Reviewer's report

Title: Proton pump inhibitors: potential cost reductions by applying prescribing guidelines

Version: 2 Date: 8 October 2012

Reviewer: Brian Godman

Reviewer's report:

Overall, I believed the revised paper addressed the comments I made.

However, minor areas the authors may wish to consider in any final re-write include:

• Top of page 6 – One of the major reasons why PPI expenditure went up in Ireland was the increased prescribing of esomeprazole and decreased prescribing of omeprazole once generic omeprazole became available. However in the countries mentioned, utilisation of omeprazole went up following the available of generics with low utilisation of esomeprazole – hence why their expenditure on PPIs went down despite increased utilisation. This will add substance the aims of the study

• Page 12/13 – I would also add in the situation regarding Norway to illustrate problems at the interface. Prescribing restrictions limiting esomeprazole to second line (as high utilisation in Norway) limited impact as first prescription/recommendation via the hospital (Ref. Godman B, Sakshaug S, Berg C, Wettermark B, Haycox A. Combination of prescribing restrictions and policies to engineer low prices to reduce reimbursement costs. Expert Rev. Pharmacoeconomics Outcomes Res. 2011; 11: 121–9)

• Page 15
  o Last paragraph – also potentially add in INN prescribing – either voluntary coupled with medical education (UK in e.g. Bennie M et al) or compulsory (Lithuania - Garuoliene K, Godman B, Gulbinovič J, Wettermark B, Haycox A. European countries with small populations can obtain low prices for drugs:

- References – Need to add in the URLs for 6 to 8 and 41 if possible