Modernized Reference Drug Program
Histamine\textsubscript{2} Receptor Blockers (H\textsubscript{2} 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.

**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 H\textsubscript{2} blocker at a therapeutically appropriate dose as shown below.

**Recommended Dosage – Ranitidine**

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroesophageal reflux disease (GERD), prevention of recurrence. Other indications e.g. Zollinger-Ellison, erosive esophagitis</td>
<td>150 mg PO BID</td>
</tr>
<tr>
<td>Renal impairment</td>
<td>CrCl 10-15 mL/min: max 150 mg PO per day; CrCl &lt; 10 mL/min: 75-150 mg PO per day</td>
</tr>
<tr>
<td>Hepatic impairment</td>
<td>No adjustment required</td>
</tr>
</tbody>
</table>

**Equivalent doses of H\textsubscript{2} Blockers**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Approximate equivalent dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ranitidine</td>
<td>150 mg</td>
</tr>
<tr>
<td>Cimetidine</td>
<td>400 mg</td>
</tr>
<tr>
<td>Famotidine</td>
<td>20 mg</td>
</tr>
<tr>
<td>Nizatidine</td>
<td>150 mg</td>
</tr>
</tbody>
</table>

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**
To confirm Special Authority coverage for patient’s current medication, call 1-866-905-4912 and select the Self-Service Option.

**Prescribers**
Submit a Special Authority Request for patient with cardiologic, pediatric, pediatric general surgery.

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

**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 H\textsubscript{2}-receptor Antagonists (H\textsubscript{2}RAs) [CPhA monograph] Available from www.e-therapeutics.ca. Also available in paper copy from the publisher.
3. CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2016 [updated 2013 Oct; cited 2016 Apr 12]. Histamine H\textsubscript{2}-receptor Antagonists (H\textsubscript{2}RAs) [CPhA monograph] Available from www.e-therapeutics.ca. Also available in paper copy from the publisher.