Modernized Reference Drug Program
Dihydropyridine Calcium Channel Blockers (CCBs)

**Fully Covered (Reference Drugs)**
- Amlodipine

**Partially Covered (Non-Reference Drugs)**
- Felodipine
- Nifedipine extended release

Information provided is not intended as a substitute for professional judgement.

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**Step 1 – Does your patient need to switch medications to retain PharmaCare coverage?**

1. Is the patient already taking the fully covered (reference) drug listed above?
   - **NO**: No medication change
   - **YES**: Proceed to Step 2

2. Is the patient concerned about prescription costs and about getting the most PharmaCare coverage possible?
   - **YES**: Proceed to Step 2
   - **NO**: No medication change

3. Does the patient already have Special Authority coverage of their existing drug (i.e., is eligible for continued full coverage as explained in Section 4 of the Guide to the Modernized RDP)?
   - **NO**: No medication change
   - **YES**: Proceed to Step 2

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**Criteria for full coverage of a partially covered (non-reference) drug**

- Treatment failure on optimal doses or intolerance to amlodipine or complex patient requiring medication(s) for co-existing chronic condition(s)*

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**Step 2 – Making the switch**

1. Consider the following precautions:
   - If nifedipine is used to treat hypertension in pregnancy, these patients should not be switched to another CCB.
   - Obtain a baseline BP measurement prior to therapeutic substitution or ensure that the patient has had a recent BP measurement.
   - Patients can switch at the next fill of their prescription. Switch the patient to the fully covered CCB at a therapeutically appropriate dose as shown below.

2. **Target Doses and Dose Adjustments**

   **Hypertension**
   - **Amlodipine**
     - Initial: 5 mg daily
     - Usual: 5-10 mg daily
     - Max: 10 mg daily
   - **Felodipine**
     - Initial: 5 mg daily
     - Usual: 5-10 mg daily
     - Max: 10 mg daily
   - **Nifedipine**
     - Initial: 20-30 mg daily
     - Usual: 30-60 mg daily
     - Max: 90 mg daily

   **Adjustments – Renal**
   - **Amlodipine**: None
   - **Felodipine**: None
   - **Nifedipine**: None

   **Adjustments – Hepatic**
   - **Amlodipine**: Initial dose: 2.5 mg daily
   - **Felodipine**: Initial dose: 2.5 mg daily
   - **Nifedipine**: Caution: may need to reduce dose

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**Prescribers**

Check patient progress at next scheduled appointment.

**Pharmacists**

- To confirm Special Authority coverage for the patient’s current medication, call 1-866-905-4912

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**Step 3 – Confirming coverage and communicating substitution**

1. **Prescribers**
   - Submit a Special Authority Request
   - Speciality Exemptions from submitting Special Authority Requests: cardiologists, cardiovascular and thoracic surgery, intensivists specializing in cardiology, nephrologists, paediatrics, psychiatric cardiology.

2. **Pharmacists**
   - If the patient meets the criteria, refer to prescriber who can submit a Special Authority Request for coverage

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**REFERENCES**

5. Therapeutic Interchange Program and Prescription Interpretations at Vancouver Community of Care. Available at www.vhpharmsci.com/vhformulary
6. Therapeutic Interchange Program and Prescription Interpretations at Vancouver Community of Care. Available at www.e-therapeutics.ca

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**Monitor blood pressure. Inform the patient of the changes made, of any self-monitoring required, and of plans for follow-up.**

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*If medical circumstances warrant, Special Authority may be granted for exceptional coverage on a case-by-case basis.

**Drug** | **Approximate Equivalent Dose** | **Dosage**
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Amlodipine | 2.5 mg | 5 mg | 10 mg
Felodipine | 2.5 mg | 5 mg | 10 mg
Nifedipine (extended release) | 20 mg | 30 mg | 60 mg-90 mg

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**Prescribers**

Communicate therapeutic substitution information to the appropriate prescriber according to the requirements of PPP-S8.

Check patient progress at next pharmacy visit.