正文字号5.5pt 指南字号10pt

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Inside

LANSOPRAZOLE EXTENDED-RELEASE TABLETS

DESCRIPTION OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use LANSOPRAZOLE EXTENDED-RELEASE TABLETS safely and effectively. See full prescribing information for LANSOPRAZOLE EXTENDED-RELEASE TABLETS.
Initial U.S. Approval: 1996

WARNING: RISKS IN SOME PATIENTS
See full prescribing information for complete boxed warning.
• Use of PPIs, including lansoprazole, capsules, may increase the risk of fracture of the hip, wrist or spine. The risk of fracture was increased in patients who received high dose, defined as multiple daily doses, and long-term therapy (a year or longer). (5.2)
• Lansoprazole may increase the risk of Clostridium difficile-associated diarrhea, especially in hospitalized patients. (5.3)
• Lansoprazole may increase the risk of Cutaneous Subacute Lupus Erythematosus. (5.4)
• Lansoprazole may increase the risk of Interstitial Nephritis. (5.5)

Warnings and Precautions, Cardiac Electrophysiology ..... 5.7 DRUG INTERACTIONS (7)
Lansoprazole Extended-Release Tablets may affect the absorption of drugs for which gastric acid is important for bioavailability. Drugs for primary prevention of cardiovascular events: Avoid concomitant use of clopidogrel with lansoprazole extended-release tablets. (7.1)
Drugs for which gastric pH can affect bioavailability: Lansoprazole extended-release tablets may affect the absorption of drugs for which gastric acid is important for bioavailability. (7.2)
Methotrexate: Concomitant use with PPIs may elevate and prolong serum concentrations of methotrexate. (7.3)
Tacrolimus: Concomitant use with lansoprazole may increase blood levels of tacrolimus. (7.4)
Drugs tested for CYP2C19 or CYP3A4 interactions: Lansoprazole extended-release tablets may increase the plasma concentrations of drugs that are metabolized by these enzymes. (7.5)
USE IN SPECIFIC POPULATIONS (8)
Pregnancy: Based on animal data, may cause fetal harm. (8.1)
Nursing Mothers: Lansoprazole is excreted in human milk. Because of the potential for serious adverse reactions in nursing infants from lansoprazole, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. (8.3)
Geriatric Use: Clinical studies of lansoprazole did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic function, concomitant disease or other drug therapy. (8.5)
See 17 for PATIENT COUNSELING INFORMATION and Medication Guide
Revised: 06/2022

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FULL PRESCRIBING INFORMATION

WARNING: RISKS IN SOME PATIENTS
Lansoprazole Extended-Release Tablets may increase the risk of fracture of the hip, wrist or spine. The risk of fracture was increased in patients who received high dose, defined as multiple daily doses, and long-term therapy (a year or longer). [See Warnings and Precautions (5.2)]
Lansoprazole may increase the risk of Clostridium difficile-associated diarrhea, especially in hospitalized patients. [See Warnings and Precautions (5.3)]
Lansoprazole may increase the risk of Cutaneous Subacute Lupus Erythematosus. [See Warnings and Precautions (5.4)]
Lansoprazole may increase the risk of Interstitial Nephritis. [See Warnings and Precautions (5.5)]

1 INDICATIONS AND USAGE
Lansoprazole Extended-Release Tablets are indicated for the following conditions:
Gastroesophageal Reflux Disease (GERD)
Lansoprazole Extended-Release Tablets are indicated for the treatment of gastroesophageal reflux disease (GERD) in adults.
Erosive Esophagitis (EE)
Lansoprazole Extended-Release Tablets are indicated for the treatment of all grades of erosive esophagitis.
Risk Reduction of NSAID-Associated Gastric Ulcer
Lansoprazole Extended-Release Tablets are indicated to reduce the risk of gastric ulcer in patients who require nonsteroidal anti-inflammatory drug (NSAID) therapy.
Helicobacter pylori Eradication to Reduce the Risk of Duodenal Ulcer Recurrence
Lansoprazole Extended-Release Tablets are indicated as part of a multiple drug regimen for the eradication of Helicobacter pylori (H. pylori) in patients with duodenal ulcer disease (active or within the past five years). Lansoprazole Extended-Release Tablets alone are not indicated for treatment of H. pylori.
Pathological Hypersecretory Conditions
Lansoprazole Extended-Release Tablets are indicated for the long-term treatment of pathological hypersecretory conditions, including Zollinger-Ellison syndrome.

