

Appendix A – Prescription Medication table for Gastroesophageal reflux disease

Drug	Standard Rx Dose	Approximate cost per day (March 2009) generic \$ (brand \$)	PharmaCare Coverage
H₂-receptor antagonists (H₂RA)			
ranitidine (Zantac®)	150 mg twice a day x 8 weeks*	\$0.40 (\$0.40)	regular benefit, LCA
cimetidine (Tagamet®)	1200 mg per day in divide doses x 8-12 weeks	\$ 0.40 (\$1.50)	regular benefit, LCA
nizatidine (Axid®)	150 mg twice a day x 12 weeks	\$1.15 (1.80)	limited coverage, LCA, RDP
famotidine (Pepcid®)	20 mg twice a day *	\$ 1.25 (\$2.30)	limited coverage, LCA, RDP
Proton Pump inhibitors (PPI)			
rabeprazole (Pariet®)	20 mg per day x 4 weeks	\$0.98 (\$1.40)	limited coverage
omeprazole (Losec®)	20 mg per day x 4 weeks	\$1.15 (\$2.40)	limited coverage
pantoprazole (Pantoloc®)	40 mg qd x 4 weeks	\$1.40 (\$2.15)	limited coverage
lansoprazole (Prevacid®)	15-30 mg per day x 4-8 weeks	\$1.08-2.15	limited coverage
esomeprazole (Nexium®)	20-40 mg per day x 4-8 weeks	\$2.25-4.50	limited coverage

Nb: Please review product monographs and regularly review current listings of Health Canada advisories, warnings and recalls at: http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index_e.html

G: indicates that generics are available

* available with or without a prescription, but non-prescription medications are not reimbursed by PharmaCare or most private drug plans

Regular benefit drugs: do not require Special Authority. Patients may receive full or partial coverage, since some of these drugs are included in the Low Cost Alternative (LCA) program or Reference Drug Program (RDP).

LCA: When multiple medications contain the same active ingredient (usually generic products), patients receive full coverage for the drug with the lowest average PharmaCare claimed price. The remaining products are partial benefits.

RDP: When a number of products contain different active ingredients but are in the same therapeutic class, patients receive full coverage for the drug that is medically effective and the most cost-effective. This drug is designated as the Reference Drug. The remaining products are partial benefits.

Limited coverage drugs: require Special Authority. These drugs are not normally regarded as first-line therapies or there are drugs for which a more cost-effective alternative exists.

In all cases: coverage is subject to drug price limits set by PharmaCare and to the patient's PharmaCare plan rules and deductibles.