daily or 35mg once weekly

Treatment: 70mg once weeky

Treatment: 35mg once weekly

Treatment: 100 IU SC or IM daily

transdermal sys : 0.025mg/day patch applied twice weekly; adjust

0.025mg/day patch applied once weekly; adjust

0.025mg/day patch twice weekly (every 3-4 days); adjust

 $BSA \le 0.5m^2$: 1.5mcg/kg/dose 3 times weekly. $BSA > 0.5m^2$: 50mcg/m²

210mg once monthly (given as 2 consecutive injs) for 12mos

(Rev. 1/2021)

0.3mg daily; adjust

1 tab daily

1 tab once daily

0.5mg daily

transdermal sys : 1 patch once weekly

1 patch once weekly

transdermal sys 0.025mg/day patch applied twice weekly

1 tab once daily

1 tab once daily

0.75mg once daily

(1 million IU/m2) 3 times weekly

20mcg once daily; may treat for up to 2yrs

Prevention and Treatment: 60mg once daily

60mg once every 6mos

80mcg once daily

Treatment: 5mg IV infusion once a year

Prevention: 5mg IV infusion once every 2yrs

Treatment: 1 spray in alternating nostril daily

Treatment: 10mg once daily or 70mg once weekly. Prevention: 5mg once

Postmenopausal: 5mg once daily or 35mg once weekly or one 75mg tab

taken on 2 consecutive days per month or one 150mg tab once monthly. Glucocorticoid-induced: 5mg once daily. Osteoporosis in men: 35mg once weekly.

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

14 tabs of 0.625mg estrogen/5mg of medroxyprogesterone; repeat)

Treatment: 70mg once weekly. Prevention: 35mg once weekly

Treatment: 70mg/2800 IU or 70mg/5600 IU once weekly

Prevention and Treatment: 150mg once monthly

OSTEOPOROSIS TREATMENTS

Strength

70ma/75mL

70mg /2800 IU,

70mg/5600 IU

70mg

70mg

150mg

150mg

35mg

5mg/100mL

200 IU/spray

0.9mg, 1.25mg

0.45mg/20mg

200 IU/mL

5mg, 10mg, 35mg, 40mg

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

0.3mg, 0.45mg, 0.625mg,

0.625mg, then 0.625mg/5mg

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

0.025mg/day, 0.05mg/day,

0.025mg/day, 0.0375mg/day,

0.025mg/day, 0.0375mg/day,

0.025mg/day, 0.0375mg/day,

0.05mg/day, 0.075mg/day,

0.045mg/0.015mg/day

0.75mg, 1.5mg, 3mg

0.5mg/2.5mcg

Actimmune : 100mcg/0.5mL

60mg/mL

250mcg/mL

PEPTIDE ANALOG

2000mcg/mL

105mg/1.17mL

60ma

0.5mg/0.1mg, 1mg/0.5mg

0.05mg/day, 0.075mg/day,

0.075mg/day, 0.1mg/day

0.05mg/day, 0.06mg/day, 0.075mg/day, 0.1mg/day

0.5mg, 1mg, 2mg

14mcg/day

0.1mg/day

0.1mg/day

0.625mg/2.5mg, 0.625mg/5mg

71+yrs: 1200mg; pregnancy or nursing mothers: 1000-1300mg

Brand

Binosto

Fosamax

Fosamax

Plus D

Boniva

Actonel

Atelvia

Reclast

Miacalcin

THERAPY

Premarin

Premphase

Prempro

Alora

Climara

Estrace

Menostar

Minivelle

Vivelle-Dot

Climara Pro

Activella

Femhrt

Prolia

Forted

RELATED

Tymlos

Evenity

Evista

SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)

OSTEOCLAST INHIBITOR (RANKL INHIBITOR)

prescribe estrogen continuously.

alendronate/cholecalciferol (Vit. D₃)

HORMONE REPLACEMENT

conjugated estrogens/bazedoxifene Duavee

BISPHOSPHONATES

alendronate

ibandronate

risedronate

zoledronic acid

CALCITONIN

calcitonin-salmon

conjugated estrogens

conjugated estrogens, then

conjugated estrogens/

medroxyprogesterone conjugated estrogens/

medroxyprogesterone

estradiol/levonorgestrel

estropipate

denosumah

teriparatide

abaloparatide

raloxifene

NOTES

estradiol **INTERFERON** interferon gamma-1b

estradiol/norethindrone acetate

norethindrone acetate/ethinyl

PARATHYROID HORMONE

PARATHYROID HORMONE

SCLEROSTIN INHIBITOR romosozumab-aqqg

estradiol

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

Recommended Calcium intake: 1–3yrs: 700mg; 4–8yrs: 1000mg; 9–18yrs: 1300mg; 19–50yrs: 1000mg; males 51–70yrs: 1000mg; females 51–70yrs,

Others: weight-bearing exercises, fall prevention, smoking cessation, alcohol restriction, weight and dietary management, preventative drug therapy

Recommended Vitamin D intake: >1yr: 600 IU/day; 50+yrs: 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 reevaluate periodically. Intact uteri: prescribe progestin with estrogen. Hysterectomy: may

Form

tabs

tab

tab

tab

tah

inj

inj

tah

tab

tab

tab

tab tab

tab

SC inj

SC inj

SC inj

SC inj

SC in

: tab

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

transdermal sys

transdermal svs

oral soln

for oral soln

del-rel tabs

nasal spray

effervescent tabs :