Guide to the Modernized Reference Drug Program

For prescribers and pharmacists

Medical Beneficiary and Pharmaceutical Services Division

June 1, 2016
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1 Introduction

The Original Reference Drug Program (RDP)…

☐ Has been a cornerstone of the PharmaCare Program for over twenty years, keeping program costs manageable and reducing the tax burden on British Columbians.

☐ The introduction of the original RDP resulted in no measurable changes to the number of physician or hospital visits.

The Modernized RDP…

☐ Results from an increase in generic versions of brand products, generic drug pricing reforms, and evidence on the safety and effectiveness within therapeutic categories.

☐ Was developed in consultation with clinicians and supported by the Drug Benefit Council.

☐ Is expected to save $27 million over the next three years, allowing coverage of innovative drug treatments British Columbians need.

☐ Fully covers drugs that many British Columbians are already taking.

☐ Will not require any British Columbian to change more than one RDP drug.

☐ Will give all British Columbians enrolled in PharmaCare access to RDP drugs that are eligible for full coverage.

☐ Will give all British Columbians who opt not to take a fully covered drug, access to partial coverage.

☐ Based on specific criteria, will continue current coverage—unchanged—for about 50% of patients taking an RDP drug that otherwise would not be fully covered under the Modernized RDP.

☐ Will continue to fully cover RDP drugs for British Columbians who already have PharmaCare Special Authority approval for those drugs.

☐ Will accept a prescriber’s Special Authority request for full coverage of another drug if a patient has tried all the fully covered medications and cannot tolerate them.

☐ Provides a six-month transition period in which patients can talk to their prescriber or pharmacist during a regular visit about the appropriate drug choice.
2  About this Guide

In this guide you will find:

- A description of the RDP and how it works.
- Information about modernization of the RDP and how it may affect PharmaCare coverage for some of your patients.
- Recommended prescriber/pharmacist workflows during transition to help you decrease calls/faxes for clarification between prescriber offices and pharmacies, to avoid duplication of effort, and to prevent potential confusion for patients.
- Information on price variations within each RDP category.

Enclosures:

- **Modernized RDP Poster**—A quick reference to drug coverage under the Modernized RDP that is particularly useful when prescribing for patients taking an RDP drug for the first time.
- **Decision Trees for Switching Medications (Posters)**—One poster per category, to help you determine if a patient should consider switching a medication and, if yes, to help you make the change to their drug regimen.
- **Patient Handouts**—to help you alert patients to possible changes in PharmaCare coverage of their RDP drug and of the choices available to them.
3 About the changes to the RDP

3.1 RDP overview

The RDP, introduced in 1995, encourages cost-effective prescribing for common medical conditions without compromising patient care.

The original RDP applies to five therapeutic classes of drugs. Medical evidence shows that, within each of those categories, the various drugs are equally safe and effective.

On that basis, PharmaCare reviews the cost of the drugs within each category and determines a maximum daily cost. PharmaCare will reimburse partially covered (“non-reference”) drugs up to this maximum daily cost. Fully covered (“reference”) drugs are not subject to the daily maximum.

3.2 How will modernization change the RDP?

The Modernized RDP will be introduced in a six-month transition period (June 1, 2016, to November 30, 2016,) and:
- adds three new categories in which the drugs are equally safe and effective, and
- amends three of the original categories by changing the PharmaCare coverage of specific drugs within those categories, and
- leaves two original categories unchanged.

During the six-month transition period, PharmaCare will cover:
- all Modernized RDP fully covered drugs and
- all original RDP fully covered and partially covered drugs.

IMPORTANT: As always, actual reimbursement is subject to the patient’s PharmaCare plan rules and any annual deductible requirement.
3.3 How can I help my patients during the transition period?

Discuss the changes with your patient.

Initiating therapy with an RDP drug:
- Prescribe a drug that will be fully covered under the Modernized RDP.

