

Modernized Reference Drug Program

Histamine₂ Receptor Blockers (H₂ Blockers)



Fully Covered (Reference Drugs)

- Ranitidine

Partially Covered (Non-Reference Drugs)

- Cimetidine
- Famotidine
- Nizatidine

Information provided is not intended as a substitute for professional judgement.

Step 1 – Does your patient need to switch medications to retain PharmaCare coverage?

Is patient already taking the fully covered (reference) drug listed above?

NO

YES

No medication change

Is patient concerned about prescription costs and about getting the most PharmaCare coverage possible?

YES

NO

No medication change

Does patient already have Special Authority coverage of their existing drug (i.e., is eligible for continued full coverage as explained in Section 4 of the *Guide to the Modernized RDP*)?

NO

YES

No medication change

Does the patient meet the criteria (below) for full coverage of a drug that will be only partially covered as of December 1, 2016?

Criteria for full coverage of a partially covered (non-reference) drug

Treatment failure on prescription dose of, or intolerance to, ranitidine.

NO

YES

Prescribers

To confirm Special Authority coverage for the patient's current medication, call 1-866-905-4912

Pharmacists

To confirm Special Authority coverage for patient's current medication, call the PharmaCare HelpDesk and select the Self-Service Option

Prescribers

Submit a Special Authority Request
Specialty Exemptions from submitting Special Authority Requests: paediatric cardiologists, pediatrics, paediatric general surgery.

Pharmacists

If the patient meets the criteria, refer to prescriber who can submit a Special Authority Request for coverage

Step 2 – Making the switch

Consider the following precautions:

- Patients with renal impairment—Dosing adjustments of ranitidine are required based on the patient's renal function.

- There is no washout period for these drugs, and patients can switch at the next fill of their prescription. Switch the patient to the fully covered H₂ blocker at a therapeutically appropriate dose as shown below.

Recommended Dosage – Ranitidine¹

Indication	Dose
Gastroesophageal reflux disease (GERD), prevention of recurrence. Other indications e.g. Zollinger-Ellison, erosive esophagitis	<ul style="list-style-type: none"> • 150 mg PO BID • See product monograph
Renal impairment	<ul style="list-style-type: none"> • CrCl 10-15 mL/min: max 150 mg PO per day • CrCl < 10 mL/min: 75-150 mg PO per day
Hepatic impairment	<ul style="list-style-type: none"> • No adjustment required

Equivalent doses of H₂ Blockers²

Drug	Approximate equivalent dose
• Ranitidine	• 150 mg
• Cimetidine	• 400 mg
• Famotidine	• 20 mg
• Nizatidine	• 150 mg

Inform the patient of the changes made, of any self-monitoring required, and of plans for follow-up.

Prescribers

Check patient progress at next scheduled appointment.

Pharmacists

Communicate therapeutic substitution information to the appropriate prescriber according to the requirements of PPP-58.
Check patient progress at next pharmacy visit.

REFERENCES:

1. CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2016 [updated 2013 Oct; cited 2016 Apr 12]. Histamine H₂-receptor Antagonists (H₂RAs) [CPhA monograph] Available from www.e-therapeutics.ca. Also available in paper copy from the publisher.
2. Treatment of Non-Ulcer Dyspepsia in Adults: Common Questions about H₂-blockers. Therapeutics Initiative, Therapeutics Letter. October 1994.