Zoledronate Infusion Subsidy Scheme

Zoledronate Administration Protocol

Advice for practitioners administering intravenous Zoledronate

Zoledronate is now available for treatment of Osteoporosis, under Pharmac Special Authority (**http://www.pharmac.govt.nz/2011/06/01/SA1035.pdf**)

See clinical pathway https://aucklandregion.healthpathways.org.nz/29549.htm

A. Prior to administration

1. **Discuss the potential for acute phase reaction.**
   - Occurs in up to 30% of recipients after their first treatment, but only 2-5% after subsequent treatments
   - Symptoms:
     i) usually mild and always self-limiting, but are occasionally debilitating and last several days
     ii) include fever, musculoskeletal pain, fatigue
   - Administration of Paracetamol prior to, and for up to 72 hours following, infusion reduces frequency of symptoms by about 50%.

2. **Review Renal Function and Hydration.**
   - eGFR > 35ml/min: Administer standard Zoledronate dose
   - eGFR < 35ml/min: Do not administer Zoledronate.

(Creatinine Clearance Calculator: http://www.aclasta.co.nz/hcp/creatinine-clearance-calculator-cockroft-gault-equation/)

   - If a patient has had an acceptable eGFR within the past 6 months, and has not had a significant illness or change in regular medication subsequently, there is no need to repeat the test.
   - Withhold diuretics and NSAIDs the morning of infusion to help prevent temporary renal impairment.

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- Advise patients to drink an extra 2 glasses of fluid on day of infusion to ensure good hydration.

3. **Review serum Calcium level**
   - Normal Calcium level: Administer standard Zoledronate dose
   - Abnormal Calcium level: Do not administer Zoledronate. Reason for abnormal calcium level should be determined and calcium level corrected.
4. **Replenish vitamin D if necessary.**
   - If not already receiving Cholecalciferol, give:
     - 100,000IU (2 tablets) of Cal D Forte in the week prior to infusion.
   - Continue vitamin D supplementation by prescribing one tablet of 1.25mg cholecalciferol (vitamin D) once a month or two tablets of multivitamins daily
   - **There is no need to measure Vitamin D level**
   - **There is no need to give Calcium supplements.**
5. **Obtain Patient Consent**
   - Patient Information Sheet and Consent Form available www.poac.co.nz

Administration

1. Zoledronate comes ready to administer, in 100mls of normal saline.

   Procedure:

   Using a metriset, prime tubing carefully to minimise loss
   Insert I.V. line and withdraw blood sample if required.
   Infuse contents of chamber over 15-30 minutes and on completion flush line with a further 20mls NaCl 0.9% through chamber.

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2. Consider co-administering 1g Paracetamol, as this tends to lessen the severity of acute phase reaction.

Re-administration

1. Current evidence suggests that a dosing interval of 1.5-3 years is reasonable for most patients with osteoporosis.
2. Consider more frequent dosing (12 monthly) or Specialist referral for patients
    - with a very high fracture risk prior to treatment
    - who have subsequent low-trauma/fragility fractures

Administration funding subsidy

CMDHB will subsidise the administration of Zoledronate, upon application by their GP, for patients who fulfil specified criteria.

Refer to application form www.poac.co.nz or phone (09) 5357218 for details.

Links

Medsafe Data Sheet: http://www.medsafe.govt.nz/profs/Datasheet/f/Fosamaxtab.pdf

Medsafe Consumer Information for Zoledronate: http://www.medsafe.govt.nz/Consumers/cmi/a/aclasta.pdf

Zoledronate Website: http://www.aclasta.co.nz/

IV Training programs: http://totalcarehealth.co.nz/education/education-programmes-care-nurses/

Auckland Bone Density: http://www.bonedensity.co.nz/

Zoledronate training video: http://www.aclasta.co.nz/hcp/prescriber-resources/#aclasta-infusion-video