## Risk factors: age, gender, Asian or Caucasian descent, petite and thin women, prior osteoporotic fracture, femoral neck BMD, low

Strength

70mg/75mL

70ma /2800 IU

70ma/5600 IU

5mg, 30mg, 35mg, 75mg,

150mg

3mg/3mL

150mg

35mg

5mg/100mL

200 IU/spray

200 IU/spray

200 IU/mI

0.9mg, 1.25mg

0.45mg/20mg

0.3mg, 0.45mg, 0.625mg,

0.625mg, then 0.625mg/5mg

0.3mg/1.5mg, 0.45mg/1.5mg,

0.625mg/2.5mg, 0.625mg/5mg

5mg, 10mg, 35mg, 40mg, 70mg

70ma

BMI, rheumatoid arthritis, family or personal history of hip fractures, smoking, heavy alcohol intake, chronic glucocorticoid use, type 1 diabetes, hyperthyroidism, hypogonadism, menopause at <45yrs of age, malnutrition or malabsorption, chronic liver disease. Prevention:

Form

effervescent tabs for oral soln

oral soln

tah

tab

ini

tab

ini

inj

tab

tab

tab

tab

del-rel tabs

nasal spray

nasal sprav

Dose

once weekly

once weekly

once monthly

every 2yrs

nostril daily

nostril daily

other day

1 tab daily

1 tab once daily

0.3mg daily; adjust

Treatment: 70mg once weeky

Treatment: 10mg once daily or 70mg

Prevention: 5mg once daily or 35mg

Treatment: 70mg/2800 IU or

70mg/5600 IU once weekly

Prevention and Treatment: 150mg

Treatment: 3mg IV once every 3mos

Prevention and Treatment: 5mg once

Treatment: 5mg IV infusion once a year

daily or 35mg once weekly or one 75mg tab taken on 2 consecutive days per month or 150mg once a month

Treatment: 35mg once weekly

Prevention: 5mg IV infusion once

Treatment: 1 spray in alternating

Treatment: 1 spray in alternating

Treatment: 100 IU SC or IM every

1 tab once daily in correct order (ie, 14 tabs of 0.625mg estrogen, then

14 tabs of 0.625mg estrogen/5mg of

(continued)

medroxyprogesterone; repeat)

**OSTEOPOROSIS TREATMENTS** (Part 1 of 2)

Recommended Calcium intake: 1-3vrs: 700mg: 4-8vrs: 1000mg: 9-18vrs: 1300mg: 19-50vrs: 1000mg: males 51-70vrs:

1000mg; females 51–70yrs, 71+yrs: 1200mg; pregnancy or nursing mothers: 1000–1300mg Recommended Vitamin D intake: >1vr: 600 IU/day: 50+vrs: 800-1.000 IU/day. Usually met through sunlight exposure.

HRT if bone loss due to estrogen deficiency at menopause, initiate estrogen therapy at lowest effective dose. Individualize and

Brand

Rinosto

Fosamax

**Fosamax** 

Plus D

**Boniva** 

Actonel

Atelvia

Reclast

Miacalcin

**Premarin** 

Duavee

**Premphase** 

**Prempro** 

HORMONE REPLACEMENT THERAPY

reevaluate periodically. Intact uteri: prescribe progestin with estrogen. Hysterectomy: may prescribe estrogen continuously. Others: weight-bearing exercises, fall prevention, smoking cessation, alcohol restriction, weight and dietary management, preventative drug therapy Generic

**BISPHOSPHONATES** alendronate

alendronate/ cholecalciferol (Vit. D<sub>3</sub>) ibandronate

risedronate

zoledronic acid

**CALCITONIN** calcitonin-salmon

conjugated estrogens

conjugated estrogens/

conjugated estrogens/

medroxyprogesterone conjugated estrogens/

medroxyprogesterone

bazedoxifene conjugated estrogens,

then

HORMONE REPLACEMENT THERAPT (Continued)				
			patch	0.025mg/day patch applied twice weekly; adjust
		0.025mg/day, 0.0375mg/day, 0.05mg/day, 0.06mg/day, 0.075mg/day, 0.1mg/day		0.025mg/day patch applied once weekly; adjust
	Estrace	0.5mg, 1mg, 2mg	tab	0.5mg daily

0.05mg/day, 0.1mg/day

0.025mg/day, 0.0375mg/day,

0.025mg/day, 0.0375mg/day, 0.05mg/day, 0.075mg/day,

0.05mg/day, 0.075mg/day,

0.05mg/day, 0.1mg/day

1mg, then 1mg/0.09mg

0.045mg/0.015mg/day

0.5mg/0.1mg, 1mg/0.5mg

0.625mg, 1.25mg, 2.5mg

0.5mg/2.5mcg, 1mg/5mcg

0.75mg, 1.5mg

: 100mca/0.5mL

60mg/mL

250mcq/mL

60mg

0.014mg/day

0.1mg/day

0.1mg/day

**OSTEOPOROSIS TREATMENTS** (Part 2 of 2)

Form

patch

tah

patch

tah

tah

tab

tab

SC ini

SC inj

SC inj

tah

Not an inclusive list of medications, official indications, and/or doses. Please see drug monograph at www.eMPR.com and/or contact

Dose

transdermal: 0.05mg/day patch applied twice

0.014mg/day patch applied once

0.025mg/day patch twice weekly

0.025mg/day patch applied twice

1 tab once daily in correct order

(ie, 3 tabs of estradiol, then 3 tabs of estradiol + norgestimate, repeat)

(every 3-4 days); adjust

weekly

weekly

weekly

transdermal: 1 patch once weekly

1 tab once daily

0.625mg daily

0.75mg once daily

 $BSA \leq 0.5m^2$ : 1.5mca/ka/dose

60mg once every 6mos

Prevention and Treatment: 60mg

(Rev. 2/2017)

20mcg once daily

once daily

1 tab once daily

3 times weekly BSA >0.5m<sup>2</sup>: 50mcg/m<sup>2</sup> (1 million IU/m<sup>2</sup>) 3 times weekly

estradiol, then

levonorgestrel

(as estropipate)
estropipate

ethinyl estradiol

denosumab

teriparatide

raloxifene

**NOTES** 

interferon gamma-1b

estradiol/

estradiol/

estradiol/norgestimate

norethindrone acetate estrone sodium sulfate Ogen

norethindrone acetate/: Femhrt

PARATHYROID HORMONE

company for full drug labeling.

Generic

Brand

Estraderm

Menostar

Minivelle

Vivelle

Prefest

Vivelle-Dot

Climara Pro

Activella

Ortho-Est

**Actimmune** 

OSTEOCLAST INHIBITOR (RANKL INHIBITOR)

**Prolia** 

Forteo

Evista

SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)

Strength