[P-482D] Proton pump inhibitor formulary choice

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In 1997, lansoprazole replaced omeprazole as the preferred proton pump inhibitor within the Veterans Administration (VA). We converted omeprazole 20 mg daily to lansoprazole 30 mg daily as it was felt that these were equivalent doses. Since 30 mg of lansoprazole was less expensive than 20 mg of omeprazole, we anticipated lower drug acquisition costs. It became apparent, however, that multiple daily doses of lansoprazole were actually required in many patients to achieve the same benefit; therefore, costs were actually increased for these patients. In 1999, rabeprazole was released and was thought to provide better 24 hour coverage. In order to minimize acquisition costs and provide maximal benefit to patients, we evaluated the efficacy and tolerability of rabeprazole 20 mg once daily. We identified 421 patients who were taking lansoprazole 30 mg BID for the treatment of acid related disorders and randomly selected 20 for conversion to rabeprazole 20 mg once daily for 4 weeks. Compliance, efficacy and adverse effects were monitored weekly. We found that 60% (12/20) completed 4 weeks of rabeprazole 20 mg daily and obtained equal or better symptom control than they had on lansoprazole 30 mg twice daily. Rabeprazole was well tolerated by all patients evaluated. All patients who completed the 4 wk course of rabeprazole preferred its once daily dosing schedule. We estimate that converting 50% of our patients from lansoprazole 30 mg BID to rabeprazole 20 mg QD would provide a cost savings of $43,195 per year.