



| For your future™

Your Drug Plan



DYNAMIC THERAPEUTIC FORMULARY

Your health, your coverage...it pays to be informed.

With the cost of prescription drugs on the rise, we are pleased to provide you with an innovative drug benefit plan that helps manage expenses and maintains a high quality of service and benefits, without compromising quality of care and treatment.



How your plan works...

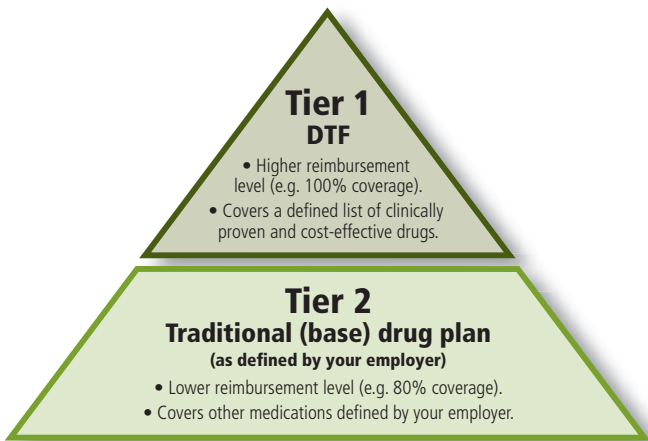
Your drug coverage is based on a list of drugs that are reimbursed at a higher level than other drugs available under your plan. Drug lists are sometimes called a formulary. Formularies have been used for years by provincial government drug programs and in most Canadian hospitals to help manage costs. The drugs grouped together under a formulary will vary based on the drug's intended use and the coverage the formulary is designed to provide. Your plan's drug coverage is based on ESI Canada's Dynamic Therapeutic Formulary (DTF).

The Dynamic Therapeutic Formulary (DTF) includes a list of clinically effective and affordable drugs used to treat most medical conditions. Drugs on this formulary are selected using the most up to date medical guidelines used by physicians and hospitals across North America. As new drugs are introduced to the market, they are reviewed and added to the formulary only if they are determined to be more clinically effective and at the same time, are a less expensive alternative to existing drugs on the formulary. What makes the formulary dynamic is new drugs may be added while existing drugs may be removed from the list if there is evidence to support that the drug is no longer the most clinically sound or cost-effective alternative.

In some cases, regardless of whether a drug is listed on the DTF (Tier 1) or the base plan (Tier 2), your physician will need to complete a form for Manulife to review. This process, called Prior Authorization, will help determine whether you meet the criteria for the drug to be considered an eligible expense.

How much will I be reimbursed?

Your drug plan uses two lists of eligible drugs – the DTF formulary along with another formulary of drugs selected by your employer and considered to be reimbursable under the terms of your plan. When a drug is prescribed from the DTF list, you will be reimbursed at a higher level than you would for other medications available under your plan – so you have the potential to be out of pocket less money. Ultimately, your doctor will prescribe whatever treatment will work best for your condition. Drugs from the DTF list reimburse you at a higher amount, while other medications from the base plan will be reimbursed at a lower amount.



Example:

Sarah from ABC Company went to see her doctor when she became ill. When the doctor opened her file, he noted that her benefits plan used the DTF, based on the information she had given him on a previous visit. He and Sarah discussed an approach to treat her ailment. After looking through the Your Drug Plan guide to the DTF, they discovered that there were two possible treatments covered by her drug plan. The drug Rabeprazole (the generic version of Pariet) was included on the DTF list and would cover 90% of Sarah's cost. Another medication, the drug Nexium, was available under the base plan and would cover 70% of her cost. Together, Sarah and her doctor determined that Rabeprazole was the best approach to treat her condition and at the same time, provide her with a higher reimbursement level.

	Nexium 70% reimbursement	→	Rabeprazole 90% reimbursement	Savings if switched between Nexium and Rabeprazole
Total drug cost	\$83.49		\$25.67	
Sarah's cost	\$25.05		\$2.57	Sarah saves: \$22.48
Plan cost	\$58.44		\$23.10	Plan saves: \$35.34

**Pricing comparison courtesy of ESI Canada and is provided for demonstrative purposes only. Actual drug costs may vary at the time of purchase.*

Make the DTF work for you...