2 DOSAGE AND ADMINISTRATION
Lansoprazole Extended-Release Tablets should be taken orally, with or without food. Tablets must be swallowed whole and not crushed or chewed.
Adults
Adults are dosed once a day. For GERD, the usual dose is 30 mg once a day. For EE, the usual dose is 30 mg once a day for 4 to 8 weeks. For risk reduction of NSAID-associated gastric ulcer, the usual dose is 30 mg once a day. For H. pylori eradication to reduce the risk of duodenal ulcer recurrence, the usual dose is 30 mg of lansoprazole, 1 gram of amoxicillin, and 500 mg of clarithromycin, each given twice a day for 10 days. For pathological hypersecretory conditions, the dosage is 60 mg once a day. The dose may be increased to 120 mg per day. Doses above 120 mg per day are administered in divided doses twice a day. Lansoprazole Extended-Release Tablets are not approved for patients younger than 17 years.
Dosage Adjustment in Patients with Hepatic Impairment
Patients with moderate to severe hepatic impairment (Child Pearl or clinical classification Child-Turcotte-Pugh Class B or C) should not exceed a dose of 30 mg of lansoprazole per day. [See Use in Specific Populations (8.6) and Clinical Pharmacology (12.3)]
Dosage Adjustment in Patients with Renal Impairment
No dosage adjustment is necessary for patients with renal impairment. [See Clinical Pharmacology (12.3)]
Dosage Adjustment in Geriatric Patients
No dosage adjustment is necessary for geriatric patients. [See Use in Specific Populations (8.5) and Clinical Pharmacology (12.3)]

3 DOSAGE FORMS AND STRENGTHS
Lansoprazole Extended-Release Tablets: 15 mg, 30 mg, and 60 mg delayed-release tablets.

4 CONTRAINDICATIONS
Lansoprazole Extended-Release Tablets are contraindicated in patients who have demonstrated hypersensitivity (e.g., rash, dyspnea, pruritus, acute urticaria, systemic anaphylaxis, anaphylactic shock) to any component of the formulation. Because lansoprazole contains benzimidazole derivatives, it is also contraindicated in patients who have demonstrated hypersensitivity to substituted benzimidazoles.

5 WARNINGS AND PRECAUTIONS
5.1 Hypersensitivity Reactions
Lansoprazole Extended-Release Tablets can be administered to patients who have demonstrated hypersensitivity to other proton pump inhibitors. Hypersensitivity reactions, including anaphylaxis, have been reported with lansoprazole. [See Contraindications (4)]
5.2 Bone Fracture
Several published observational epidemiology studies have reported an increased risk of fracture of the hip, wrist, or spine in patients who have been treated with multiple daily doses of proton pump inhibitors (PPIs) and histamine-2 receptor antagonists (H2RAs) over periods of a year or longer. The majority of the risk was seen in patients who received high-dose therapy, defined as multiple daily doses, and in patients who received treatment for a year or longer. The risk was increased by 10% to 40% in patients who received high-dose therapy and by 30% to 100% in patients who received therapy for a year or longer. The risk was seen only in patients treated with PPIs or H2RAs, and was not seen in patients treated with other gastric acid suppressants or in patients not exposed to gastric acid suppressants. The risk of fracture was increased in patients who received PPIs or H2RAs even if they did not have osteoporosis or osteopenia. Patients at risk of fracture should be treated according to established guidelines for osteoporosis prevention and treatment.
5.3 Clostridium difficile-Associated Diarrhea
Clostridium difficile-associated diarrhea (CDAD) has been reported with nearly all systemic antibacterial agents, including lansoprazole, and may vary in severity from mild diarrhea to fatal colitis. Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of C. difficile. C. difficile produces toxins A and B which contribute to the development of CDAD. Hypertoxin producing strains of C. difficile cause increased morbidity and mortality, as these infections can be refractory to antimicrobial therapy and may require colectomy. CDAD must be considered in all patients who present with diarrhea following antibacterial use. Careful medical history is necessary since CDAD has been reported to occur over two months after the administration of antibacterial agents.
If CDAD is suspected or confirmed, ongoing antibacterial use not directed against C. difficile may need to be discontinued. Appropriate fluid and electrolyte management, protein supplementation, antibacterial treatment of C. difficile, and surgical evaluation should be instituted as clinically indicated.
5.4 Cutaneous Subacute Lupus Erythematosus
Cutaneous subacute lupus erythematosus (SCLE), a type of lupus erythematosus that usually presents with skin lesions, has been rarely reported with lansoprazole. Most patients developed erythematous macules and papules or psoriasiform plaques in sun-exposed areas of the skin. These patients did not present with systemic lupus erythematosus. Symptoms usually resolved after discontinuation of lansoprazole, although some patients had recurrence of SCLE when they restarted lansoprazole or switched to another proton pump inhibitor.
5.5 Interstitial Nephritis
Interstitial nephritis has been observed in patients taking proton pump inhibitors, including lansoprazole. Interstitial nephritis may occur at any point during proton pump inhibitor therapy and may be idiopathic in origin. Discontinue lansoprazole if interstitial nephritis develops.
5.6 Concomitant Gastric Malignancy
Symptomatic response to therapy with lansoprazole does not preclude the presence of gastric malignancy. Consider additional diagnostic testing in adult patients who have a poor response or who experience a relapse after initial therapy.
5.7 Cardiac Electrophysiology
Because of the potential for changes in gastric acidity to affect the absorption of various medications, the manufacturer of lansoprazole recommends that lansoprazole be avoided in patients receiving concomitant clopidogrel. Clopidogrel is a prodrug whose antiplatelet activity depends on its conversion to the active thiol metabolite. Lansoprazole may reduce the bioavailability of clopidogrel by reducing the formation of the active metabolite. Other clinically significant pharmacodynamic or pharmacokinetic drug interactions between lansoprazole and other drugs that are metabolized by the cytochrome P450 system (CYP) are possible. [See Drug Interactions (7.1)]

