Evaluate for causes of secondary osteoporosis

Correct calcium/vitamin D deficiency and address causes of secondary osteoporosis

- Recommend pharmacologic therapy
- Education on lifestyle measures, fall prevention, benefits and risks of medications

**High risk/no prior fractures**

- Alendronate, denosumab, risedronate, zoledronate***
- **Alternate therapy:** Ibandronate, raloxifene

Reassess yearly for response to therapy and fracture risk

- Increasing or stable BMD and no fractures
- Progression of bone loss or recurrent fractures
- Assess compliance
  - Re-evaluate for causes of secondary osteoporosis and factors leading to suboptimal response to therapy
  - Switch to injectable antiresorptive if on oral agent
  - Switch to abaloparatide, romosozumab, or teriparatide if on injectable antiresorptive or at very high risk of fracture
  - Factors leading to suboptimal response

Rescue therapy when a fracture occurs, BMD declines beyond LSC, BTM’s rise to pretreatment values or patient meets initial treatment criteria

**Very high risk/prior fractures**

- Abaloparatide, denosumab, romosozumab, teriparatide, zoledronate***
- **Alternate therapy:** Alendronate, risedronate

Reassess yearly for response to therapy and fracture risk

- Denosumab
- Romosozumab for 1 year
- Abaloparatide or teriparatide for up to 2 years
- Zoledronate

Continue therapy until the patient is no longer high risk and ensure transition with another antiresorptive agent.

Sequential therapy with oral or injectable antiresorptive agent.

Sequential therapy with oral or injectable antiresorptive agent.

- If stable, continue therapy for 6 years****
- If progression of bone loss or recurrent fractures, consider switching to abaloparatide, teriparatide or romosozumab

- 10 year major osteoporotic fracture risk ≥ 20% or hip fracture risk ≥ 3%. Non-US countries/regions may have different thresholds.
- **Indicators of very high fracture risk in patients with low bone density would include advanced age, frailty, glucocorticoids, very low T scores, or increased fall risk.
- ***Medications are listed alphabetically.
- ****Consider a drug holiday after 6 years of IV zoledronate. During the holiday, an anabolic agent or a weaker antiresorptive such as raloxifene could be used.