Patients already taking an RDP drug:
- If a patient is taking an RDP drug that will not be fully covered under the Modernized RDP, determine if the patient qualifies for full coverage of their current RDP drug through an existing, or new, PharmaCare Special Authority.
- If they do not qualify for continued full coverage—and they rely on PharmaCare coverage and/or do not wish to pay extra for their drug after December 1, 2016—prescribe a drug that will be fully covered under the Modernized RDP.

See Section 3.4, for information on which patients do not need to switch drugs to maintain eligibility for full coverage.

See the enclosed Modernized RDP Poster for the fully and partially covered drugs within each RDP category.

3.4 How can I help patients once the transition period is over?

When initiating therapy with an RDP drug, prescribe a drug that is fully covered under the Modernized RDP.

See Section 6 for details on the transition to the Modernized RDP.
4 Patients whose coverage is not affected

4.1 Overview

Many patients currently taking an RDP drug will not be affected including:

- Patients already taking a drug that will remain, or become, a fully covered drug under the Modernized RDP.
- Patients who do not rely on PharmaCare coverage (e.g., those with private drug coverage) and/or those who choose to remain on their current drug even if it is not fully covered under the Modernized RDP.
- Pre-identified patients who are taking a drug that would not normally be fully covered under the Modernized RDP but for whom full coverage will be continued (as described in Section 4.2, following).

4.2 Pre-identified patients

Four groups of patients have been pre-identified using prescription data from PharmaNet (the system that tracks all prescriptions dispensed at B.C. community pharmacies). Coverage will continue unchanged for these patients.

**Group 1**

- Patients taking two or more drugs that are fully covered under the Original RDP that would be only partially covered under the Modernized RDP.

These patients do not need to switch any of the RDP drugs they are taking to retain full PharmaCare coverage.

**Group 2**

- Patients with current Special Authority approval for a drug in any of the following RDP categories:
  - Histamine₂ receptor blockers (H₂ blockers)
  - Dihydropyridine calcium channel blockers (CCBs)
  - Angiotensin converting enzyme inhibitors (ACEIs)

These patients do not need to switch the RDP drug they are taking to retain full PharmaCare coverage.

**Group 3**

- Patients who:
  - already have Special Authority approval for full coverage of rabeprazole or pantoprazole magnesium OR
  - already have Special Authority approval for full coverage of a PPI other than rabeprazole or pantoprazole magnesium.

**Note:** If the Special Authority for another PPI was through a specialty exemption, PharmaNet must also indicate the patient has had rabeprazole or pantoprazole magnesium dispensed in the past.

These patients do not need to switch the RDP drug they are taking to retain full PharmaCare coverage.

➔ See Section 5.4 for an explanation of a specialty exemption.
Group 4

- Patients with heart or renal failure who are currently receiving full coverage of an ACEI or ARB that otherwise would be only partially covered under the Modernized RDP.

**Important:** There may be heart or renal failure patients PharmaCare was unable to identify from available data. In these cases, prescribers can submit a Special Authority request if they believe it is inappropriate to modify the patient’s drug therapy.

### 4.3 Other patients who may be considered for exceptional coverage

As always with the RDP, physicians can submit Special Authority requests for coverage for patients with specific medical circumstances.

Special Authority Requests should include details of the diagnosis and the circumstances that might prevent the patient from using any of the fully covered (reference) drugs.

⇒ For Special Authority criteria and forms, visit [www.gov.bc.ca/pharmacarespecialauthority](http://www.gov.bc.ca/pharmacarespecialauthority).

### 4.4 Confirming the Special Authority status of a patient’s RDP drug

**Pharmacists** can obtain the Special Authority status for a patient’s RDP drug by phoning the usual PharmaNet Help Desk number and selecting the Self-Service Option.

**Prescribers** can call the PharmaCare/PharmaNet Medical Practitioner Line at 1-866-905-4912. This new phone line has been set for use by prescribers only and provides information on Special Authority status for RDP drugs 24 hours a day, seven days a week.