- Ultimately, the choice is up to you and your doctor to determine which drug will best suit your medical needs. Give your doctor the DTF information at the back of this guide to include in your medical file, so it acts as a reminder that you are covered by the DTF when prescribing medication.
- Keep this DTF guide handy. Bring it with you when you visit your doctor's office so it is available as a reference. This will help your doctor consider the drug's cost relative to the potential amount you can be reimbursed for, in addition to factoring lifestyle and other considerations into your treatment plan.
- To find out if your current medications are included on the DTF, go online and access the DTF look up list at www.manulife.ca/groupbenefits/DTF. If they are not, you can discuss alternative drug therapies for your condition that **are** covered by the DTF with your doctor, and therefore increase your reimbursement percentage.

Questions?

Please call the Manulife Group Benefits
Customer Service Center at: **1-800-268-6195**

Dynamic Therapeutic Formulary (DTF)

(Effective March 1, 2011)

DTF Reimbursement:

%

Base Plan:

%

Dear Member,

This is a list of the top drugs most frequently prescribed by doctors that you are covered for under the Dynamic Therapeutic Formulary (DTF). It also shows suggested alternatives for drugs not covered by the DTF. Please bring this information with you to each doctor's appointment. The information can help your doctor determine if a DTF drug can be prescribed for you, so you can be reimbursed at a higher level.

Drugs that are not listed on the DTF may be covered, as appropriate, on the second tier of your plan.

For a detailed list of all the DTF drugs, visit the Plan Member secure site at www.manulife.ca/groupbenefits/DTF. Contact your plan administrator for an updated version of this guide annually.

Please note: The information in this guide is not intended to replace your doctor's advice. The tool was created to help you and your doctor factor drug costs, lifestyle and other considerations into your treatment plan.

The DTF is subject to change upon review of new products or information, therefore it is important to note that your coverage will be based on the coverage in effect at the time of purchase.

Commonly prescribed drugs

Drugs highlighted in bold text ARE included on the DTF.

This is a GENERIC formulary, so where there is a GENERIC drug that is considered interchangeable with the *Brand* drug, only the cost of the lowest price GENERIC will be reimbursed.

Drugs marked as No* have suggested alternatives on the DTF. Please refer to the section called "Alternatives for Drugs not on the DTF".

CATEGORY AND DRUG NAME	ESI DTF
ACID REFLUX OR ULCERS	
LANSOPRAZOLE (<i>Prevacid</i>)	NO*
<i>Nexium</i>	NO*
OMEPRAZOLE (<i>Losec</i>)	NO*
PANTOPRAZOLE (<i>Pantoloc, Tecta</i>)	NO*
RABEPRAZOLE (<i>Pariet</i>)	YES
RANITIDINE (<i>Zantac</i>)	YES
ACNE TREATMENT	
<i>Benzaclin</i>	YES
ADDICTION TREATMENT	
METHADONE POWDER	YES
ALLERGY	
FLUTICASONE (<i>Fonase</i>) Nasal Spray	NO*
<i>Nasonex AQ Nasal Spray</i>	NO*
CETIRIZINE (<i>Reactine</i>) 20MG	YES
ANTI-DEPRESSANT	
AMITRIPTYLINE (<i>Elavil</i>)	YES
BUPROPION (<i>Wellbutrin</i>)	YES
<i>Ciprallex</i>	NO*
CITALOPRAM (<i>Celexa</i>)	YES
<i>Cymbalta</i>	NO*
FLUOXETINE (<i>Prozac</i>)	YES
PAROXETINE (<i>Paxil</i>)	YES
SERTRALINE (<i>Zoloft</i>)	YES
TRAZODONE (<i>Desyrel</i>)	YES
VENLAFAXINE XR (<i>Effexor XR</i>)	YES

