

ZOLEDRONIC ACID - SAFE PRESCRIBING - BONE UP

- ▶ CHECK RENAL FUNCTION PRIOR TO ADMINISTRATION
- ▶ ENSURE THE PATIENT IS ADEQUATELY HYDRATED – 500ml ORALLY BEFORE INFUSION
- ▶ CHECK CALCIUM AND VITAMIN D STATUS AND PRESCRIBE SUPPLEMENTS
- ▶ ASK THE PATIENT TO ARRANGE A DENTAL CHECK PRIOR TO TREATMENT
- ▶ GIVE OVER AT LEAST 15MINS, NO MORE THAN ONCE A YEAR
- ▶ INFORM THE PATIENT ABOUT POST-DOSE SYMPTOMS

Check renal function via creatinine clearance (CrCl); if it is below 35ml/min, do not administer. Review other medicines that compromise renal function e.g. diuretics and NSAIDs. Renal impairment can occur after a single dose of zoledronic acid. A rapid infusion time (less than 15mins) or high dose will increase the risk; never exceed 5mg per year.

Ensure the patient is adequately hydrated. Two glasses of water (500ml) should be consumed a few hours before treatment and an adequate fluid intake maintained afterwards.

Check calcium and vitamin D status. Do not give to patients with hypocalcaemia or vitamin D deficiency. If the patient is not already taking vitamin D, prescribe **Cholecalciferol 2x 1.25mg tablets during the week before the infusion and 1.25mg per month thereafter.** Patients with Paget's disease also need calcium (equivalent to 500mg elemental calcium twice daily) for 10 days following the infusion. Inform patients about the symptoms of hypocalcaemia (numbness or tingling especially around the mouth, and muscle spasms or cramps) and to go to hospital immediately if these symptoms occur.

Ask the patient to arrange a dental check-up prior to treatment and regularly ask about any loose teeth, and pain, swelling or numbness in their jaw. Although osteonecrosis of the jaw is associated with bisphosphonates, it is very rare; those at greatest risk have poor oral hygiene or are undergoing invasive dental procedures. Cancer patients receiving bisphosphonates in addition to chemotherapy and corticosteroids are also at risk.

Give over at least 15mins, no more than once a year. Contact Novartis for an information pack on the administration of Aclasta®, or visit www.aclasta.co.nz. A 5mg/100mL infusion is to be given over **at least** 15mins into a peripheral vein. For osteoporosis give no more than once a year, for Paget's disease give much less frequently (e.g. every 5 years).

Inform the patient about post-dose symptoms which occur within the first three days following the infusion in up to 30% of patients. These include flu-like symptoms, fever, myalgia, arthralgia or headache which may be relieved with paracetamol. Zoledronic acid has also been associated with an increase in serious atrial fibrillation (1.3%) compared to placebo (0.5%).

ACKNOWLEDGEMENTS

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KEY REFERENCES

Novartis New Zealand Limited. Aclasta® Zoledronic Acid Data Sheet. 03-08-10 <http://www.medsafe.govt.nz/profs/Datasheet/a/Aclastainf.pdf> [Accessed March 2011]
Reid I, Grainger R. Prevention of osteoporosis. BPJ 2008;17:6-13 <http://www.bpac.org.nz/magazine/2008/october/bones.asp> [Accessed May 2011]

[CLICK HERE FOR FURTHER INFORMATION ON ZOLEDRONIC ACID AND A FULL REFERENCE LIST](#)

For further information on other high-risk medicines visit our website at: www.saferx.co.nz