6 ADVERSE REACTIONS
The following serious adverse reactions are described in more detail in the Warnings and Precautions section of the label:
• Hypersensitivity Reactions
• Bone Fracture
• Clostridium difficile-Associated Diarrhea
• Cutaneous Subacute Lupus Erythematosus
• Interstitial Nephritis
• Concomitant Gastric Malignancy
• Cardiac Electrophysiology
The most common adverse reactions (≥ 2% and greater than placebo) in clinical trials of lansoprazole were headache, diarrhea, nausea, abdominal pain, vomiting, and constipation.
6.1 Clinical Trials Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.
Adverse Reactions in Adults Treated for Gastroesophageal Reflux Disease
The safety of lansoprazole was evaluated in 1,757 patients in clinical trials of GERD. Of these patients, 1,096 were treated with lansoprazole 15 mg, 30 mg, or 60 mg once daily for 4 to 8 weeks. The most common adverse reactions (≥ 2% and greater than placebo) in these trials were headache, diarrhea, nausea, abdominal pain, vomiting, and constipation.
Adverse Reactions in Adults Treated for Erosive Esophagitis
The safety of lansoprazole was evaluated in 1,960 patients in clinical trials of EE. Of these patients, 1,183 were treated with lansoprazole 15 mg, 30 mg, or 60 mg once daily for 4 to 8 weeks. The most common adverse reactions (≥ 2% and greater than placebo) in these trials were headache, diarrhea, nausea, abdominal pain, vomiting, and constipation.
Adverse Reactions in Adults Treated for Risk Reduction of NSAID-Associated Gastric Ulcer
The safety of lansoprazole was evaluated in 1,802 patients in clinical trials of risk reduction of NSAID-associated gastric ulcer. Of these patients, 1,192 were treated with lansoprazole 15 mg or 30 mg once daily for 4 to 8 weeks. The most common adverse reactions (≥ 2% and greater than placebo) in these trials were headache, diarrhea, nausea, abdominal pain, vomiting, and constipation.
Adverse Reactions in Adults Treated for H. pylori Eradication to Reduce the Risk of Duodenal Ulcer Recurrence
The safety of lansoprazole was evaluated in 1,063 patients in clinical trials of H. pylori eradication to reduce the risk of duodenal ulcer recurrence. Of these patients, 539 were treated with lansoprazole 30 mg, 1 gram of amoxicillin, and 500 mg of clarithromycin, each given twice a day for 10 days. The most common adverse reactions (≥ 2% and greater than placebo) in these trials were diarrhea, taste perversion, and headache.
Adverse Reactions in Adults Treated for Pathological Hypersecretory Conditions
The safety of lansoprazole was evaluated in 229 patients in clinical trials of pathological hypersecretory conditions. Of these patients, 146 were treated with lansoprazole 60 mg once daily for 4 to 8 weeks. The most common adverse reactions (≥ 2% and greater than placebo) in these trials were headache, diarrhea, nausea, abdominal pain, vomiting, and constipation.
Adverse Reactions in Pediatric Patients Treated for Erosive Esophagitis
The safety of lansoprazole was evaluated in 110 pediatric patients in clinical trials of EE. Of these patients, 66 were treated with lansoprazole 15 mg or 30 mg once daily for 4 to 8 weeks. The most common adverse reactions (≥ 2% and greater than placebo) in these trials were diarrhea, vomiting, abdominal pain, and headache.
Adverse Reactions in Pediatric Patients Treated for Symptomatic GERD
The safety of lansoprazole was evaluated in 287 pediatric patients in clinical trials of symptomatic GERD. Of these patients, 144 were treated with lansoprazole 15 mg or 30 mg once daily for 4 to 8 weeks. The most common adverse reactions (≥ 2% and greater than placebo) in these trials were diarrhea, vomiting, abdominal pain, and headache.
6.2 Postmarketing Experience
The following adverse reactions have been identified during post-approval use of lansoprazole: anemia, hemolytic anemia, pancytopenia, leukopenia, thrombocytopenia, agranulocytosis, pancytopenia with maturation arrest, eosinophilia, rash, urticaria, arthralgia, myalgia, fever, dizziness, paresthesia, somnolence, insomnia, agitation, confusion, hallucinations, depression, hepatic failure, hepatic encephalopathy, hepatitis (which may be fatal), jaundice, hepatic dysfunction, liver disorder, hepatic necrosis, pancreatitis, toxic epidermal necrolysis, Stevens-Johnson syndrome, erythema multiforme, alopecia, photosensitivity, interstitial nephritis, gynecomastia, visual disturbances, tinnitus, vertigo, bronchospasm, interstitial pneumonia, peripheral edema, hyperglycemia, glycosuria, weight gain, weight loss, hyponatremia, hypomagnesemia, hypocalcemia, hypercholesterolemia, hypertriglyceridemia, elevated liver enzymes, elevated bilirubin, elevated amylase, breast pain, and impotence.