CATEGORY AND DRUG NAME	ESI DTF
ANTI-INFECTION	
AMOXICILLIN	YES
AZITHROMYCIN (<i>Zithromax</i>)	YES
CEFPROZIL (<i>Cefzil</i>)	YES
CEPHALEXIN (<i>Keflex</i>)	YES
CIPROFLOXACIN (<i>Cipro</i>)	YES
CLARITHROMYCIN (<i>Biaxin</i>)	YES
FLUCONAZOLE (<i>Diflucan</i>)	YES
NITROFURANTOIN (<i>Macrobid</i>)	YES
PENICILLIN V	YES
SULFAMETHOXAZOLE-TRIMETHOPRIM	YES
VALACYCLOVIR (<i>Valtrex</i>)	YES
ASTHMA/COPD	
<i>Advair</i>	YES
<i>Flovent</i>	YES
<i>Singulair</i>	NO*
SALBUTAMOL (<i>Ventolin</i>)	YES
<i>Symbicort</i>	YES
ANTI-PSYCHOTIC	
QUETIAPINE (<i>Seroquel</i>)	YES
RISPERIDONE (<i>Risperdal</i>)	YES
ATTENTION DEFICIT DISORDER	
METHYLPHENIDATE (<i>Ritalin, Ritalin SR, Biphentin, Concerta</i>)	YES

CATEGORY AND DRUG NAME	ESI DTF
BLOOD THINNERS	
ACETYLSALICYLIC ACID/ASA <i>Plavix</i>	YES YES
WARFARIN (<i>Coumadin</i>)	YES
CONTRACEPTIVES	
AVIANE (<i>Alesse</i>) 21/28	YES
APRI (<i>Marvelon</i>) 21/28	YES
Tri-Cyclen and Tri-Cyclen Lo 21/28	YES
Yasmin 21/28	YES
Yaz 28	YES
DIABETES/DEVICES	
BLOOD GLUCOSE TEST STRIPS	YES
GLICLAZIDE (<i>Diamicon</i>)	YES
GLYBURIDE (<i>Diabeta</i>)	YES
METFORMIN (<i>Glucophage</i>)	YES
GASTROINTESTINAL	
DOMPERIDONE (<i>Motilidone</i>)	YES
GOUT	
ALLOPURINOL (<i>Zyloprim</i>)	YES
HIGH BLOOD PRESSURE	
NIFEDIPINE (<i>Adalat</i>)	YES
AMLODIPINE (<i>Norvasc</i>)	YES
<i>Atacand</i>	YES
ATENOLOL (<i>Tenormin</i>)	YES
<i>Avalide</i>	YES
<i>Avapro</i>	YES
BISOPROLOL (<i>Monacor</i>)	YES
PERINDOPRIL (<i>Coversyl</i>)	YES
VALSARTAN (<i>Diovan</i>)	YES
VALSARTAN-HCT (<i>Diovan-HCT</i>)	YES
FUROSEMIDE (<i>Lasix</i>)	YES
HYDROCHLORTHIAZIDE	YES
METOPROLOL (<i>Betaloc, Lopresor</i>)	YES
<i>Micardis</i>	YES
RAMIPRIL (<i>Altace</i>)	YES
HIGH CHOLESTEROL	
<i>Crestor</i>	YES
<i>Ezetrol</i>	YES
ATORVASTATIN (<i>Lipitor</i>)	YES
SIMVASTATIN (<i>Zocor</i>)	YES