Please have your College ID and the patient’s name, Personal Health Number, and date of birth on hand when you call.
5 Understanding how the RDP works

5.1 How does PharmaCare determine the maximum daily cost for an RDP category?

For each RDP category, PharmaCare designates one drug as the “reference drug comparator.” The daily cost of the usual dose of this drug becomes the maximum daily amount PharmaCare covers for any of the partially covered (non-reference) drugs in that category.

If the reference drug comparator changes—or if the cost of the comparator changes—the maximum daily amount covered may change. This includes cost changes resulting from changes in the Low Cost Alternative Program.

5.2 What happens if a patient’s drug is only partially covered?

If a patient chooses to remain on a partially covered (non-reference) drug, the maximum PharmaCare reimburses is the daily cost of the “reference drug comparator.” The patient, or their private insurer, pays the remaining cost. Only the portion eligible for PharmaCare coverage counts towards their Fair PharmaCare deductible.

5.3 Can patients get Special Authority coverage for partially covered (non-reference) drugs?

Yes. Some patients may be unable to take a fully covered RDP drug because they have a specific medical condition such as a drug-to-drug interaction, drug intolerance or previous treatment failure. The prescriber can submit a Special Authority Request for these patients, requesting full coverage of an otherwise partially covered (non-reference) drug in the therapeutic category.

To review the criteria for this coverage and/or to submit a Special Authority request, visit www.gov.bc.ca/pharmacarespecialauthority. In the list of drugs, click on the drug name.

5.4 What are specialty exemptions? Do they apply to RDP drugs?

For some drugs, PharmaCare grants an exemption to certain physician specialties. If such an exemption has been granted, those specialist physicians do not need to submit Special Authority Requests for coverage of that drug for their patients; the patient is automatically eligible for full coverage.

The specialist physician groups eligible for exemptions are noted in the enclosed Modernized RDP Poster and on the individual drug criteria pages accessible through www.gov.bc.ca/pharmacarespecialauthority.

Note: As of June 1, 2016, patients of gastrointestinal specialists are automatically eligible (via a specialist exemption) for the fully covered (reference) PPIs—rabeprazole and pantoprazole magnesium—and for partial coverage of non-reference PPIs. However, to access full coverage of normally partially covered (non reference) PPI, a Special Authority request must still be submitted.

5.5 How does RDP differ from the Low Cost Alternative (LCA) Program?

The LCA applies to groups of drugs that all have the same active ingredients. The RDP applies to groups of drugs that have different active ingredients that are in the same therapeutic class and are equally safe and effective.

RDP drugs may be subject to the LCA. When this is the case, pharmacists can dispense the (usually) generic version of an RDP product according to LCA rules.
6 How will the modernized RDP be implemented?

To allow for any necessary treatment changes, there will be a six-month transition to the Modernized RDP.

6.1 Transition—June 1 to November 30, 2016

No changes to current patient coverage.

Prescribers and pharmacists to discuss coverage with patients:

☑ For patients currently taking a drug that will not be fully covered under the Modernized RDP, adjust the patient’s medication as appropriate.

☑ For patients taking an RDP drug for the first time, prescribe a drug that will be fully covered under the Modernized RDP.

During transition:

- PharmaCare coverage continues unchanged for all original RDP drugs.
- Prescriptions for fully-covered (reference) drugs under the Modernized RDP are eligible for full coverage (including the CCB amlodipine, which no longer requires Special Authority approval for coverage).
- ARBs and PPIs continue to require Special Authority approval.
- The requirement for patients to try H$_2$ Blockers to be eligible for coverage of a PPI is rescinded.

6.2 Full implementation—December 1, 2016, onward

PharmaCare covers:

- Pre-identified exempted patients (through indefinite Special Authorities)—as described in Section 4.2.
- Modernized RDP fully covered (reference) and partially covered (non-reference) drugs only.

Note that:

- To access coverage for ARBs and PPIs, Special Authority approval is still required.
- Patients are not required to try H$_2$ Blockers before becoming eligible for coverage of a PPI.
7  Recommended Prescriber ↔ Pharmacist workflow during transition

To decrease calls/faxes for clarification between prescriber offices and pharmacies—and to avoid duplication of effort and potential confusion for patients—prescribers and pharmacists are encouraged to communicate as outlined below.