7 DRUG INTERACTIONS
Lansoprazole Extended-Release Tablets may affect the absorption of drugs for which gastric acid is important for bioavailability. Drugs for primary prevention of cardiovascular events: Avoid concomitant use of clopidogrel with lansoprazole extended-release tablets. (7.1)
Drugs for which gastric pH can affect bioavailability: Lansoprazole extended-release tablets may affect the absorption of drugs for which gastric acid is important for bioavailability. (7.2)
Methotrexate: Concomitant use with PPIs may elevate and prolong serum concentrations of methotrexate. (7.3)
Tacrolimus: Concomitant use with lansoprazole may increase blood levels of tacrolimus. (7.4)
Drugs tested for CYP2C19 or CYP3A4 interactions: Lansoprazole extended-release tablets may increase the plasma concentrations of drugs that are metabolized by these enzymes. (7.5)
7.1 Clopidogrel
Concomitant administration of clopidogrel with lansoprazole extended-release tablets should be avoided. Clopidogrel is a prodrug whose antiplatelet activity depends on its conversion to the active thiol metabolite. Lansoprazole may reduce the bioavailability of clopidogrel by reducing the formation of the active metabolite. Other clinically significant pharmacodynamic or pharmacokinetic drug interactions between lansoprazole and other drugs that are metabolized by the cytochrome P450 system (CYP) are possible.
7.2 Drugs for which Gastric pH can affect Bioavailability
Lansoprazole Extended-Release Tablets may affect the absorption of drugs for which gastric acid is important for bioavailability. Lansoprazole Extended-Release Tablets should be used with caution in patients taking ketoconazole, itraconazole, iron salts, erlotinib, and digoxin.
7.3 Methotrexate
Concomitant use of PPIs with methotrexate (primarily at high dose) may elevate and prolong serum concentrations of methotrexate and/or its metabolite hydroxymethotrexate, which may result in toxicities of methotrexate. In high-dose methotrexate administration, a temporary withdrawal of the PPI may be considered in some patients.
7.4 Tacrolimus
Concomitant use of lansoprazole may increase blood levels of tacrolimus. Monitoring of tacrolimus concentrations should be performed and dose of tacrolimus adjusted when appropriate.
7.5 Drugs tested for CYP2C19 or CYP3A4 Interactions
Lansoprazole Extended-Release Tablets may increase the plasma concentrations of drugs that are metabolized by these enzymes. Lansoprazole Extended-Release Tablets should be used with caution in patients taking diazepam, phenytoin, theophylline, or warfarin.