CATEGORY AND DRUG NAME	ESI DTF
MUSCLE RELAXANT	
CYCLOBENZAPRINE (<i>Flexeril</i>)	YES
NEUROLOGICAL	
CLONAZEPAM (<i>Rivotril</i>)	YES
GABAPENTIN (<i>Neurontin</i>)	YES
<i>Lyrica</i>	YES
ORAL CORTICOSTEROID	
PREDNISONE (<i>Winpred</i>)	YES
OSTEOPOROSIS	
ALENDRONATE (<i>Fosamax</i>)	YES
RISEDRONATE (<i>Actonel</i>) 30,35,75 MG	YES
RISEDRONATE (<i>Actonel</i>) 5MG, 150MG	NO*
PAIN RELIEF- NSAIDS	
<i>Arthrotec</i>	YES
<i>Celebrex</i>	NO*
DICLOFENAC (<i>Voltaren</i>)	YES
IBUPROFEN 600MG (<i>Motrin</i>)	YES
MELOXICAM (<i>Mobicox</i>)	YES
NAPROXEN (<i>Naprosyn</i>)	YES
PAIN RELIEF-NARCOTICS	
ACETAMINOPHEN W/ CODEINE (<i>Tylenol #2, #3 #4</i>)	YES
ACETAMINOPHEN W/ OXYCODONE (<i>Percocet, Endocet, Percocet Demi</i>)	YES
HYDROMORPHONE (<i>Dilaudid</i>)	YES
OXYCODONE (<i>Oxycontin, OXY-IR, Supeudol</i>)	YES
SEDATIVES	
CLONAZEPAM (<i>Rivotril</i>)	YES
LORAZEPAM (<i>Ativan</i>)	YES
ZOPICLONE (<i>Imovane</i>)	NO*
THYROID SUPPLEMENT	
LEVOTHYROXINE (<i>Eltroxin, Synthroid</i>)	YES
TOPICAL CORTICOSTEROID	
BETAMETHASONE VALERATE (<i>Betaderm, Ectosone</i>)	YES
HYDROCORTISONE (<i>Hyderm</i>)	YES

Alternatives for drugs not on the DTF

The following drugs may have DTF alternatives; however they are not necessarily within the same drug class. Alternatives are not necessarily considered interchangeable with non-covered drugs.

Please note that the lists in this document are not meant to replace the advice of your Health Care Professional, but rather to provide general information about drug coverage.

This is a GENERIC formulary, so where there is a GENERIC drug that is considered interchangeable with the *Brand* drug, only the cost of the lowest priced GENERIC will be reimbursed.

Drugs NOT on the DTF	Drugs on the DTF	
CARDIOVASCULAR DRUGS (for heart diseases)		
Fibric Acid Derivatives (high cholesterol)		
<u>BEZAFIBRATE</u> (regular formulation) <u>FENOFIBRATE</u> (regular formulation)	<i>Bezalip SR</i> <u>FENOFIBRATE MICRO</u> <u>FENOFIBRATE SUPRA</u> <u>GEMFIBROZIL</u> <i>Lipidil Micro</i> <i>Lipidil EZ</i>	<i>Lipidil Supra</i> <i>Lopid</i>
HMG-CoA Reductase Inhibitors (high cholesterol)		
<i>Advicor</i> <i>Lescol 20mg and 40mg</i> <u>LOVASTATIN</u> <i>Mevacor</i>	<u>ATORVASTATIN</u> <i>Crestor</i> <i>Lescol XL 80mg</i> <i>Lipitor</i> <i>Pravachol</i> <u>PRAVASTATIN</u>	<u>SIMVASTATIN</u> <i>Zocor</i>
Miscellaneous Antilipemic Agents (high cholesterol)		
<i>Niaspan</i>	<i>Niacin</i> <i>Niacinamide</i> <u>NICOTINIC ACID</u>	
Antiarrhythmic Agent (heart rhythm disorder)		
<i>Multaq</i>	<u>AMIODARONE</u> <i>Cordarone</i>	

CENTRAL NERVOUS SYSTEM AGENTS

(for pain, convulsions, psychiatric disorders, anxiety, sleep disorders)

Anti-Parkinson Agents

Azilect	Comtan Eldepryl <u>LEVODOPA / CARBIDOPA</u> Mirapex <u>PRAMPEXOLE</u>	Prolopa Requip <u>ROPINIROLE</u> <u>SELEGILINE</u> Sinemet
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Anti-depressants

Cipralext Cymbalta Paxil CR Pristiq	Celexa <u>CITALOPRAM</u> Effexor XR <u>FLUOXETINE</u> <u>FLUVOXAMINE</u> Luvox	<u>PAROXETINE</u> Paxil Prozac <u>SERTRALINE</u> <u>VENLAFAXINE</u> Zoloft
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Atypical Anti-psychotics (schizophrenia, psychotic disorders)

