2021 Changes to the Reference Drug Program (RDP)



Reference Sheet

Fully covered (reference) drugs

Before

• isosorbide dinitrate 5mg, 10mg, 30 mg

Partially covered (non-reference) drugs

- isosorbide mononitrate 60mg ER
- pentaerythritol tetranitrate

Fully covered (reference) drugs

- enteric-coated ASA
- ibuprofen 200mg, 400mg, 600mg
- naproxen 250mg, 375mg, 500mg

Partially covered (non-reference) drugs

- diclofenac regular, SR
- diclofenac with misoprostol
- naproxen enteric-coated, SR
- flurbiprofen
- indomethacin
- ketoprofen regular, SR
- diflunisal

2021

 isosorbide dinitrate continues to be a regular PharmaCare benefit

- isosorbide mononitrate ER becomes a regular benefit
- pentaerythritol tetranitrate; manufacturerdiscontinued
- enteric-coated ASA is removed, remains a regular benefit
- ibuprofen 200mg is delisted for most plans except for Plan B and W patients

Now limited coverage NSAIDs:

- diclofenac with misoprostol, flurbiprofen, indomethacin, ketoprofen (regular, SR), diflunisal
- celecoxib and meloxicam (COX-2 inhibitors) remain limited coverage* but criteria changed to align with non-reference NSAIDs

*celecoxib is a regular benefit for patients under Plans P and W

Final

No nitrates category

 nitrates category removed from the RDP (isosorbide dinitrate and isosorbide mononitrate ER are regular benefits)

Fully covered (reference) drugs

- ibuprofen 400mg, 600mg
- naproxen 250mg, 375mg, 500mg

Partially covered (non-reference) drugs

- diclofenac regular 25mg, 50mg
- diclofenac SR 75mg, 100mg
- naproxen enteric-coated 250mg, 375mg, 500mg
- naproxen SR 750mg

Note: NSAIDs that became limited coverage are available through Special Authority. Refer to the Special Authority web page for criteria for non-reference NSAIDs or limited coverage NSAIDs (including celecoxib and meloxicam).

Nonsteroidal anti-inflammatory drugs (NSAIDs)

Nitrates