

# DRUG CARDS | DAILY



NAME(S): **Generic:** risedronate (ris ED roe nate) | **Brand:** Actonel, Atelvia

PHARMACOLOGIC & THERAPEUTIC CLASS: Bisphosphonate Derivative

DOSAGE FORM & STRENGTH: **IR Tabs:** 5 mg, 30 mg, 35 mg, 150 mg | **ER Tabs:** 35 mg

## INDICATION(S) & DOSING(S): ADULTS

- Treatment of Postmenopausal Osteoporosis:**
  - Immediate-Release Tabs** – Dose is 35 mg PO every week. Alternative dosing is 5 mg PO qd and 150 mg PO every month. Reassess every 3-5 years and if pt becomes low to moderate risk then initiate a “drug holiday” w/ reassessments every 2-4 years if fractures or significant BMD loss.
  - Delayed-Release Tabs** – Dose is 35 mg PO every week. Do not crush/chew.
- Prevention of Postmenopausal Osteoporosis:** Tx dosing is 35 mg PO every week. Alternative dosing is 5 mg PO qd w/ 150 mg PO every month. May consider d/c'ing after 3-5 years if pt becomes low-risk w/ periodic assessments thereafter.
- Treatment of Osteoporosis in Men:** Tx dose of 35 mg PO every week. May consider d/c'ing after 3-5 years if pt becomes low-risk w/ periodic assessments thereafter.
- Steroid-Induced Osteoporosis:** Tx dose 5 mg PO qd. If pt is on >7.5 mg/day. May consider d/c'ing after 3-5 years if pt becomes low-risk w/ periodic assessments thereafter.
- Paget Bone Disease:** Tx dose 30 mg PO qd for 2 months. Course may be repeated after observation and after 2 months from initial treatment.

## INDICATION(S) & DOSING(S): PEDIATRICS

- OFF LABEL | Imperfecta Osteogenesis:**
  - If less than 30 kg** – 2.5 mg PO qd w/ periodic assessments and given for 1-4 years.
  - If greater than 30 kg** – 5 mg PO qd w/ periodic assessments and given for 1-4 years.

## MECHANISM OF ACTION & PHARMACOLOGY

- MOA:** Risedronate Inhibits the resorption and the rate of resorption of bone by acting on osteoclast precursors. This inhibition will indirectly increase bone mineral density (BMD). | The **absorption** is rapid. | Risedronate is not **metabolized**. | 85% is **excreted** in the urine. | The **onset of action** may take weeks. | The **time to peak** is b/t 1-3 hours. | The **half-life elimination** is around 480-561 hours. | Risedronate is 24% **protein bound**.

## SPECIAL POPULATIONS & CONSIDERATIONS

- Renally Impaired:** Avoid use if CrCl < 30. | **Dietary Considerations:** Adequate **Calcium** intake is 1,000 mg/day in males between 50-70 years of age; and 1,200 mg/day in females 51 years of age or older or males 71 years of age or older. Adequate **Vitamin-D** intake is between 800-1000 units daily in both males and females 50 years of age and older. Alternative sources suggest Vitamin-D intake of 600-800 units daily in both males and females 70 years of age and younger and 71 years of age and older respectively. | **Contraindications and Cautions** if esophageal stricture, hypocalcemia, If CrCl <30, upper GI disease, anemia, coagulation disorders, or if mineral metabolism disturbances.



## SIDE EFFECTS

- **Common:** N/v/d, cataracts, insomnia, myalgia, depression, constipation, dizziness, dyspepsia, HTN, abdominal pain, rash, and headache.
- **Serious:** Stevens-Johnson syndrome, toxic epidermal necrolysis, duodenal ulcer, gastric ulcer, osteonecrosis of the jaw, severe musculoskeletal pain, atypical femur fractures, and esophagitis and esophageal ulcer/erosion/stricture/perforation.

## DRUG INTERACTIONS

- **Considerations for DI:** For drugs that bind to polyvalent cations, or if GI mucosal injury or bleeding risk, and if hypocalcemia.
- **Some Contraindicated Drug(s) & Drug(s) of Note:** Aspirin, bumetanide, calcium acetate, celecoxib, & oral zinc.