Note: As with any prescription, pharmacists dispense the lowest cost version of a drug according to the PharmaCare Low Cost Alternative (LCA) Program if the patient is receiving 100% PharmaCare coverage or if cost is an issue for the patient.

7.1  Recommended Communications—Prescriber → Pharmacist

<table>
<thead>
<tr>
<th>To indicate…</th>
<th>Advise the pharmacist of by writing on the prescription…</th>
</tr>
</thead>
<tbody>
<tr>
<td>you have determined that patient has been granted continued coverage (through Special Authority) of their current RDP drug even though it would not normally be fully covered under Modernized RDP</td>
<td>“No change required for RDP“</td>
</tr>
<tr>
<td>you have discussed coverage with the patient and the patient wants to remain on their current drug even though it will not be fully covered under the RDP</td>
<td>“Patient requests no change for RDP“</td>
</tr>
<tr>
<td>you wish to let the pharmacist know that the patient has chosen to switch and that you are leaving it to the pharmacist to adapt the prescription*</td>
<td>“Please adapt for RDP“</td>
</tr>
</tbody>
</table>

*Note that pharmacists can adapt a prescription for drugs included in the RDP whether or not the prescription is annotated.

7.2  Required/Recommended Communications—Pharmacist → Prescriber

<table>
<thead>
<tr>
<th>To indicate</th>
<th>Advise the prescriber…</th>
</tr>
</thead>
<tbody>
<tr>
<td>you have adapted the prescription for RDP and dispensed the different drug.</td>
<td>of the change according to PPP-58. [Required]</td>
</tr>
<tr>
<td>you have determined patient has been granted continued coverage (through Special Authority) of their current drug even though it is not normally fully covered under Modernized RDP.</td>
<td>that patient has continued coverage of current drug under a PharmaCare Special Authority. [Recommended]</td>
</tr>
<tr>
<td>you have discussed coverage with the patient and the patient wants to remain on their current drug even though it will not be fully covered under the RDP</td>
<td>That the patient chooses to remain on their current drug. [Recommended]</td>
</tr>
</tbody>
</table>
## 8 Making drug changes—Posters

The enclosed materials can guide you in:

- identifying patients who, in order to retain maximum PharmaCare coverage, need to switch medications before December 1, 2016, and
- making a medication switch when warranted and selecting appropriate dosing.

### 8.1 Original Categories—No changes under the Modernized RDP

There are no changes to the NSAID or Nitrate categories. When prescribing for patients taking an RDP drug for the first time, or for those taking an NSAID or Nitrate, please refer to the Modernized RDP poster for coverage details.

<table>
<thead>
<tr>
<th>POSTER #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Modernized RDP Poster</td>
</tr>
</tbody>
</table>

### 8.2 Original Categories—Changed under the Modernized RDP

<table>
<thead>
<tr>
<th>POSTER #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Angiotensin converting enzyme inhibitors (ACEIs)</td>
</tr>
<tr>
<td>3</td>
<td>Dihydropyridine calcium channel blockers (CCBs)</td>
</tr>
<tr>
<td>4</td>
<td>Histamine(_2) receptor blockers (H(_2) blockers)</td>
</tr>
</tbody>
</table>

### 8.3 New Categories under the Modernized RDP

<table>
<thead>
<tr>
<th>POSTER #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Angiotensin receptor blockers (ARBs)</td>
</tr>
<tr>
<td>6</td>
<td>HMG-CoA reductase inhibitors (Statins)</td>
</tr>
<tr>
<td>7</td>
<td>Proton pump inhibitors (PPIs)</td>
</tr>
</tbody>
</table>
9 Price Variations In RDP Categories

Price variation charts use the lowest cost alternative (usually generic) pricing.

9.1 Reading the pricing charts

In the charts that follow:
- Prices are per unit (not daily dose) for each product
- The Reference Price per Day (red vertical line) indicates that maximum daily cost PharmaCare will reimburse for partially covered (non-reference) drugs (yellow horizontal bars).
- The fully covered drugs (blue horizontal bars) are not subject to a daily maximum.

