DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Derbyshire commissioning guidance for treating severe osteoporosis (December 2024)

People (women, trans men and non-binary people) in whom fracture risk should be assessed, and who are above the intervention threshold

Person is after menopause and who is at very high risk of fracture, with any one of the following:

- a BMD T-Score ≤-3.5 (at the hip or spine), or
- a BMD T-score ≤-2.5 (at the hip or spine) and either
  - vertebral fractures (either a vertebral fracture within 24 months or a history of ≥2 osteoporotic vertebral fractures), or
  - very high fracture risk - a fracture probability (based on the Fracture Risk Assessment Tool [FRAX]) that exceeds the threshold for intervention by 60%.

Yes

Teriparatide (TA991) for 24 months only
or
Romosozumab (TA791) for 12 months only
or
Abaloparatide (TA991) for 18 months only

NB Teriparatide is **within** tariff but has been included here as it is listed as an option for these patients as per NICE TA991.

NICE approved treatments

- Stop teriparatide at 24 months
- Stop romosozumab at 12 months
- Stop abaloparatide at 18 months

- Following the approved duration of the above treatments, treatment with bone forming agents should be initiated without delay.

- IV zoledronate or
- SC denosumab or
- Oral bisphosphonate

Dosing schedule

Drug		NICE TA	Loading dose	Maintenance dose	Response measured
Abaloparatide SC	An amino acid peptide that shares homology to parathyroid hormone and parathyroid hormone related peptide, and is an activator of the PTH1 receptor signalling pathway.	TA991	N/A	80micrograms once daily	18 months only
	Prescribing information • Patients should be adequately supplemented with calcium and vitamin D before and during treatment. • Abaloparatide is contraindicated in patients who have pre-existing hypercalcaemia, severe renal impairment, unexplained elevations of serum alkaline phosphatase, with known risks for osteosarcoma such as those who have received prior external beam or implant radiation therapy involving the skeleton, with skeletal malignancies or bone metastases Abaloparatide should only be used if the Specialist and patient agree that the benefit outweighs the risk.				
Romosozumab SC	Monoclonal antibody that binds to and inhibits sclerostin	TA791	N/A	210mg once monthly	12 months only
	Prescribing information • Patients should be adequately supplemented with calcium and vitamin D before and during treatment. • Romosozumab is contraindicated in patients with previous myocardial infarction or stroke. • Romosozumab should only be used if the Specialist and patient agree that the benefit outweighs the risk. • If a patient experiences a myocardial infarction or stroke during therapy, treatment with romosozumab should be discontinued.				
Teriparatide SC	A recombinant fragment of human parathyroid hormone and, as an anabolic agent, it stimulates new formation of bone and increases resistance to fracture.	NICE TA991	N/A	20micrograms once daily	24 months only
	Prescribing information • Patients should be adequately supplemented with calcium and vitamin D before and during treatment. • Teriparatide is contraindicated in patients who have pre-existing hypercalcaemia, severe renal impairment, metabolic bone diseases (including hyperparathyroidism and Paget's disease of the bone) other than primary osteoporosis or glucocorticoid-induced osteoporosis, unexplained elevations of serum alkaline phosphatase, prior external beam or implant radiation therapy involving the skeleton, skeletal malignancies or bone metastases				
NB Teriparatide is also listed as an option for these patients as per NICE TA991, however it is in tariff. If people with the condition and their healthcare professional consider abaloparatide, romosozumab and teriparatide to be suitable treatments, after discussing the advantages and disadvantages of all the options, the least expensive suitable treatment should be used.					