

## risedronate sodium delayed-release (ATELVIA)

**Diagnosis Considered for Coverage:**

- Treatment of postmenopausal osteoporosis in women

**Coverage Criteria:**

**For generic risedronate delayed-release:**

- For diagnosis listed above, **and**
- Inadequate response or intolerable side effect with alendronate (Fosamax) and ibandronate (Boniva), **and**
- Dose does not exceed 35 mg once a week.

**For brand-name Atelvia:**

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

**Coverage Duration:** : Length of benefit

Effective: 6/18/2015