



Manulife Managed Formulary

Ineligible drugs and covered alternatives

Your Manulife Financial Group Benefits plan provides coverage for a defined list of clinically effective prescription drugs that are used in the treatment of most medical conditions. For drugs that are not covered by your plan, a suitable alternative can usually be found within the formulary that offers similar, equally effective results and is available at a lower cost.

It's wise to let your doctor know that your drug plan uses a managed formulary. It will also be helpful to let them know that your plan provides coverage for generic medications and that less costly drug therapies must be tried first.

Only your doctor can advise you about the medications you take, but this handy list will help identify some commonly prescribed drugs that are not covered under your plan. It also provides some possible alternatives that are included on the formulary. Give a copy to your doctor, so it can serve as a reminder for your next visit.



The Manulife Managed Formulary undergoes a continuous review by a team of clinical experts to determine which drugs should be included. As a result, this list is subject to change without notice.

| Drugs not covered under your plan | Possible alternatives that are covered by your plan |
|-------------------------------------|---|
| ADVICOR | Zocor, Lipitor and/or Crestor with Nicotinic Acid |
| APPRILON | Tetracycline, Minocycline, Doxycycline and their generics |
| ARESTIN MICROSPHERES | Atridox |
| AVANDAMET | Avandia and Metformin |
| BYSTOLIC | Bisoprolol, Carvedilol and other classes of anti-hypertensive drugs along with their generics |
| CAMBIA | Diclofenac Potassium tablets, Ibuprofen, Naproxen Sodium, Triptans and their generics |
| CLINDETS PLEDGETS 1% PAD | Clindamycin topical solutions |
| CLOBEX 0.05% SPRAY | Other formulations of clobetasol such as: topical solution, cream, ointment, shampoo |
| DERMOTIC OIL 0.01% EAR DROPS | Generic Dexamethasone ear drops |
| DEXILANT | Pariet, Losec, Pantoloc, Prevacid and their generics |
| DOVOBET OINTMENT | Calcipotriol ointment & Betamethas |
| DUODOPA | Stalevo, Azilect and their generics |
| DYMISTA | Avamys, Flonase, Livostin and their generics |

| Drugs not covered under your plan | Possible alternatives that are covered by your planz |
|--|---|
| EDARBI | Atacand Plus, Avalide, Diovan Plus, Hyzaar, Micardis Plus, Olmetec Plus, Teveten Plus and their generics |
| EDARBYCHLOR | Atacand, Teveten, Avapro, Cozaar, Micardis, Diovan, Olmetec and their generics |
| FLORAZOLE ER | Metronidazole regular release |
| GELNIQUE | Oxytrol (patch), generic oxybutynin |
| GLUMETZA & GENERIC METFORMIN ER | Generic Metformin |
| INCRUSE ELLIPTA | Seebri Breezhaler, Spiriva, Tudorza Genuair |
| INTUNIV XR | Dexedrine Spansule SRC, Adderall XR and their generics |
| JURNISTA | Hydromorph Contin |
| LODALIS | Olestyr, Colestid and their generics |
| LOVASTATIN & GENERICS | Zocor, Lipitor, Crestor and their generics |
| LUXIQ | Clobetasol propionate, Hydrocortisone 1%, Betamethasone valerate 0.1%, Mometasone scalp lotion, Amcinonide (these are all generics) |
| MEVACOR | Zocor, Lipitor, Crestor and their generics |
| MINIRIN | Desmopressin and generics |
| NEXIUM & GENERIC ESOMEPRAZOLE | Pariet, Losec, Pantoloc, Prevacid and their generics |
| NEUPRO | Mirapex, ReQuip and their generics |
| OLUX-E | Other formulations of clobetasol such as: topical solution, cream, ointment, shampoo |
| PERIOSTAT | Atridox |
| RAPAFLO | Flomax, Xatral, Cardura, Hytrin and their generics |
| SILENOR | Restoril, Imovane and Sinequan |
| SILKIS OINT | Calcipotriol |
| SUBLINOX | Most benzodiazepines (i.e., temazepam, oxazepam, diazepam etc.) |
| TACTUO | Adapalene and Benzoyl Peroxide as separate products |
| TARGIN | Oxycodone |
| TECTA | Pariet, Losec, Pantoloc, Prevacid and their generics |
| TOVIAZ | Oxybutynin IR/XR |
| ULTRAM | Tridural and Ralivia (requires prior authorization) |
| VIMOVO | Naproxen, Rabeprazole and their generics |
| ZMAX SR | Azithromycin Regular Release |
| ZUACTA | Pennsaid (requires prior authorization) |

This drug plan uses generic substitution which means in cases where a generic drug is available the cost of the lowest-priced alternative will be reimbursed.

