

## risedronate 30 mg (ACTONEL)

### Diagnosis Considered for Coverage:

- Paget's Disease

### Coverage Criteria:

#### 1. For diagnosis listed above:

##### Initial Authorization

- Dose does not exceed 30 mg per day

**Coverage Duration:** 2 months

##### Reauthorization

- Being used as the first retreatment course, **and**
- Patient was unable achieve normal serum alkaline phosphatase after 2 months of initial treatment, **and**
- Dose does not exceed 30 mg per day

**Coverage Duration:** 2 months

**Coverage Duration:** see above

Effective Date: 11/02/2023