

## South Central Priorities Committees (Milton Keynes, Oxfordshire, Berkshire East, Berkshire West and Buckinghamshire PCTs)

Policy Statement 232:  
*[MOBBB Statement No.82]*

Pharmacological treatments for the  
secondary prevention of osteoporotic  
fragility fractures in men

Oxfordshire Clinical Commissioning  
Group Shadow Governing Body  
decision:

Approved September 2012

Date of Issue:

September 2012

*The South Central Priorities Committee (Milton Keynes, Oxfordshire, Berkshire East, Berkshire West and Buckinghamshire PCTs) has considered the evidence for the clinical and cost effectiveness of medicines for the prevention and treatment of osteoporosis in men. The Committee also considered local clinical opinion that osteoporosis in men should be treated as it is for women.*

*The following recommendations were made:*

- *NHS funding is RECOMMENDED for oral alendronate or risedronate, to be used in men who have had a fragility fracture and a diagnosis of osteoporosis.*
- *NHS funding is RECOMMENDED for denosumab to be used in men who have had a fragility fracture and a diagnosis of osteoporosis only when alendronate and risedronate have not been tolerated or are contra-indicated.*

*The Committee recommends that NHS funding for all other bisphosphonates (including zoledronate) for the prevention and treatment of osteoporosis in men is a LOW PRIORITY.*

- *The Committee recommends that NHS funding for all bisphosphonates is LOW PRIORITY in the absence of a previous fragility fracture and a diagnosis of osteoporosis.*
- *The Committee recommends that NHS funding for strontium, parathyroid hormone, teriparatide and calcitonin is LOW PRIORITY.*

A fragility fracture is defined as the clinically apparent fracture sustained as the result of a force equivalent to the force of a fall from a height equivalent to, or less than, that of an ordinary chair. (From NICE Technology Appraisal 161 *Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women*). Osteoporosis is defined by a T-score of -2.5 standard deviations (SD) or more below mean peak bone mass on dual-energy X-ray absorptiometry (DXA) scanning. However, the diagnosis may be assumed in patients aged 75 years or older if the responsible clinician considers a DXA scan to be clinically inappropriate or unfeasible.

Intolerance to a bisphosphonate is defined as persistent upper gastrointestinal disturbance that is sufficiently severe to warrant discontinuation of treatment and which occurs even though instructions for administration have been correctly followed.

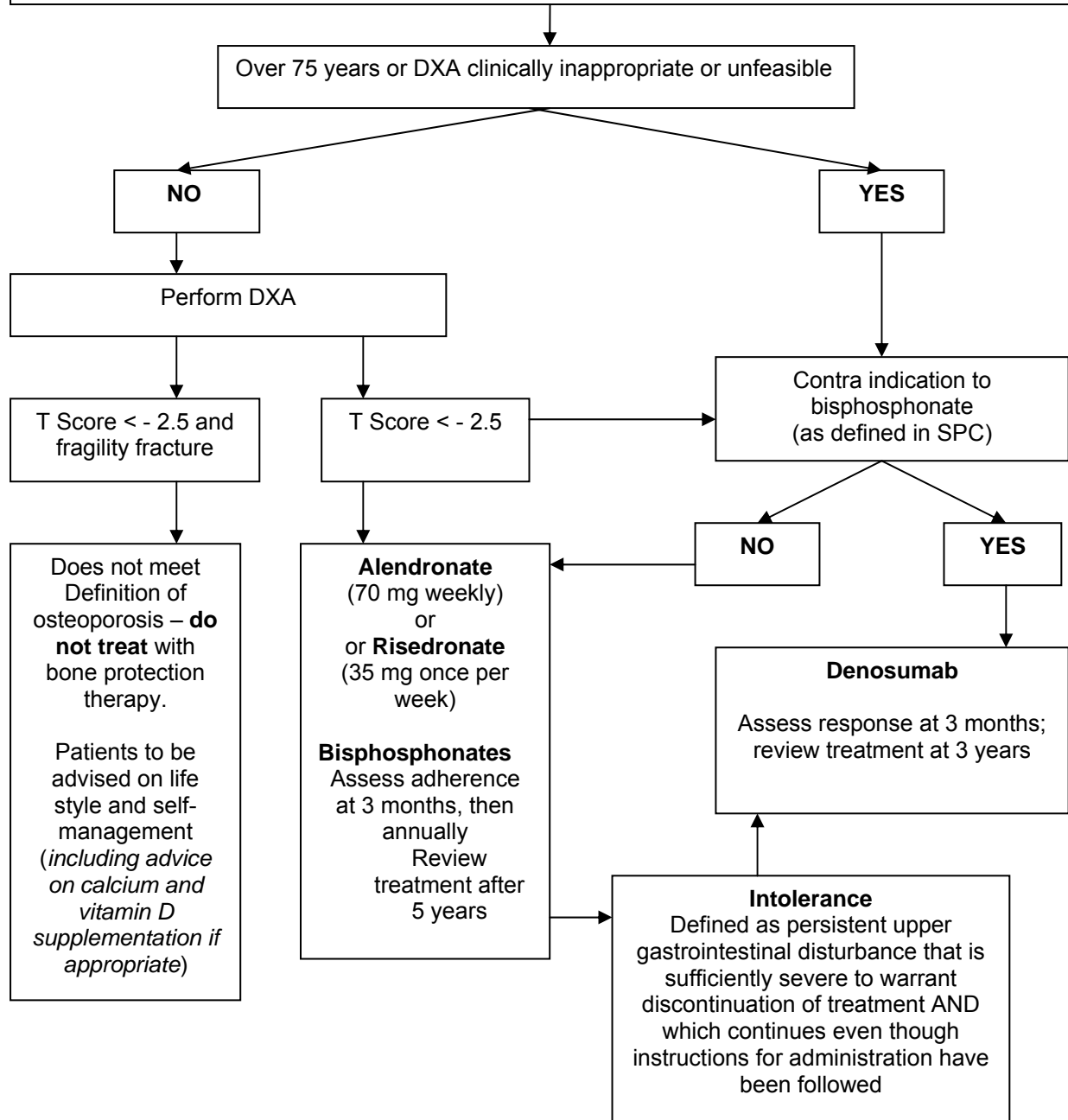
**A treatment algorithm is provided below.**

#### NOTES:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in the light of new evidence or guidance from NICE.*
3. *South Central policies can be viewed at <http://www.sph.nhs.uk/priorities/policy-statements>*

**Pharmacological treatment or secondary prevention of osteoporotic fragility fractures in men**

**Patient has sustained a fragility fracture**  
 A clinically apparent fracture sustained as the result of a force equivalent to the force of a fall from a height equivalent to, or less than, that of an ordinary chair  
 (from NICE Technology Appraisal 161)



**Always refer to Summary of product characteristics**

NOTES:

1. Potentially exceptional circumstances may be considered by commissioners of NHS health care in Oxfordshire where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living.)
2. This policy will be reviewed in the light of new evidence or new guidance from NICE.
3. The MOBBB Priorities Committee Minutes and NHS Oxfordshire's policies can be viewed at <http://www.oxfordshirepct.nhs.uk/professional-resources/priority-setting/default.aspx>