

MEDICATION USAGE EVALUATION
MONITORING FORM
Alendronate sodium (Fosamax²)

NAME	AGE	SEX	WT	RM	HX	DATE
MEDICATION-USE PROCESS ELEMENTS			PT. DATA	I	S	PURPOSE
PRESCRIBING A. Indications: 1. Treatment and prevention of osteoporosis in postmenopausal women. 2. Treatment to increase bone mass in men with osteoporosis. 3. Treatment of glucocorticoid-induced osteoporosis in patients on glucocorticoids who have low bone mineral density - Daily dosage equivalent of glucocorticoid \geq 7.5 mg prednisone 4. Treatment of Paget's disease of the bone in men and women with: - alkaline phosphatase \geq 2 times the upper limit of normal - symptoms associated with their disease - at risk for future complications from their disease B. Contraindications: 1. Abnormalities of the esophagus (e.g. stricture or achalasia) 2. Inability to stand or sit upright for at least 30 minutes post administration 3. Hypocalcemia C. Relative contraindications: 1. Inability to understand dosing instructions 2. Active upper gastrointestinal problems (e.g. dysphagia, gastritis) 3. CrCl < 35 mL/min					100%	Justification for use. Patients should also receive adequate amounts of calcium (1-1.5 g elemental calcium/day) and vitamin D (400-800 Units/day). A.4. Retreatment may be considered at 6-month post-treatment assessment if relapse has occurred.
					0%	Avoidance of adverse outcomes.
					___%	B.3. Hypocalcemia must be corrected before initiating therapy. C.1. Must be used under appropriate supervision.
DISPENSING A. Initial dose of drug administered within __ hours. B. Drug-related problem detected during new order screening. C. Usual Adult Dosage: 1. Treatment of osteoporosis: One 70 mg tablet once weekly or one 10 mg tablet once daily 2. Prevention of osteoporosis: One 35 mg tablet once weekly or one 5 mg tablet once daily 3. Treatment of glucocorticoid-induced osteoporosis: One 5mg tablet daily; if post-menopausal and not receiving estrogen: One 10mg tablet once daily. 4. Paget's disease: 40 mg once daily for six months					100%	Appropriate dispensing.
					100%	Usual dosages
ADMINISTERING A. Incident report generated due to misadministration. B. Patient education performed when required. 1. Patient is educated to swallow the intact tablet with a full glass of plain (6-8 oz) water upon rising at least 30 minutes before the first food, beverage, or other medication is consumed. They should not lie down for at least 30 minutes after swallowing the tablet. 2. Patients should be instructed to take supplemental calcium and vitamin D if daily dietary intake is inadequate					___%	Medication dose/education correctly provided.
					100%	Assuring absorption and avoidance of ADEs. B1. Waiting less than 30 minutes to eat, drink or take other medication will decrease absorption, including calcium supplement and antacid.
MONITORING A. Adverse Drug Effects: 1. Dysphagia, esophagitis, esophageal ulcer, esophageal erosions 2. Abdominal pain, constipation, flatulence, diarrhea 3. Musculoskeletal pain, headache B. Drug Interactions: Use caution in concomitant use with NSAIDs or aspirin C. Monitoring: 1. Osteoporosis: a. Bone mineral density: at initiation of therapy, within 12 months of initiation, then every 1-2 years b. Serum calcium every 6-12 months 2. Paget's disease: a. Alkaline phosphatase q 3-6 months, serum calcium q 3-4 months					___%	Possible ADEs.
					100%	ADE avoidance.
OUTCOME A. Clinical success recorded in progress notes B. Dosage is adjusted or therapy discontinued in response to adverse effect.					100%	Outcome measures.

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References: Fosamax² product literature insert. Merck and Company, Inc., Whitehouse Station, NJ, January 2001.
 USP DI, Drug Information for the Health Care Professional, 21st Edition, 2001, MICROMEDEX Thompson Healthcare, Englewood, CO.
 AHFS Drug Information 2001. American Society of Health-System Pharmacists, Bethesda, MD.

Intervention Codes:

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| 1 - Prescription clarification | 4 - Laboratory test | 7 - Consultation | 9 - Patient education |
| 2 - Drug selection | 5 - Adverse drug reaction | 8 - Drug information provided | 10 - Cost reduction change |
| 3 - Therapeutic recommendation | 6 - Drug interaction | | |