9.2 Angiotensin converting enzyme inhibitors (ACEIs)
9.3 Angiotensin receptor blockers (ARBs)

RDP Price/Day: $0.2719

- Fully covered (reference) drugs
- Partially covered (non-reference) drugs
9.4 Dihydropyridine calcium channel blockers (CCBs)

RDP Price/Day: $0.3874

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMLODIPINE 2.5 MG</td>
<td>$0.1490</td>
</tr>
<tr>
<td>AMLODIPINE 5 MG</td>
<td>$0.2610</td>
</tr>
<tr>
<td>AMLODIPINE 10 MG</td>
<td>$0.3874</td>
</tr>
<tr>
<td>FELODIPINE ER 2.5 MG</td>
<td>$0.5832</td>
</tr>
<tr>
<td>FELODIPINE ER 5 MG</td>
<td>$0.6039</td>
</tr>
<tr>
<td>FELODIPINE ER 10 MG</td>
<td>$0.9061</td>
</tr>
<tr>
<td>NIFEDIPINE XL 20 MG</td>
<td>$1.3743</td>
</tr>
<tr>
<td>NIFEDIPINE XL 30 MG</td>
<td>$0.6665</td>
</tr>
<tr>
<td>NIFEDIPINE XL 60 MG</td>
<td>$1.0124</td>
</tr>
</tbody>
</table>

Cost per Unit: $0.00 - $2.20

9.5 Histamine₂ receptor blockers (H₂ Blockers)

RDP Price/Day: $0.3888

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>RANITIDINE 150 MG</td>
<td>$0.1944</td>
</tr>
<tr>
<td>RANITIDINE 300 MG</td>
<td>$0.3888</td>
</tr>
<tr>
<td>FAMOTIDINE 20 MG</td>
<td>$0.2870</td>
</tr>
<tr>
<td>FAMOTIDINE 40 MG</td>
<td>$0.5220</td>
</tr>
<tr>
<td>CIMETIDINE 300 MG</td>
<td>$0.1934</td>
</tr>
<tr>
<td>CIMETIDINE 400 MG</td>
<td>$0.3164</td>
</tr>
<tr>
<td>CIMETIDINE 600 MG</td>
<td>$0.3677</td>
</tr>
<tr>
<td>NIZATIDINE 150 MG</td>
<td>$1.0008</td>
</tr>
<tr>
<td>NIZATIDINE 300 MG</td>
<td>$1.6422</td>
</tr>
</tbody>
</table>

Cost per Unit: $0.00 - $2.20
9.6 HMG-CoA reductase inhibitors (Statins)

RDP Price/Day: $0.2632

- Fully covered (reference) drugs
- Partially covered (non-reference) drugs

Cost per Unit

- ROSUVASTATIN 5 MG: $0.2496
- ROSUVASTATIN 10 MG: $0.2632
- ROSUVASTATIN 20 MG: $0.3290
- ROSUVASTATIN 40 MG: $0.3869
- ATORVASTATIN 10 MG: $0.3389
- ATORVASTATIN 20 MG: $0.4236
- ATORVASTATIN 40 MG: $0.4553
- ATORVASTATIN 80 MG: $0.4553
- SIMVASTATIN 5 MG: $0.1988
- SIMVASTATIN 10 MG: $0.3933
- SIMVASTATIN 20 MG: $0.4861
- SIMVASTATIN 40 MG: $0.4861
- SIMVASTATIN 80 MG: $0.4861
- FLUVASTATIN 20 MG: $0.2378
- FLUVASTATIN 40 MG: $0.3339
- FLUVASTATIN XL 80 MG: $1.7187
- PRAVASTATIN 10 MG: $0.4374
- PRAVASTATIN 20 MG: $0.5160
- PRAVASTATIN 40 MG: $0.6215
- LOVASTATIN 20 MG: $0.5313
- LOVASTATIN 40 MG: $0.9704
9.7 Nitrates

