Modernized Reference Drug Program

Proton Pump Inhibitors (PPIs)

Fully Covered (Reference Drugs)		*Partially Covered (Non-Reference Drugs)*			
• **Rabeprazole** *10 or 20 mg*	• **Pantoprazole magnesium** *40 mg*	• **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** → continue
- **NO** → No medication change

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** → continue
- **YES** → No medication change

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

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 gastroesophageal reflux disease (GERD), reflux esophagitis, duodenal ulcer, or gastric ulcer

PLUS

- Failure of reasonable trials of, or intolerance to, rabeprazole AND pantoprazole magnesium.

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.

- **NO** → continue
- **YES** →

Prescribers
Submit a Special Authority Request

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 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 fill of their prescription.
- Switch the patient to the fully covered PPI at a therapeutically appropriate dose as shown below.

Pharmacists
You may wish to contact the prescriber if:

- patient may be a candidate for PPI reduction or discontinuation
- patient has a prescription for an unusually high or low dose of PPIs
- patient is pregnant, lactating or is a paediatric patient
- patient is being treated for active gastrointestinal bleeding or Zollinger-Ellison syndrome
- patient is on transplant or antiretroviral medications (potential drug-drug interactions)

Rabeprazole and pantoprazole magnesium doses by indication [1,2,3] (Use lowest and shortest duration appropriate for condition)

Indication	**Rabeprazole** *dose*	**Pantoprazole magnesium** *dose*
Symptomatic relief of GERD	• 20 mg once daily	• 40 mg once daily
Symptomatic relief and healing of duodenal or gastric ulcers	• 20 mg once daily	• 40 mg once daily in the morning
Hypersecretory conditions, such as Zollinger-Ellison	• Dose based on individual patient requirements	• Dose based on individual patient requirements
H. Pylori eradication	• 20 mg BID for 10-14 days (as part of combination therapy)[4]	• 40 mg BID for 10-14 days (as part of combination therapy)[4]

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

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.

Approximate equivalent doses of PPIs[5]

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• **Pantoprazole magnesium** *40 mg*	• **Lansoprazole** *30 mg*	• **Pantoprazole sodium** *40 mg*

References:

1 *CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2016 [updated 2014 Sep 29; cited 2016 Mar 30]. Pariet [product monograph] Available from: http://www.e-therapeutics.ca. Also available in paper copy from the publisher.*

2 *CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2016 [updated 2015 Apr 21; cited 2016 Mar 30]. Tecta [product monograph] Available from: http://www.e-therapeutics.ca. Also available in paper copy from the publisher.*

3 *Lexi-Comp, Inc. (Lexi-Drugs®). Lexi-Comp, Inc.; March 30, 2016.*

4 *Blondel-Hill E, Fryters S. Bugs & Drugs, Alberta Health Services, Edmonton. Available from www.bugsanddrugs.ca*

5 *Therapeutic Interchange Program and Prescription Interpretations at Vancouver Community of Care. Updated 14 April 2015. Available at: www.vhpharmsci.com/vhformulary/(2)%20VA%20Copy%200f%20BCHA%20Formulary%20THERAPEUTIC%20INTERCHANGE%20PROGRAM.pdf*

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.
- Helpful resources:
  - Choosing Wisely Canada: www.choosingwiselycanada.org/recommendations/gastroenterology-2/
  - Shared Care: www.sharedcarebc.ca/sites/default/files/SC-PPI%20Sheet_Final_0.pdf
  - B.C. Provincial Academic Detailing Service: www.bcpad.ca
  - Ontario Pharmacy Research Collaboration: www.open-pharmacy-research.ca/research-projects/emerging-services/deprescribing-guidelines
- To help prevent rebound hypersecretion, 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 2 to 3 days (consider this option if the lower strength of the PPI is relatively more costly).
  - Use H2 blockers (such as ranitidine) or antacids as adjunctive therapies during the PPI taper.
  - Educate the patient on lifestyle modifications.