Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Risedronate (Actonel)

Notes:

- Quantity Limits: No
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment and/or do not require med discontinuation.

<u>Initiation (new start) criteria</u>: Non-formulary **risedronate (Actonel)** will be covered on the prescription drug benefit when the following criteria are met:

Documented trial and intolerance* of alendronate tablets.