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RESTRICTED USE	Proton Pump Inhibitors (PPIs) pantoprazole magnesium 40 mg EC tablet rabeprazole 10 mg EC tablet	1 of 3								
	Additional Restrictions for use (refer to page 3) omeprazole 20 mg DR capsule* lansoprazole 15 mg DR capsule* lansoprazole 15 mg & 30 mg oral disintegrating tablet**	<table border="1"> <thead> <tr> <th>YY</th> <th>MM</th> <th>DD</th> </tr> </thead> <tbody> <tr> <td>98</td> <td>11</td> <td>25</td> </tr> <tr> <td>17</td> <td>03</td> <td>31</td> </tr> </tbody> </table>	YY	MM	DD	98	11	25	17	03
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Additional Restrictions for Select PPIs and Auto-substitutions

For most patients, there are no clinically important differences between equivalent dosed PPIs in the treatment of most acid-related gastrointestinal conditions (1), therefore, the LTC Formulary lists only select PPIs as Formulary listings, and lists others with additional restrictions (see Table 1). The following criteria were considered in selecting the formulary listing: a lower cost, alignment with AHS formulary, and ability to meet the administration needs of most residents. An auto-substitution (therapeutic interchange) policy for oral PPI therapy was approved by the Calgary Zone LTC Pharmacy and Therapeutics committee in 1998, and continues to be in place. For residents who are unable to use the selected PPIs, a non-formulary request for funding for an alternate medication may be submitted for consideration.

Refer to Table 1 for the current preferred PPI, Table 2 for comparable dosing for Auto-substitution, and to the following link [Auto-substitution List - PPI-ASL-05](#) for the current PPI conversion table.

Table 1: PPI Listings

Regular Oral Use (Formulary)	PPI Listing	Restrictions
Standard Strength	pantoprazole magnesium 40mg EC tablet (Tecta® LCA)	No restrictions
Low Strength	rabeprazole 10mg EC tablet (Pariet® LCA)	No restrictions
Difficulty Swallowing* (Restricted)	PPI Listing*	Restrictions*
Standard Strength	Omeprazole 20mg DR capsule (Losec® LCA)	Restricted to residents with difficulty swallowing the standard strength tablet (pantoprazole magnesium 40 <i>-contents can be opened and sprinkled on applesauce (but not crushed or chewed)</i>)
Low Strength	lansoprazole 15 mg DR capsule (Prevacid® LCA)	Restricted to residents with difficulty swallowing the low strength tablet (rabeprazole 10 mg) <i>- contents can be opened and sprinkled on applesauce (but not crushed or chewed)</i>
Enteral Feeding Tubes greater than or equal to 8 French in diameter or NPO**	PPI Listing**	Restrictions**
Standard Strength	lansoprazole 30 mg oral disintegrating tablet (Prevacid FasTab®)	Restricted to residents with an enteral tube equal to or greater than 8 French in diameter, or NPO
Low Strength	lansoprazole 15 mg oral disintegrating tablet (Prevacid FasTab®)	
Oral Suspension (Non-Formulary)	PPI Listing	Restrictions
Any strength	Any PPI compounded suspension	Non-formulary approval required

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Table 2: Comparable Dosing for Auto-substitution

Oral Dose	Comparable PPI dosing	Formulary PPI Dose
Standard dose	dexlansoprazole (Dexilant®) 30mg daily ⇔	pantoprazole magnesium (Tecta®) 40mg daily
	esomeprazole (Nexium®) 40mg daily ⇔	⇕
	lansoprazole (Prevacid®) 30mg daily ⇔	omeprazole (Losec®) 20mg daily (<i>restricted*</i>)
	pantoprazole sodium (Pantoloc®) 40mg daily ⇔	⇕
	rabeprazole (Pariet®) 20mg daily ⇔	lansoprazole ODT (Prevacid FasTab®) 30 mg daily (<i>restricted**</i>)
Low dose	esomeprazole (Nexium®) 20mg daily ⇔	rabeprazole (Pariet®) 10mg daily
	omeprazole (Losec®) 10mg daily ⇔	⇕
	pantoprazole sodium (Pantoloc®) 20mg daily ⇔	lansoprazole (Prevacid®) 15mg daily (<i>restricted*</i>)
		⇕
		lansoprazole ODT (Prevacid FasTab®) 15 mg daily (<i>restricted**</i>)
Double dose	esomeprazole (Nexium®) 40mg BID ⇔	pantoprazole magnesium (Tecta®) 40mg BID
	dexlansoprazole (Dexilant®) 60mg daily ⇔	⇕
	lansoprazole (Prevacid®) 30mg BID ⇔	omeprazole (Losec®) 20mg daily BID (<i>restricted*</i>)
	pantoprazole sodium (Pantoloc®) 40mg BID ⇔	⇕
	rabeprazole (Pariet®) 20mg BID ⇔	lansoprazole ODT (Prevacid FasTab®) 30 mg BID (<i>restricted**</i>)

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Administration of Lansoprazole oral disintegrating tablets (Prevacid FasTab®) (2)

Lansoprazole oral disintegrating tablets (Prevacid FasTab®) should not be chewed, swallowed intact, or crushed. To administer, place the disintegrating tablet on the tongue and allow it to disintegrate with or without water until the particles can be swallowed. The tablet typically disintegrates in less than 1 minute.

Alternatively, for patients who have difficulty swallowing once disintegrated in the mouth, Prevacid FasTab® can be placed in an oral syringe and dispersed in water and administered within 15 minutes, followed by a rinse with water to ensure that the full dose is given

For oral syringe or enteral feeding tube (greater than or equal to 8 French in diameter), Prevacid FasTab® can be administered as follows:

1. Place a 15 mg or 30 mg Prevacid FasTab® tablet into the barrel of an appropriate size and type of syringe.
2. Draw up water into the syringe and allow the tablet to disperse, shaking if necessary. Use 4 mL of water for 15 mg tablet or 10 mL of water for 30 mg tablet.
3. Once dispersed, administer the contents by mouth or flush the medication dose down the feeding tube using a push-pull technique to keep granules suspended.
4. Draw another 2 to 5 mL of water into the syringe and also administer by mouth or flush this via the feeding tube (this will rinse the syringe and ensure that the total dose is administered).

1. **CADTH.** *Proton Pump Inhibitors for Gastrointestinal Conditions: A Review of Clinical Effectiveness and Cost-Effectiveness.* 2015. Rapid Response Report.

2. **Abbott Laboratories.** *Prevacid FasTab Additional Administration Options.* 2006.