeprazole magnesium delayed-release capsules to other people, even if they have the same symptoms you have. It may harm them.

This Medication Guide summarizes the most important information about esomeprazole magnesium delayed-release capsules. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about esomeprazole magnesium delayed-release capsules that is written for health professionals.

What are the ingredients in esomeprazole magnesium delayed-release capsules?

Active ingredient: esomeprazole magnesium dehydrate, USP

Inactive ingredients in Esomeprazole Magnesium Delayed-Release Capsules (including the capsule shells): gelatin, glyceryl monostearate, hypromellose 2910, meglumine, methacrylic acid copolymer, methyl alcohol, methylene chloride, poloxamer 188, sodium hydroxide, sodium lauryl sulfate, sugar spheres, talc, triethyl citrate, FD & C Blue 1, D & C Red 28, FD & C Red 40, D & C Yellow 10, and titanium dioxide.

The printing ink contains shellac, dehydrated alcohol, isopropyl alcohol, butyl alcohol, propylene glycol, strong ammonia solution and yellow iron oxide.

Instructions for Use

For instructions on taking Delayed-Release Capsules, see the section of this leaflet called “**How should I take esomeprazole magnesium delayed-release capsules?**”

Esomeprazole magnesium delayed-release capsules may be given through a nasogastric tube (NG tube) or gastric tube, as prescribed by your doctor. Follow the instructions below:

Esomeprazole Magnesium Delayed-Release Capsules:

- Open the capsule and empty the granules into a 60 mL catheter tipped syringe. Mix with 50 mL of water. Use only a catheter tipped syringe to give esomeprazole magnesium delayed-release capsules through a NG tube.
- Replace the plunger and shake the syringe well for 15 seconds. Hold the syringe with the tip up and check for granules in the tip.
- Give the medicine right away.
- Do not give the granules if they have dissolved or have broken into pieces.
- Attach the syringe to the NG tube. Give the medicine in the syringe through the NG tube into the stomach.
- After giving the granules, flush the NG tube with more water.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Manufactured by:

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