## MONITORING PARAMETERS

- Cr, Baseline Calcium as well as risk of hypocalcemia, levels of Ca, Mg, PO<sub>4</sub>, bone mineral density (BMD), adherence to therapy, serum Ca, and Vitamin-D intake.

## PATIENT COUNSELING INFORMATION

- Risedronate is used in both the prevention and treatment of **various types of osteoporosis** in adults.
- When taking this medication, give it **with 6-8 ounces (180-240 mL) water (other beverages not recommended) >30 minutes before the first meal and remain upright for 30 minutes.**
- Take the tablets whole. **Do not crush or chew.**
- Take **w/ Calcium and Vitamin-D supplementation** only if dietary intake is inadequate.
- Otherwise Calcium, Iron Supplements, Vitamins w/ minerals, and products containing Ca/Mg/Al should not be taken for at least 30 minutes after taking risedronate **in order to avoid an interference of absorption** for risedronate.
- If a **weekly dose is missed** do not take it later in the day. **Wait until the next morning** to take it.
- If a **daily dose is missed** do not take it later in the day. **Skip the dose and resume dosing the following day.**

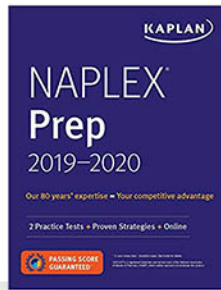
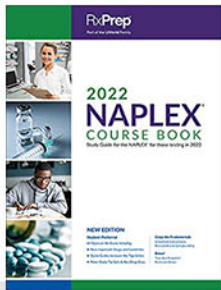
## REFERENCE(S) & RESOURCE(S)

1. <https://online.epocrates.com/drugs/35410/risedronate/Monograph>
2. <https://www.drugs.com/ppa/risedronate.html>
3. <https://www.webmd.com/drugs/2/drug-7835-5310/risedronate-oral/risedronate-weekly-oral/details>

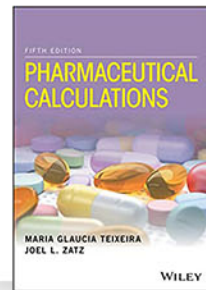
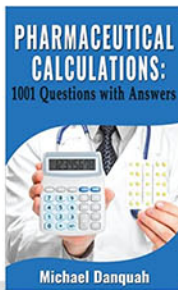
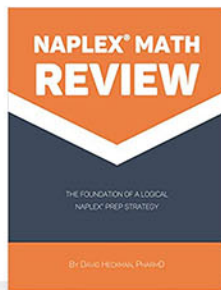
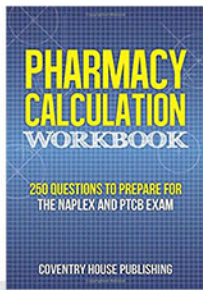


# PREPARE FOR SUCCESS!

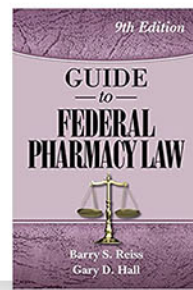
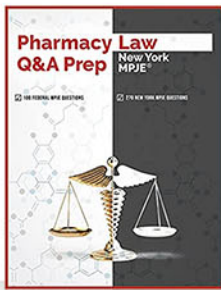
## Comprehensive (NAPLEX)



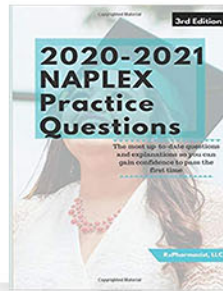
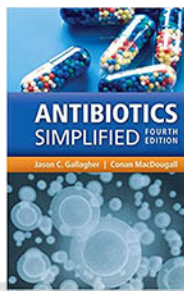
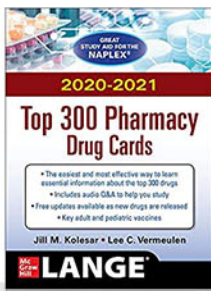
## Calculations (NAPLEX)



## Pharmacy Law (MPJE)



## Supplemental



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# DRUG CARDS DAILY

Monday at 7 am EST  
(6 am CST, 4 am PST)

## HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

## HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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