

# 2024 Reference Drug Program (RDP) Poster

If a patient has tried all the fully covered drugs in a category, cannot take any of those drugs due to intolerance or another medical reason, and they meet the Special Authority criteria for a non-reference drug, their prescriber can submit a Special Authority request for full coverage. Exempted specialists do not need to submit Special Authority requests for their patients for full coverage of a partially covered drug.

RDP category	Fully covered drugs <sup>1</sup> (reference drugs)	Partially covered drugs (non-reference drugs)	Maximum coverage for partially covered drugs
<b>Angiotensin converting enzyme inhibitors (ACEIs)</b>	ramipril with/without HCTZ	<a href="#">benazepril</a> <a href="#">captopril</a> <a href="#">cilazapril</a> with/without HCTZ <a href="#">enalapril</a> with/without HCTZ <a href="#">fosinopril</a> <a href="#">lisinopril</a> with/without HCTZ <a href="#">perindopril</a> <a href="#">quinapril</a> with/without HCTZ <a href="#">trandolapril</a>	\$3.3510/30 days (\$0.1117/day) based on ramipril 10 mg once daily
<b>Angiotensin receptor blockers (ARBs)</b>	<a href="#">candesartan</a> with/without HCTZ <a href="#">losartan</a> with/without HCTZ <a href="#">telmisartan</a> with/without HCTZ or amlodipine <a href="#">valsartan</a> with/without HCTZ	<a href="#">eprosartan</a> with/without HCTZ <a href="#">irbesartan</a> with/without HCTZ <a href="#">olmesartan</a> with/without HCTZ	\$8.1570/30 days (\$0.2719/day) based on losartan 50 mg once daily
<b>Dihydropyridine calcium channel blockers (CCBs)</b>	amlodipine	<a href="#">felodipine</a> <a href="#">nifedipine</a>	\$6.4560/30 days (\$0.2152/day) based on amlodipine 10 mg once daily
<b>Histamine2 receptor blockers (H2 blockers)</b>	ranitidine	<a href="#">cimetidine</a> <a href="#">famotidine</a> <a href="#">nizatidine</a>	\$7.7580/30 days (\$0.2586/day) based on ranitidine 150mg twice daily
<b>Non-steroidal anti-inflammatory drugs (NSAIDs)</b>	ibuprofen (400 mg and 600 mg only) naproxen	<a href="#">diclofenac immediate and sustained release</a> <a href="#">naproxen enteric-coated</a>	\$9.0900/30 days (\$0.3030/day) based on ibuprofen 2400 mg once daily
<b>Proton pump inhibitors (PPIs)</b>	<a href="#">pantoprazole magnesium</a> <a href="#">rabeprazole</a>	<a href="#">esomeprazole</a> <a href="#">lansoprazole</a> <a href="#">omeprazole</a> <a href="#">pantoprazole sodium</a>	\$6.0750/30 days (\$0.2025/day) based on pantoprazole mg 40 mg once daily
<b>Statins</b>	atorvastatin rosuvastatin	<a href="#">fluvastatin</a> <a href="#">lovastatin</a> <a href="#">pravastatin</a> <a href="#">simvastatin</a>	\$4.3860/30 days (\$0.1462/day) based on rosuvastatin 10 mg once daily

**Note:** PharmaCare may not cover all strengths/formulations. Pharmacists, please dispense specific drug product, as usual, according to the [RDP](#), [Low Cost Alternative Program](#), and [PharmaCare Full Payment Policy](#). Visit [Low Cost Alternative Program](#) for specific drug coverage information.

<sup>1</sup> "Fully covered" means the product is covered up to the maximum eligible cost, and actual covered amounts depend on the rules of a patient's PharmaCare plan.