

alendronate effervescent tablet (BINOSTO)

Diagnoses Considered for Coverage:

- Treatment of osteoporosis in postmenopausal women
- Treatment of osteoporosis in males

Coverage Criteria:

For diagnoses listed above:

- Patient is unable to take alendronate tablets (Fosamax), and
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 11/02/2023