Modernized Reference Drug Program
Proton Pump Inhibitors (PPIs)

Fully Covered (Reference Drugs)
- Rabeprazole 10 or 20 mg
- Pantoprazole magnesium 20 mg

Partially Covered (Non-Reference Drugs)
- Esomeprazole 20 or 40 mg
- Lansoprazole 15 or 30 mg
- Omeprazole 20 mg
- Pantoprazole sodium 40 mg

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 concerned about prescription costs and about getting the most PharmaCare coverage possible?
- YES: No medication change
- NO: Is patient already taking a fully covered (reference) drug above and do they have Special Authority approval for that drug? OR Does patient already have Special Authority coverage of a partially covered drug above (not obtained under a Practitioner exemption) or is the patient eligible for continued full coverage as explained in Section 4 of the Guide to the Modernized RDP?
  - NO: Does the patient meet the criteria (below) for full coverage of a drug that will be only partially covered as of December 1, 2016?
  - YES: Referral to prescriber

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) PPI
- For eradication of Helicobacter pylori, as part of triple therapy, or
- For Barrett’s esophagus, Zollinger-Ellison syndrome, connective tissue disease (e.g. lupus, scleroderma, CREST), or
- For patients with gastrointestinal reflux disease (GERD), reflux esophagitis, duodenal ulcer, or gastric ulcer
PLUS
- Failure of reasonable trials of, or intolerance to, rabeprazole AND pantoprazole

Note: “Reasonable trials” of rabeprazole and pantoprazole magnesium is considered a trial at usual adult doses for at least 4 weeks each of rabeprazole and pantoprazole magnesium.

Step 2 – Making the switch

Consider whether the patient should continue on long-term PPI therapy (see below).
- If patient requires continued use of a PPI, there is no washout period for PPIs and patients can switch at the next refill of their prescription.
- Switch the patient to the fully covered PPI at a therapeutically appropriate dose as shown below.

Rabeprazole and pantoprazole magnesium doses by indication

<table>
<thead>
<tr>
<th>Indication</th>
<th>Rabeprazole</th>
<th>Pantoprazole magnesium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic relief of GERD</td>
<td>20 mg</td>
<td>40 mg</td>
</tr>
<tr>
<td>Symptomatic relief and healing of duodenal or gastric ulcers</td>
<td>20 mg once daily</td>
<td>40 mg once daily in the morning</td>
</tr>
<tr>
<td>Hypersecretory conditions, such as Zollinger-Ellison</td>
<td>Dose based on individual patient requirements</td>
<td>Dose based on individual patient requirements</td>
</tr>
<tr>
<td>H. Pylori eradication</td>
<td>20 mg (as part of combination therapy)</td>
<td>40 mg (as part of combination therapy)</td>
</tr>
</tbody>
</table>

Note: Doses and durations may vary. Refer to product monograph.

Fully Covered (Reference Drugs)
- Rabeprazole 20 mg
- Pantoprazole magnesium 40 mg

Partially Covered (Non-Reference Drugs)
- Esomeprazole 20 mg
- Lansoprazole 30 mg
- Omeprazole 20 mg

References:
6. British Columbia Provincial Academic Detailing Service: www.bcpad.ca also available in paper copies from the publisher.
7. Shared Care: www.sharedcarebc.ca/sites/default/files/SC - recommendations/gastroenterology/.

Considerations for long-term PPI therapy:
- Observational studies identified possible associations between PPIs and clinically important adverse events (e.g. Clostridium difficile infection). In patients without a compelling indication for PPI therapy, a clinical decision should include consideration of possible relevant harms.
- The Canadian Association of Gastroenterology and Choosing Wisely Canada recommend that most patients on long-term PPI therapy for GI symptoms, such as GERD, make at least one attempt a year to stop/reduce PPIs. Patients with Barrett’s esophagus, Los Angeles Grade D esophagitis, a hypersecretory condition or gastrointestinal bleeding are exempt from this recommendation.

Resources:

To help prevent rebound hypersalivation, consider the following options:
- Reduce dose by 50% every 1 to 2 weeks until either meaningful symptoms recur or the PPI is discontinued.
- Increase the dosing interval to every 3 to 4 days (consider this option if the lower strength of the PPI is relatively more costly).
- Use H2 blockers (such as ranitidine) or antisecretory therapies during the PPI taper.
- Educate the patient on lifestyle modifications.

Pharmacists
Submit a Special Authority Request

Prescribers

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

Pharmacists

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

Pharmacists

Communicate therapeutic substitution information to the appropriate prescriber according to the requirements of PPIs.

Check patient progress at next scheduled appointment.

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