Invega Invega Sustenna Risperdal Melt <u>RISPERIDONE Melt</u> Seroquel XR	<u>CLOZAPINE</u> Clozaril <u>OLANZAPINE</u> <u>QUETIAPINE</u> Risperdal	<u>RISPERIDONE</u> Seroquel Zeldox Zyprexa
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Other CNS Drugs (for attention deficit hyperactivity disorder)

Strattera Vyvanse	Adderall XR Biphentin Concerta Dexedrine	<u>METHYLPHENIDATE</u> Ritalin Ritalin SR
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Other CNS Drugs (diabetic peripheral neuropathic pain)

Cymbalta	Lyrica
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COX-2 Inhibitors (for pain and inflammation)

Non-steroidal Anti-Inflammatory Agents (NSAIDs)

Celebrex	<u>ACETYSALICYLIC ACID (ASA)</u> Anaprox Ansaid Arthrotec Daypro <u>DICLOFENAC</u> <u>DIFLUNISAL</u> Disalcid	<u>FLURBIPROFEN</u> <u>FROBEN</u> Indocid <u>INDOMETHACIN</u> <u>KETOPROFEN</u> <u>MEFENAMIC ACID</u> <u>MELOXICAM</u> Mobicox
<u>ETODOLAC</u> Lodine <u>NABUMETONE</u> Relafen Ultradol	NSAIDs (for pain and inflammation)	

Drugs NOT on the DTF

Drugs on the DTF

Non-steroidal Anti-Inflammatory Agents (NSAIDS)

	<p><i>Naprosyn</i> <u>NAPROXEN</u> <i>Orudis</i> <u>PIROXICAM</u> <i>Ponstan</i> <u>SULINDAC</u> <i>Surgam</i> <u>TENOXICAM</u> <u>TIAPROFENIC ACID</u></p>	<p><i>Toradol</i> <i>Voltaren</i></p>
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Opiate Agonists (for pain)

**Opiate Agonists
(see above for NSAID alternatives for pain)**

<p><i>Jurnista</i> <i>Targin</i> <i>Tramacet</i> <u>TRAMADOL W/ ACETAMINOPHEN</u> <i>Ultram</i></p>	<p>222, 282 <u>ACETAMINOPHEN W/ CODEINE</u> <u>ACETAMINOPHEN W/ OXYCODONE</u> <u>CODEINE</u> <i>Endocet</i> <u>OXYCODONE</u> <i>Oxycontin, Oxy-IR</i> <i>Percocet, Percocet-Demi</i> <i>Ralivia</i> <i>Tridural</i> <i>Tylenol #2, Tylenol #3, Tylenol #4</i> <i>Zytram</i></p>
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Barbiturates (insomnia)

Benzodiazepines (anxiety, insomnia)

<p><u>AMOBARBITAL</u> <i>Amytal</i> <i>Nembuta</i></p>	<p><u>PENTOBARBITAL</u> <u>SECOBARBITAL</u> <i>Seconal</i> <i>Tuinal</i></p>	<p><u>ALPRAZOLAM</u> <i>Ativan</i> <u>BROMAZEPAM</u> <u>CHLORDIAZEPOXIDE</u> <u>CLORAZEPATE</u> <i>Dalmane</i> <u>DIAZEPAM</u> <u>FLURAZEPAM</u> <i>Halcion</i> <i>Lectopam</i> <i>Loftran</i> <u>LORAZEPAM</u></p>	<p><i>Mogadon</i> <u>NITRAZEPAM</u> <u>OXAZEPAM</u> <i>Restoril</i> <i>Serax</i> <i>Somnol</i> <u>TEMAZEPAM</u> <u>TRIAZOLAM</u> <i>Valium</i> <i>Vivrol</i> <i>Xanax</i> <i>Zapex</i></p>
<p>Other Drugs for Insomnia</p>			
<p><i>Imovane</i> <u>ZOPICLONE</u></p>			

