Norfolk and Suffolk
Integrated Care Board

Famotidine Step Down

Famotidine 40mg tablets should only be used for the treatment phase of benign gastric and duodenal ulceration and reflux oesophagitis. Once the treatment stage has been completed patients would usually be stepped down to maintenance doses:

- Duodenal ulceration – 20mg once daily, dose to be taken at night
- Reflux oesophagitis – 20mg twice daily

Famotidine | Drugs | BNF | NICE

Changes in pricing means that there is only a modest saving to be made with reducing the dose.

From a safety perspective, whilst famotidine has a lower risk of disrupting the gut microbiota than proton pump inhibitors (PPIs) this is still observed. Susceptible populations are at risk of CNS effects including confusion, delirium and hallucinations. Extra care is therefore needed when prescribing in the elderly and in those with renal or hepatic impairment. As with all medication the ideal is to use the lowest effective dose for the shortest period of time.

Recording an indication against the prescription helps with the review process.

Patients who are receiving high dose famotidine long-term on the advice of a hospital specialist will continue on their existing therapy. This may include patients with Barrett's oesophagus and Zollinger-Ellison syndrome who cannot tolerate PPIs.

The following search has been created to identify patients currently prescribed famotidine 40mg tablets:

- Famotidine 40mg for practice review to stepdown

Safety Reminder – Renal Impairment

If the creatinine clearance is less than 30 mL/minute, then reduce the dose by half.

Dialysis patients should also take dosages that are reduced by half. Famotidine 20 mg tablets should be administered at the end of dialysis or thereafter since some of the active ingredient is removed by dialysis.

If the creatinine clearance falls to below 10ml/minute, then a single 20mg dose at night should be considered.