

## risedronate (ACTONEL)

### Diagnoses Considered for Coverage:

- Prevention or Treatment of Postmenopausal Osteoporosis in Women
- Treatment of Osteoporosis in Men
- Prevention or Treatment of Glucocorticoid-Induced Osteoporosis in Men and Women (on continuous systemic glucocorticoid for chronic diseases).

### Coverage Criteria:

#### For generic risedronate:

- For diagnoses listed above, **and**
- Inadequate response or intolerable side effect with alendronate (Fosamax) and ibandronate (Boniva), **and**
- Dose does not exceed FDA approved dosing.

#### For brand-name Actonel:

- Meets above coverage criteria for generic risedronate, **and**
- Allergic or intolerable side effect to the generic formulation.

### Coverage Duration: Length of benefit

Effective: 6/18/2015