ENDOCRINE DISORDERS (DIABETES)**Antidiabetic Drugs**

<i>Avandamet</i>	<i>Actos</i>	<i>Janumet</i>
<i>Avandaryl</i>	<i>Amaryl</i>	<i>Januvia</i>
<i>Avandia</i>	<u>CHLORPROPAMIDE</u>	<u>METFORMIN</u>
<i>Glumetza</i>	<i>Diabeta</i>	<i>Onglyza</i>
<u>METFORMIN (extended release)</u>	<i>Diamicon/MR</i>	<u>PIOGLITAZONE</u>
<u>NATEGLINIDE</u>	<u>GLICLAZIDE</u>	<u>REPAGLINIDE</u>
<u>ROSIGLITAZONE</u>	<u>GLIMEPIRIDE</u>	<u>SITAGLIPTIN</u>
<u>ROSIGLITAZONE/GLIMEPIRIDE</u>	<u>GLYBURIDE</u>	<u>SITAGLIPTIN/ METFORMIN</u>
<u>ROSIGLITAZONE/METFORMIN</u>	<i>Glucobay</i>	<u>SAXAGLIPTIN</u>
<i>Starlix</i>	<i>Gluconorm</i>	
<i>Victoza</i>	<i>Glucophage</i>	

ELECTROLYTIC, CALORIC AND WATER BALANCE**Phosphate Removing Agents**

<i>Fosrenol</i>	<i>Phoslo</i>
	<i>Renägel</i>

EYE, EAR, NOSE & THROAT PREPARATIONS**(includes solutions, sprays, ointments and gels)****Intranasal Corticosteroids (runny, itchy, nose)**

<i>Avamys</i>	<i>Nasacort</i>	<u>BUDESONIDE</u>
<u>BECLOMETHASONE</u>	<i>Nasonex</i>	<i>Rhinocort AQ</i>
<i>Flonase</i>	<i>Omnaris</i>	
<u>FLUNISOLIDE</u>	<i>Rhinocort –Turbuhaler</i>	
<u>FLUTICASON</u>	<i>Rhinalar</i>	

**Glaucoma Drugs
(Carbonic Anhydrase Inhibitors)****Glaucoma Drugs**

<u>ACETAZOLAMIDE</u>	<i>Akarpine</i>	<i>Lumigan</i>
<i>Azarga</i>	<i>Alphagan</i>	<i>Miocarpine</i>
<i>Azopt</i>	<u>APRACLONIDINE</u>	<i>Miostat</i>
<i>Cosopt</i>	<i>Betagan</i>	<u>PILOCARPINE</u>
<i>Diamox</i>	<u>BETAXOLOL</u>	<i>Probeta</i>
<u>DORZOLAMIDE</u>	<i>Betoptic</i>	<i>Propine</i>
<u>DORZOLAMIDE/TIMOLOL</u>	<u>BRIMONIDINE</u>	<u>TIMOLOL</u>
<u>METHAZOLAMIDE</u>	<u>CARBACHOL</u>	<i>Timoptic</i>
<i>Neptazane</i>	<i>Combigan</i>	<i>Timpilo</i>
<i>Trusopt</i>	<u>DIPIVEFRIN</u>	<i>Travatan</i>
	<i>lopidine</i>	<u>TRAVOPROST</u>
	<u>LANTANOPROST</u>	<i>Xalacom</i>
	<u>LEVOBUNOLOL</u>	<i>Xalatan</i>

Drugs NOT on the DTF	Drugs on the DTF
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Corticosteroid Eye Drops	Allergy Eye Drop
Alrex Lotemax	Patanol Livostin Zaditor

ANTI-GOUT

Xanthine Oxidase Inhibitor	
Uloric	<u>ALLOPURINOL</u> Zyloprim

ANTIBIOTIC

Macrolides		
ZMax SR	<u>AZITHROMYCIN</u> Biaxin <u>CLARITHROMYCIN</u>	<u>ERYTHROMYCIN</u> Eryc Zithromax

GASTROINTESTINAL DRUGS (for stomach and intestinal disorders)

Proton Pump Inhibitors (gastric and duodenal ulcer)		
<u>LANSOPRAZOLE</u> Losec Nexium	Pantoloc <u>PANTOPRAZOLE</u> Prevacid Tecta	<u>RABEPRAZOLE</u> Pariet
<u>OMEPRAZOLE</u>		

HORMONES AND SYNTHETIC SUBSTITUTES

(for hormone replacement including sex hormones, thyroid hormones, insulin hormones)

