



BONE BASICS | OSTEOPOROSIS MEDICINES

BONING UP ON OSTEOPOROSIS / Updates for pages 36 & 37 / May 2024

Class/Drug Name	Brand Name	Form	Frequency	Gender
ANTIRESORPTIVE AGENTS				
Bisphosphonates				
Alendronate	Fosamax®, Fosamax® Plus D	Oral (Tablet, Solution)	Daily/Weekly	Women & Men
Alendronate	Binosto®	Oral (Effervescent Tablet)	Weekly	Women & Men
Ibandronate	Boniva®	Oral (Tablet)	Monthly	Women
Ibandronate	Boniva®	Intravenous (IV) Injection	Every 3 Months	Women
Risedronate	Actonel®	Oral (Tablet)	Daily/Weekly/ Twice Monthly/Monthly	Women & Men
Risedronate	Atelvia®	Oral (Tablet)	Weekly	Women
Zoledronic Acid	Reclast®	Intravenous (IV) Infusion	Once A Year/Once Every Two Years	Women & Men
RANK ligand (RANKL) inhibitor				
Denosumab	Prolia®	Injection	Every 6 months	Women & Men
Denosumab	Jubbonti®	Injection	Every 6 months	Women & Men
Calcitonin				
Calcitonin	Fortical®, Miacalcin®	Nasal Spray	Daily	Women
Calcitonin	Miacalcin®	Injection	Varies	Women
Estrogen* (Hormone Therapy)				
Estrogen	Multiple Brands	Oral (Tablet)	Daily	Women
Estrogen	Multiple Brands	Transdermal (Skin Patch)	Twice Weekly/ Weekly	Women
Estrogen Agonist/Antagonist also called selective estrogen receptor modulators (SERMs)				
Raloxifene	Evista®	Oral (Tablet)	Daily	Women
Tissue Specific Estrogen Complex (TSEC)				
Conjugated Estrogens/ Bazedoxifene	Duavee®	Oral (Tablet)	Daily	Women
ANABOLIC AGENTS				
Parathyroid Hormone (PTH) Analog				
Teriparatide	Bonsity®	Injection	Daily	Women & Men
Teriparatide	Forteo®	Injection	Daily	Women & Men
Parathyroid Hormone-Related Protein (PTHrp) Analog				
Abaloparatide	Tymlos®	Injection	Daily	Women & Men
Sclerostin Inhibitor				
Romosozumab-aqqg	Evenity®	Injection	2 injections once monthly for 12 months	Women

*Estrogen is also available in other preparations including a vaginal ring, cream, by injection and as an oral tablet taken sublingually (under the tongue). The vaginal preparations do not provide significant bone protection.



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ANABOLIC MEDICINE: SCLEROSTIN INHIBITOR

Romosozumab-aqqg (Brand Name Evenity®)

Romosozumab-aqqg is approved for:

- Treatment of osteoporosis in postmenopausal women at high risk for fracture defined as:
 - History of osteoporotic fracture
 - Multiple risk factors for fracture
 - Patients who have failed or are intolerant to other available osteoporosis therapy

Romosozumab-aqqg is a humanized monoclonal antibody (IgG2) produced in a mammalian cell line by recombinant DNA technology that binds to and inhibits sclerostin.

Romosozumab-aqqg should be administered by a healthcare provider. Two separate subcutaneous injections, injected one after the other, are needed to administer the total dose of 210 mg. Injections should be administered once every month for 12 doses in the abdomen, thigh or upper arm.

The anabolic effect of Romosozumab-aqqg wanes after 12 monthly doses of therapy; therefore, you should limit use to 12 monthly doses. If osteoporosis therapy remains warranted, you should consider continued therapy with an anti-resorptive agent.

Possible Side Effects of Romosozumab-aqqg Medicine

Romosozumab-aqqg has a Boxed Warning in its product label, which advises that it may increase the risk of myocardial infarction (heart attack), stroke and cardiovascular death. Romosozumab-aqqg should not be initiated if you have had a heart attack or stroke within the preceding year. You and your healthcare provider should consider whether the benefits outweigh the risks if you have experienced other cardiovascular risk factors. If you experience a heart attack or stroke during therapy, it should be discontinued.

The most common adverse reactions reported with romosozumab-aqqg in clinical trials were arthralgia (joint pain) and headache. Hypersensitivity reactions (including angioedema, erythema multiforme, dermatitis, rash and urticaria) may also occur. Call your healthcare provider if you notice any abnormal skin-related symptoms.

ONJ and unusual fractures of the upper femur (thigh bone) may also occur while taking romosozumab-aqqg. Any groin or thigh discomfort or pain should be reported to your healthcare provider as well as any unhealed dental lesions. You should practice good dental care during treatment and should have an examination of the mouth by a doctor or dentist before starting the medicine.