



CALGARY ZONE

ASL-05

Calgary Zone LTC Formulary Auto-substitution List - Proton Pump Inhibitors

PURPOSE

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.

NOTE:

Based on the Canadian Agency for Drugs and Technologies in Health (CADTH) Report on PPIs (2015), doubling the standard daily doses of PPIs is no more efficacious than standard daily-dose therapy for the initial treatment of GERD, dyspepsia and other common GI conditions.

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

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

Table 2: 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 mg) <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	PPI Listing	Restrictions
omeprazole	2 mg/mL compounded using sodium bicarbonate 8.4% compounded oral solution	Restricted preferred PPI suspension for clients on enteral tubes less than 8 FRENCH
pantoprazole	2 mg/mL compounded using sodium bicarbonate 8.4% compounded oral solution	Restricted for clients unable to use omeprazole suspension due to drug-drug interaction