

Applicable from 5 March 2012

Osteoporosis: Bisphosphonates*, denosumab, raloxifene and strontium ranelate

* Conditional reimbursement for alendronate is available for patients with low-energy hip fractures. Consequently, single reimbursement for alendronate should only be applied for on behalf of patients suffering from other disorders, cf. below.

Guiding criteria for single reimbursement

For other medicines than alendronate it must appear from the application why the patient cannot use alendronate.

Single reimbursement is then usually granted when at least one of the criteria below are satisfied.

- The application concerns a patient having suffered a low-impact hip or vertebral fracture (i.e. a fracture caused by daily activities or a fall of the same impact) which has been diagnosed by X-ray. A copy of the X-ray report must be enclosed with the application. A vertebral fracture is defined as:
 1. A > 20% reduction of anterior vertebral height compared to posterior vertebral height.
 2. A > 20% reduction of anterior, middle or posterior vertebral height compared to normal vertebrae above or below.
- The application concerns a person with at least one risk factor (see table below) for development of osteoporosis and where a BMD measurement of the spine and/or hip has shown a T-score < -2.5. The patient's risk factors must appear from the application.
- The application concerns a person with a T-score < -4 without the presence of other risk factors.
- The application concerns a person in current or planned systematic glucocorticoid treatment (corresponding to prednisolone > 5 mg/day for more than 3 months or intermittent glucocorticoid treatment with a total duration of more than 3 months within one year) and where a BMD measurement of the spine and/or hip has shown a T-score < -1.

If the patient's risk factors do not appear from the application, it will be returned for submission of the missing information.

Table. Risk factors for development of osteoporotic fracture

Hereditary predisposition in direct line of ascent
Women with low body weight (BMI < 19kg/m²)
Previous low-impact fracture
Osteogenesis imperfecta
Abnormally early menopause (< 45 years)
Systemic glucocorticoid therapy
Smoking
Excessive alcohol consumption
Elderly with an increased risk of fracture due to increased risk of falls
Treatment with aromatase inhibitors
Treatment with antiandrogens for prostate cancer
Age > 80 years
Osteoporosis-related diseases
Osteoporosis-related diseases include for example:
Anorexia nervosa
Malabsorption (including previous gastrectomy)

Primary hyperparathyroidism
Hyperthyroidism
Organ transplantation
Chronic renal insufficiency
Prolonged immobilisation
Cushing's syndrome
Bechterew's disease
Mastocytosis
Rheumatoid arthritis
Myelomatosis
Severe COPD