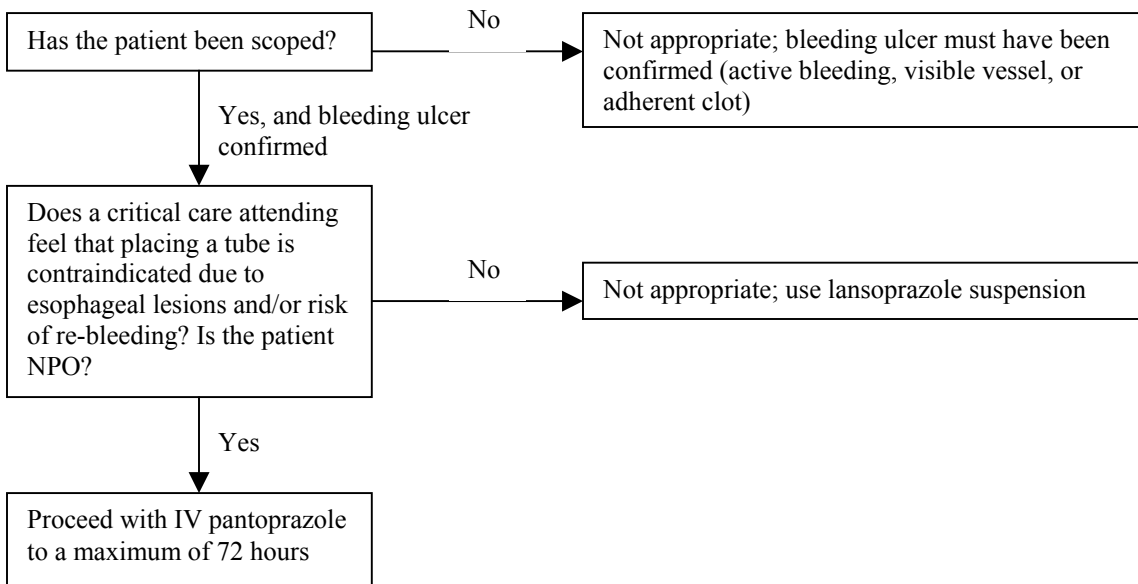


EFFECTIVE DATE: 12/03	<u>DEPARTMENT OF PHARMACY</u>	SECTION:
REVISION DATE: 12/03	<b>POLICY &amp; PROCEDURE</b>	Page 1 of 2
<u>GUIDELINES FOR NON-FORMULARY USE OF IV PANTOPRAZOLE</u>		

**BACKGROUND**

Despite it's non-formulary status, there are some clinical indications where intravenous pantoprazole (Protonix®) may be appropriate. Dr. Steven Simpson and the P&T Medication Use and Policy Management Subcommittee have approved the following guidelines for use of this agent:

**GUIDELINES FOR CONTINUOUS INFUSION DOSING**



**GUIDELINES FOR DAILY (NON-CONTINUOUS) DOSING**

May be used for treatment of gastroesophageal reflux disease in patients who are NPO.

**PROCEDURE**

1. Upon receiving an order for intravenous pantoprazole, follow the appropriate guidelines listed above depending on the requested dosing regimen.
2. If intravenous pantoprazole is found to be inappropriate based on the above guidelines, contact the requesting physician and notify them that a Formulary medication will need to be used.
3. A member of the P&T Medication Use and Policy Management Subcommittee should be contacted on the next business day in all cases where these guidelines are not followed.

\_\_\_\_\_  
DIRECTOR OF PHARMACY

REVIEW:

\_\_\_\_\_  
CHAIR OF PHARMACY & THERAPEUTICS COMMITTEE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
INITIAL & DATE

EFFECTIVE DATE: 12/03	<u>DEPARTMENT OF PHARMACY</u>  <b>POLICY &amp; PROCEDURE</b>	SECTION:
REVISION DATE: 12/03		Page 2 of 2
<u>GUIDELINES FOR NON-FORMULARY USE OF IV PANTOPRAZOLE</u>		

**REFERENCES**

Taubel et al. have shown that a 30mg dose of simplified lansoprazole suspension produces a higher intragastric pH when compared to 40mg of intravenous pantoprazole. [Taubel, J., et al. A comparison of simplified lansoprazole suspension administered nasogastrically and pantoprazole administered intravenously: effects on 24-h intragastric pH. *Aliment Pharmacol Ther* 2001;15:1807-1817.]

Lau et al. demonstrated that a continuous infusion of IV omeprazole (80mg bolus, then 8mg/hr for 72 hours) results in a 94.2% probability that bleeding will not recur after endoscopy versus 78.3% in the placebo group. [Lau et al. Effect of intravenous omeprazole on recurrent bleeding after endoscopic treatment of bleeding peptic ulcers. *NEJM* 2000;343:310-6.]

Daneshmend et al. found that IV omeprazole *before* endoscopy had no effect on the outcome of upper GI bleeding, though continuous infusion dosing was not used. [Daneshmend TK, et al. Omeprazole versus placebo for acute upper gastrointestinal bleeding: randomised double blind controlled trial. *BMJ* 1992;304:143-7.]

Mortality benefits have not been shown for use of IV pantoprazole in patients with GI bleeds.

---

\_\_\_\_\_  
DIRECTOR OF PHARMACY

\_\_\_\_\_  
CHAIR OF PHARMACY & THERAPEUTICS COMMITTEE

REVIEW:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
INITIAL & DATE