Estrogens (hormone replacement)		
Activelle LD Aerodiol Alora Climara Climara Pro Estalis Estalis Sequi Estracomb Estraderm <u>ESTRADIOL DERM</u>	Estradot Patch Estrogel FemHRT Menostar Oesclim Pad / Patch Premplus Premelle	<u>CONJUGATED ESTROGENS</u> <u>CONJUGATED ESTROGENS (SYNTHETIC)</u> <u>ESTRADIOL VALERATE</u> <u>OESTROGENS ESTERIFIED</u> Ogen Premarin Vagifem Estrace

DRUGS FOR TREATING ACROMEGALY

<u>PEGVISOMANT</u> Somavert	<u>OCTREOTIDE</u> Sandostatin	Sandostatin LAR Somatuline Autogel
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ANTI-ASTHMA/COPD DRUGS

Accolate
AMINOPHYLLINE
 Cholearyl
OXTRIPHYLLINE
 Phyllocontin
 Singulair
 Theo-Dur
THEOPHYLLINE
 Uniphyll
 Xolair

Advair
 Airomir
 Alupent
 Atrovent
 Berotec
BECLOMETHASONE
 Bricanyl
BUDESONIDE
 Combivent
 Duover
 Flovent
 Foradil
 Intal
IPRATROPIUM
ORCIPRENALINE
 Oxeze
 Pulmicort
 Qvar
SALBUTAMOL
 Serevent
 Spiriva
 Symbicort
TERBUTALINE
 Tilade
 Vanceril
 Ventolin

TOPICAL AGENTS

Clobex spray
 Dermotic Oil Ear Drops
 Silkis

Clobex lotion
 Diodex
DEXAMETHASONE
 Dovonex cream, ointment, topical solution
PMS-CLOBETASOL SOLUTION

BISPHOSPHONATES (OSTEOPOROSIS)

Actonel 5MG, 150MG Tablets
 Fosamax 70MG/75ML Oral Liquid

Aclasta
 Actonel 30 MG, 35 MG, 75MG Tablets
 Actonel Plus Calcium
ALENDRONATE
 Bonefos
 Didrocal
 Didronel
ETIDRONATE
 Fosamax 5MG, 10MG, 40MG, 70MG Tablets
 Fosavance
RISEDRONATE

HOSPITAL DRUGS

Hospital drugs are not covered
 No alternatives available

SMOKING CESSATION PRODUCTS

Champix
 Nicotine Gum

Nicotine Patches
 Zyban

Smoking Cessation products are not covered
 No alternatives available

ERECTILE DYSFUNCTION DRUGS

<i>Caverject</i>	<i>Muse</i>	Erectile Dysfunction drugs are not covered No alternatives available
<i>Cialis</i>	<i>Viagra</i>	
<i>Levitra</i>	<i>Vitaros</i>	

ANTI-OBESITY DRUGS

<i>lonamin</i>	<i>Tenuate</i>	Anti-Obesity drugs are not covered No alternatives available
<i>Meridia</i>	<i>Xenical</i>	
<i>Sanorex</i>		

FERTILITY DRUGS

<i>Bravelle</i>	<i>Ovidrel</i>	Fertility Drugs are not covered No alternatives available
<i>Cetrotide</i>	<i>Pergonal</i>	
<i>Chorionic</i>	<i>Pregnyl</i>	
<i>Clomid</i>	<i>Profasi</i>	
<i>Gonal-F</i>	<i>Puregon</i>	
<i>Lutrepulse</i>	<i>Relisorm</i>	
<i>Luveris</i>	<i>Repronex</i>	
<i>Orgalutron</i>	<i>Serophene</i>	

DRUGS TO PROMOTE/INHIBIT HAIR GROWTH

<i>Propecia</i>		Drugs to promote/inhibit hair growth are not covered No alternatives available
<i>Rogaine</i>		
<i>Vaniqa</i>		

ANTINEOPLASTIC AGENTS

<i>Metoject</i>	<u>METHOTREXATE</u> Vials
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PHARMACEUTICAL DEVICES

	Pharmaceutical devices are not covered
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DRUGS FOR COSMETIC CONDITIONS

