

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