

## Appendix A – Prescription Medication Table for Oral Acid Suppression†

Drug	Standard dosing range	Approximate cost/day‡: generic \$ (brand \$)	Pharmacare coverage
<b>H<sub>2</sub>-receptor antagonists (H<sub>2</sub>RA)</b>			
ranitidine*‡(G) (Zantac®)	150 – 300 mg per day in 1 to 2 divided doses	\$0.20 – 0.40 (\$0.45 – 0.90)	regular benefit, LCA (n.b. Zantac® is LCA)
cimetidine‡(G) (Tagamet®)	200 –1200 mg per day in 1 to 2 divided doses	\$0.08 – 0.40 (\$0.50 – 1.50)	regular benefit, LCA
nizatidine‡ (G) (Axid®)	150 – 300 mg per day in 1 to 2 divided doses	\$0.50 – 1 (\$0.90 – 1.70)	limited coverage, LCA, RDP
famotidine*‡(G) (Pepcid®)	20 – 80 mg per day in 1 to 2 divided doses	\$0.60 – 2 (\$1.15 – 4)	limited coverage, LCA, RDP
<b>Proton pump inhibitors (PPI's)</b>			
rabeprazole‡(G) (Pariet®)	20 mg per day	\$0.98 (\$1.40)	limited coverage
omeprazole (G) (Losec®)	<b>Dyspepsia: 20 mg once daily for 4 weeks</b>	\$1.15 (\$2.40)	limited coverage
pantoprazole‡(G) (Pantoloc®)	40 mg per day	\$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	\$2.25 – 4.50	limited coverage

† Please see Tables 2 and 3 for H. pylori treatment regimens.

‡ Pricing as of March 2009 PharmaNet and does not include professional fees.

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

‡ Dyspepsia: these medications have not been approved by Health Canada for this indication. However standard dosing of PPI's (which have been shown to have equivalent efficacy in initial dyspepsia treatment) have been shown to be effective for the treatment of dyspepsia. (Note-studies were small and the patients symptoms in many of these studies significantly overlapped with GERD symptoms thus management often mirrors that of GERD)<sup>1,2,3</sup>

**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](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index_e.html)

**G:** indicates that generics are available. See <http://www.health.gov.bc.ca/pharmacare/> for further information.

**Regular benefit drugs:** do not require Special Authority. Patients may receive full (F) or partial coverage (P), 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.

1. Delaney B, Ford AC, Forman D, Moayyedi P, Qume M. Initial management strategies for dyspepsia. *Cochrane Database of Systematic Reviews* 2005, Issue 4. Art. No.: CD001961. DOI: 10.1002/14651858.CD001961.pub2
2. Sander J, Van Zanten V, Flook N, et al. An evidence-based approach to the management of uninvestigated dyspepsia in the era of *Helicobacter pylori*. *CMAJ*, June 2000; 162(12) Suppl.
3. Canadian Agency for Drugs and Technology in Health. Evidence for PPI use in gastroesophageal reflux disease, dyspepsia, and peptic ulcer disease: scientific report. *Optimal Therapy Report – Compus* 2007;1(2)