

Doncaster & Bassetlaw Medicines Formulary

Section 6.6: Bisphosphonates

Alendronic Acid 70mg Tablets

Disodium Pamidronate 15mg and 30mg Injection
Zoledronic Acid 4mg Injection

Approved by Drug and Therapeutics Committee: January 2022
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Prescribing Guidance:

Osteoporosis:

The National Osteoporosis Guideline Group (NOGG) has produced a [Clinical Guideline for Prevention and Treatment of Osteoporosis](#). Further information is available from the [NOGG](#) and [FRAX](#) home pages.

NICE guidance on the management of osteoporosis is available [here](#).

Choice of Bisphosphonate:

Alendronic Acid should generally be used first line. The 70mg once weekly tablet is currently the least expensive treatment option.

See below for indications for the use of other agents (Items for Restricted Prescribing section).

Calcium and Vitamin D Preparations:

Calci D is the formulary-preferred calcium and vitamin D combination.

KEY: [UL] Unlicensed Preparation; **Drug** – first line choice; **Drug** – hospital only; Drug – **Amber** (TLS), **Drug** – Red (TLS), see <http://medicinesmanagement.doncasterccg.nhs.uk/>

Prevention of Osteoporosis due to Long-term Corticosteroid Therapy:

Patients treated with long term oral corticosteroid therapy (≥ 3 months) and those requiring frequent short courses should be given pharmacological prophylaxis and monitored for the development of osteoporosis

Patients at high risk, for example those aged 65 years or over and those with a prior fragility fracture, should be advised to commence bone-protective therapy at the time of starting glucocorticoids. Measurement of bone density is not required before starting treatment.

Counselling for Alendronic acid:

- The tablets should be swallowed whole with a full glass of water at least 30 minutes before the first food, drink or medication of the day.
- Patients should not lie down for at least 30 minutes after taking the tablet.
- Patients should not take the tablets before bedtime or arising for the day.

Patient information from the National Osteoporosis Society can be found [here](#).

Hypercalcaemia of Malignancy:

- Prior to initiation of bisphosphonate, consider rehydration with sodium chloride 0.9% (4 to 6 litres per 24 hours). Continue for 24 to 48 hours if appropriate.
- Correct hypokalaemia and hypomagnesaemia
- Discontinue any causative or contributing medicine (e.g. thiazide diuretics, vitamin D).
- Administer Zoledronic Acid 4mg infused in 100ml sodium chloride 0.9% or glucose 5%.
- The maximal effect of bisphosphonates is seen after 3 to 7 days.
- Use disodium pamidronate if calculated CrCl < 30ml/min.

Items for Restricted Prescribing:

The following drugs are prescribable by, or on the advice of, a specialist:

Denosumab 60mg Injection (<http://guidance.nice.org.uk/TA204>)
See [CCG Website](#) for shared care information

Risedronate 35mg Tablets for treatment of osteoporosis
Risedronate 30mg Tablets for Paget's disease

Sodium Clodronate 300mg/5ml Infusion for hypercalcaemia of malignancy
Sodium Clodronate 520mg Tablets for management of osteolytic lesions,
hypercalcaemia and bone pain associated with skeletal metastases in
patients with carcinoma of the breast or multiple myeloma

Teriparatide Injection for treatment of osteoporosis

Zoledronic Acid 4mg Injection/Infusion for metastatic bone pain
Zoledronic Acid 5mg Injection/Infusion for treatment of osteoporosis