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
Pregnancy Exposure Registry
There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to lansoprazole during pregnancy. Healthcare providers are encouraged to register patients by calling 1-800-336-2176 (Option 2).
Risk Summary
There are no adequate and well-controlled studies with lansoprazole in pregnant women. Lansoprazole was not teratogenic in rats and rabbits when administered orally during the period of organogenesis at doses 3.4 and 6.8 times, respectively, the human dose of 30 mg/day based on body surface area. However, in rats, lansoprazole caused embryo-fetal lethality at doses 3.4 times the human dose of 30 mg/day based on body surface area. Lansoprazole should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Data
Animal Data
Lansoprazole was not teratogenic in rats and rabbits when administered orally during the period of organogenesis at doses 3.4 and 6.8 times, respectively, the human dose of 30 mg/day based on body surface area. However, in rats, lansoprazole caused embryo-fetal lethality at doses 3.4 times the human dose of 30 mg/day based on body surface area. Lansoprazole should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
8.2 Lactation
Risk Summary
Lansoprazole is excreted in human milk. Because of the potential for serious adverse reactions in nursing infants from lansoprazole, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.
8.3 Females and Males of Reproductive Potential
Infertility
Based on animal data, lansoprazole may impair fertility in males and females of reproductive potential. It is not known if these effects occur in humans.
8.4 Pediatric Use
Safety and effectiveness of lansoprazole extended-release tablets in pediatric patients 1 year to 17 years of age for the treatment of symptomatic GERD, erosive esophagitis, and H. pylori eradication to reduce the risk of duodenal ulcer recurrence are supported by evidence from adequate and well-controlled studies of lansoprazole extended-release tablets in adults and pediatric patients 1 year to 17 years of age. The pharmacokinetics of lansoprazole extended-release tablets are similar in adults and pediatric patients 1 year to 17 years of age. [See Clinical Pharmacology (12.3)]
Safety and effectiveness of lansoprazole extended-release tablets in pediatric patients less than 1 year of age have not been established.
8.5 Geriatric Use
Clinical studies of lansoprazole did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic function, concomitant disease or other drug therapy.
8.6 Hepatic Impairment
Patients with moderate to severe hepatic impairment (Child Pearl or clinical classification Child-Turcotte-Pugh Class B or C) should not exceed a dose of 30 mg of lansoprazole per day. [See Clinical Pharmacology (12.3)]

10 OVERDOSAGE
Symptoms
Lansoprazole has been administered in doses of 180 mg daily for 14 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 210 mg daily for 7 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 300 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 360 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 420 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 480 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 1,200 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 1,500 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 1,800 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 2,100 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 2,400 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 2,700 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 3,000 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 3,300 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 3,600 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 3,900 mg daily for 3 days with no dose-limiting adverse reactions. 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Lansoprazole has been administered in doses of 23,400 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 23,700 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 24,000 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 24,300 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 24,600 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 24,900 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 25,200 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 25,500 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 25,800 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 26,100 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 26,400 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 26,700 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 27,000 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 27,300 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 27,600 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 27,900 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 28,200 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 28,500 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 28,800 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 29,100 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 29,400 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 29,700 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 30,000 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 30,300 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 30,600 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 30,900 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 31,200 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 31,500 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 31,800 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 32,100 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 32,400 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 32,700 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 33,000 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 33,300 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 33,600 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 33,900 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 34,200 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 34,500 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 34,800 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 35,100 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 35,400 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 35,700 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 36,000 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 36,300 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 36,600 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 36,900 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 37,200 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 37,500 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 37,800 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 38,100 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 38,400 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 38,700 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 39,000 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 39,300 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 39,600 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 39,900 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 40,200 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 40,500 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 40,800 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 41,100 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 41,400 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 41,700 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 42,000 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 42,300 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 42,600 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 42,900 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 43,200 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 43,500 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 43,800 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 44,100 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 44,400 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 44,700 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 45,000 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 45,300 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 45,600 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 45,900 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 46,200 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 46,500 mg daily for 3 days with no dose-limiting adverse reactions. Lansoprazole has been administered in doses of 46,800 mg daily for 3 days with no dose-limiting adverse reactions. L