

| Type of Listing | | | NFL |
|---------------------------|-----------------|-------------------------------|---|
| Bisphosphonates | Etidronate | Didronel; Generics Available | Not in Drug Formulary |
| | Alendronate | Fosamax; Generics Available | Regular Benefit (10mg, 70mg); Non-Benefit (5mg) |
| | | Fosavance; Generics Available | Regular Benefit (70 mg/5600 IU); Non-Benefit (70 mg/2800 IU) |
| | Risedronate | Actonel; Generics Available | Regular Benefit (35mg, 150mg, 5mg Generics); Limited Coverage (30mg Generics) |
| | | Actonel; DR | Non-Benefit |
| | Zoledronic Acid | Aclasta; Generics Available | Non-Benefit |
| SERMs | Raloxifene | Evista; Generics Available | Limited Coverage |
| Teriparatide (PTH) | | Forteo; Generics Available | Non-Benefit |
| | | Osnuvo (biosimilar) | Non-Benefit |
| Denosumab | | Prolia | Limited Coverage |
| | | Jubbonti (biosimilar) | Limited Coverage |
| Romosozumab | | Evenity | Limited Coverage |