



**PAN MERSEY AREA PRESCRIBING COMMITTEE**  
**PRESCRIBING POLICY STATEMENT**  
**REF: PS217 FINAL**  
**APC BOARD DATE: 27 SEP 2017**



**Pan Mersey**  
Area Prescribing Committee

## INTRAVENOUS BISPHOSPHONATES for treating osteoporosis

**RED**

**The Pan Mersey Area Prescribing Committee recommends the prescribing of INTRAVENOUS BISPHOSPHONATES (ibandronic acid and zoledronic acid), by specialists only, for treating osteoporosis in accordance with NICE TA464.**

[NICE TA464](#) (9 August 2017) partially updates [TA160](#) and [TA161](#). It recommends the intravenous bisphosphonates, ibandronic acid and zoledronic acid, as options for treating osteoporosis in adults only if:

- > The person is eligible for risk assessment as defined in NICE's guideline on [osteoporosis](#)\*
- AND
- > The 10-year probability of osteoporotic fragility fracture is at least 10%
- OR
- > The 10-year probability of osteoporotic fragility fracture is at least 1% and the person has difficulty taking oral bisphosphonates (alendronic acid, ibandronic acid or risedronate sodium) or these drugs are contra-indicated or not tolerated.

Estimate the 10-year probability of osteoporotic fragility fracture using the [FRAX](#) or [QFracture](#) risk tools.

The choice of treatment should be made on an individual basis after discussion between the responsible clinician and the patient, or their carers, about the advantages and disadvantages of the treatment available. If generic products are available, start treatment with the least expensive formulation, taking into account administration costs, the dose needed, and the cost per dose.

Where patients are suitable to take oral bisphosphonates, refer to the Pan Mersey APC policy statement for the use of [oral bisphosphonates for treating osteoporosis](#).

NICE does not expect this guidance to have a significant impact on resources.

\*[NICE CG146](#) (last updated February 2017) recommends to consider assessment of fracture risk:

- In all women aged 65 years and over and all men aged 75 years and over.
- In women aged under 65 years and men aged under 75 years in the presence of risk factors, for example:
  - previous fragility fracture
  - current use or frequent recent use of oral or systemic glucocorticoids
  - history of falls
  - family history of hip fracture
  - other causes of secondary osteoporosis
  - low body mass index (BMI) (less than 18.5 kg/m<sup>2</sup>)
  - smoking
  - alcohol intake of more than 14 units per week for women and more than 21 units per week for men.

Do not routinely assess fracture risk in people aged under 50 years unless they have major risk factors (for example, current or frequent recent use of oral or systemic glucocorticoids, untreated premature menopause or previous fragility fracture), because they are unlikely to be at high risk.

**Note:** Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.