<i>Botox Cosmetic</i>	<i>Rejuva</i>	Drugs for cosmetic conditions are not covered
<i>Latisse</i>	<i>Renova</i>	
	<i>Solage</i>	

ACNE TREATMENT

Accutane
 Clarus
CYESTRA-35
 Diane-35

Alesse
AVIANE
DOXYCYCLINE
 Minocin
MINOCYCLINE
TETRACYCLINE
 Tri-cyclen
 Vibra-Tabs
 Yasmin

Benoxyl Lotion
 Benzac AC Gel
 Benzaclin
 Benzamycin Gel
 Clindasol
 Clindets
 Clindoxyl
 Dalacin T
 Differin
 Erysol
 Retin-A
 Retin-A Micro
 Stieva-A
 Stievamycin
 Tazorac
 Vitamin A Acid

BLOOD DERIVATIVES

Blood derivatives are not covered

CONTRACEPTIVE FOAMS, DEVICES

Contraceptive foams and devices are not covered

DIAGNOSTICS, RADIODIAGNOSTICS

All excluded except for alternative listed

Thyrogen

HERBAL DRUGS

Herbal drugs are not covered
 No alternatives available

VACCINES

Vaccines are not covered

Prior Authorization (PA): the requirement of additional information in order to determine eligibility under your drug plan.

DTF National Prior Authorization (PA) drugs

Advanced Cancer Pain, MS Spasticity and Neuropathic Pain	SATIVEX
Chronic Hand Eczema	TOCTINO
Cryopyrin-Associated Periodic Syndromes	ILARIS
Fabry Disease	REPLAGAL, FABRAZYME
Friedreich's Ataxia	CATENA
Post Myocardial Infarction Diuretic	INSPRA
Growth Hormone Deficiency	HUMATROPE, NUTROPIN, NORDITROPIN SIMPLEXX, NORDITROPIN NORDIFLEX, OMNITROPE, SAIZEN, SEROSTIM
Hyperphenylalaninemia	KUVAN
Inflammatory Bowel Disease	REMICADE, HUMIRA
Idiopathic Thrombocytopenic Purpura (ITP)	NPLATE
Multiple Sclerosis (relapsing-remitting)	TYSABRI
Muscle, Nerve Disorders	BOTOX, XEOMIN
Osteoporosis	FORTEO, PROLIA
Opioid-induced constipation in patients receiving palliative care	RELISTOR
Part of Diagnostic Procedure for Patients with remission for Thyroid Cancer	THYROGEN
Psoriasis	AMEVIVE, ENBREL RAPTIVA, REMICADE, STELARA
Pulmonary Arterial Hypertension	ADCIRCA, REVATIO
Rheumatoid Arthritis / Ankylosing Spondylitis / Psoriatic Arthritis	ACTEMRA, CIMZIA, ENBREL, HUMIRA, ORENCIA, REMICADE, RITUXAN, SIMPONI
Severe Aqueous Deficient Dry Eye Disease	RESTASIS
Treatment of Gaucher's Disease, Niemann-Pick Type C Disease	ZAVESCA
Treatment of High Calcium and Phosphorus levels due to Chronic Kidney Disease	SENSIPAR

Prior Authorization (PA) drugs for New Brunswick only

Multiple Sclerosis

AVONEX
AVONEX PS
BETASERON
COPAXONE
REBIF

Who decides?

ESI Canada, the country's largest pharmacy benefit manager determines which drugs are covered by the DTF. A team of healthcare professionals conducts drug reviews to ensure that the DTF is clinically sound and cost-effective.

To find out more information on ESI Canada, go to **www.esi-canada.com**



ESI CANADA®

Questions?

Please call the Manulife Group Benefits
Customer Service Center at: **1-800-268-6195**

Dear Physician:

Please detach this information page and include it as a reminder in this patient's records.

This patient's prescription drug coverage is based on

ESI Canada's Dynamic Therapeutic Formulary (DTF).

Other medications may be covered at a lower amount.

***Please consider the DTF when developing a treatment plan.
Ask to see your patient's guide for more information.***

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| For your future™

strong reliable trustworthy forward-thinking