RDP Price/Day: $0.3776

- ISOSORBIDE DINITRATE 5 MG: $0.0684
- ISOSORBIDE DINITRATE 10 MG: $0.0402
- ISOSORBIDE DINITRATE 30 MG: $0.0944
- ISOSORBIDE MONONITRATE SR 60 MG: $0.3805

Cost per Unit

9.8 Non-steroidal anti-inflammatory drugs (NSAIDs)

RDP Price/Day: $0.2412

- ASA EC 325 MG: $0.0292
- ASA EC 500 MG: $0.0823
- ASA EC 650 MG: $0.0594
- IBUPROFEN 200 MG: $0.0551
- IBUPROFEN 400 MG: $0.0402
- IBUPROFEN 600 MG: $0.1418
- NAPROXEN 250 MG: $0.1153
- NAPROXEN 375 MG: $0.1575
- NAPROXEN 500 MG: $0.2279
- DICLOFENAC 25 MG: $0.0843
- DICLOFENAC 50 MG: $0.2186
- DICLOFENAC SR 75 MG: $0.2506
- DICLOFENAC SR 100 MG: $0.4372
- DICLOFENAC/MISOPROSTOL 50 MG-200: $0.3269
- DICLOFENAC/MISOPROSTOL 75 MG-200: $0.4450
- NAPROXEN EC 250 MG: $0.1153
- NAPROXEN EC 375 MG: $0.1575
- NAPROXEN EC 500 MG: $0.2279
- NAPROXEN SR 750 MG: $1.5938
- FLURBIPROFEN 50 MG: $0.2399
- FLURBIPROFEN 100 MG: $0.3282
- INDOMETHACIN 25 MG: $0.2682
- INDOMETHACIN 50 MG: $0.5362
- KEToprofen 50 MG: $0.3715
- KEToprofen 100 MG: $0.7516
- KEToprofen SR 200 MG: $1.5301
- DIFLUNISAL 250 MG: $0.6098
- DIFLUNISAL 500 MG: $0.7722

Cost per Unit
9.9 Proton pump inhibitors (PPIs)
10 Resources

10.1 PharmaCare Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>PharmaCare/PharmaNet Medical Practitioner Line—Prescribers</td>
<td>Dedicated line for use by prescribers only. Provides information on Special Authority status for RDP drugs. Available 24 x 7. Please have prescriber’s College ID and patient’s name, Personal Health Number, and date of birth on hand. 1-866-905-4912</td>
</tr>
<tr>
<td>RDP Special Authority Confirmation Line—Pharmacists</td>
<td>The usual PharmaNet HelpDesk number. Available 24 x 7. Select the Self-Service option.</td>
</tr>
<tr>
<td>About the RDP</td>
<td>Describes the program and how it works and offers links to this guide and its enclosures. <a href="http://www.gov.bc.ca/pharmacare/referencedrugprogram">www.gov.bc.ca/pharmacare/referencedrugprogram</a></td>
</tr>
<tr>
<td>Special Authority Home page</td>
<td>Including links to Special Authority coverage criteria and forms for RDP partially covered (non-reference) drugs and for all ARBs and PPIs (which require Special Authority). <a href="http://www.gov.bc.ca/pharmacarespecialauthority">www.gov.bc.ca/pharmacarespecialauthority</a></td>
</tr>
<tr>
<td>Documents reviewed by the Drug Benefit Council</td>
<td>Documents reviewed by the Drug Benefit Council during its consideration of RDP modernization. <a href="http://www.gov.bc.ca/pharmacare/rdp-pro">www.gov.bc.ca/pharmacare/rdp-pro</a></td>
</tr>
<tr>
<td>RDP/Low Cost Alternative Program Data Files</td>
<td>Data files listing the specific drug products included in the RDP and Low Cost Alternative (LCA) Program, their benefit status, and the maximum PharmaCare reimburses. <a href="http://www.gov.bc.ca/pharmacarecostalternativeprogram">www.gov.bc.ca/pharmacarecostalternativeprogram</a></td>
</tr>
</tbody>
</table>