Zoledronic Acid (Reclast®)

ZOLEDRONIC ACID (Reclast) Zoledronic acid is a bisphosphonate prescribed to prevent or treat osteoporosis or Paget's disease. Unlike other common bisphosphonates that are taken by mouth, Reclast bypasses the stomach because it is an infusion into the bloodstream. Bone is a living tissue constantly being remodeled. Bisphosphonates specifically act on bone cells (osteoclasts) to inhibit bone resorption and turnover activity and reduce progressive bone loss and risk for fracture.

Resources from Manufacturer

Patient Medication Guide
Full Prescribing Information

FDA-Approved Indications and Dosing in Rheumatology

Zoledronic Acid is indicated for:

- Treatment and prevention of postmenopausal osteoporosis
- Treatment to increase bone mass in men with osteoporosis
- Treatment and prevention of glucocorticoid-induced osteoporosis
- Treatment of Paget's disease of bone in men and women

Intravenous Dosing

- Treatment of postmenopausal osteoporosis; treatment to increase bone mass in men with osteoporosis; treatment and prevention of glucocorticoid-induced osteoporosis: 5 mg once a year
- Prevention of postmenopausal osteoporosis: 5 mg once every 2 years
- Treatment of Paget's disease of bone: a single 5 mg infusion
- Patients should receive 1500 mg elemental calcium and 800 international units vitamin D daily

Contraindications

Hypocalcemia, Patients with creatinine clearance less than 35 mL/min and in those with evidence of acute renal impairment, Hypersensitivity to zoledronic acid

ACR/ARP Medication Guide

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Warnings and Precautions

1. Products Containing Same Active Ingredient: Patients receiving Zometa® should not receive Reclast®
2. Hypocalcemia may worsen during treatment. Patients must be adequately supplemented with calcium and vitamin D
3. Renal Impairment: A single dose should not exceed 5 mg and the duration of infusion should be no less than 15 minutes. Renal toxicity may be greater in patients with underlying renal impairment or with other risk factors, including advanced age or dehydration. Monitor creatinine clearance before each dose
4. Osteonecrosis of the Jaw (ONJ) has been reported. All patients should have a routine oral exam by the prescriber prior to treatment
5. Atypical Femur Fractures have been reported. Patients with thigh or groin pain should be evaluated to rule out a femoral fracture
6. Severe Bone, Joint, and Muscle Pain may occur. Withhold future doses if severe symptoms occur

Adverse Reactions (≥ 10%)

- Pyrexia
- Myalgia
- Headache
- Arthralgias/pain in extremity
- Reactions were flu-like illness
- Nausea/vomiting
- Diarrhea
- Eye inflammation

Medication Strength and Preparations

Available as 5 mg in a 100 mL ready to infuse solution

Medication Administration and Storage

- Zoledronic acid should be stored at 25 °C and is stable for 24 hours at 2 °C-8 °C after opening

Intravenous Administrations

- Must be administered as an intravenous infusion over no less than 15 minutes.
- Patients must be appropriately hydrated prior to administration
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.
- Intravenous infusion should be followed by a 10 mL normal saline flush of the intravenous line
- Administration of acetaminophen following zoledronic acid administration may reduce the incidence of acute-phase reaction symptoms

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Additional Considerations

- Patient should eat and drink normally on the day of treatment. This includes drinking at least 2 glasses of fluid such as water within a few hours prior to the infusion.
- Patient should tell their doctor if they are taking any new medications, including an antibiotic, a diuretic or "water pill", or a non-steroidal anti-inflammatory medicine (NSAIDS).

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