

Type of Listing		Ontario Coverage	
<b>Bisphosphonates</b>	Etidronate	Didronel; Generics Available	Not in Drug Formulary
	Alendronate	Fosamax; Generics Available	Regular Benefit (10mg Generics, 70mg Generics);  Limited Coverage (Fosamax 70 mg);  Non-Benefit (Fosamax 10mg, All 5mg)
		Fosavance; Generics Available	Regular Benefit (Generics); Limited Coverage (Fosavance)
	Risedronate	Actonel; Generics Available	Regular Benefit (5mg Generics, All 30mg, All 35mg, All 150mg); Limited Coverage (Actonel 150mg); Non-Benefit (Actonel 5mg, Actonel 30mg)
		Actonel; DR	Regular Benefit (Generics); Limited Coverage (Actonel DR)
	Zoledronic Acid	Aclasta; Generics Available	Regular Benefit (4mg inj Generics except Zometa Concentrate); Limited Coverage (5mg inj)
<b>SERMs</b>	Raloxifene	Evista; Generics Available	Limited Coverage
<b>Teriparatide (PTH)</b>		Forteo; Generics Available	Limited Coverage
		Osnuvo (biosimilar)	Limited Coverage
		Prolia	Limited Coverage

<b>Denosumab</b>		
	Jubbonti (biosimilar)	Limited Coverage
<b>Romsozumab</b>	Evenity	Limited Coverage