The

GeriJournal

Volume 19, Number 11
November 2024
A publication of GeriatRx Pharmacy

Can You Spell Jubbonti?

As prognosticated in the October GeriJournal, the mandatory move from Prolia® to biosimilar Jubbonti® is upon us. This conversion begins on November 29th. By August 29, 2025, all Prolia® (denosumab) orders must be converted to Sandoz Pharma's Jubbonti®. An ODB directive to fill new denosumab orders with Jubbonti® is already in place.

The cost difference between the products is astounding. Prolia® chimes in at $440 per dose while Jubbonti® is a lean $195. The province will save well over $100 million annually with this change. GeriatRx will transition to the new product ASAP. On Monday or Tuesday of the week a Prolia® is due we will enter a *Scriberly* recommendation for Jubbonti®. If the prescriber confirms we will send Jubbonti® instead of Prolia®.

Residents undergoing palliative care may be entitled to a 12-month extension via LU. Some individuals use a more concentrated form of denosumab, Xgeva®, for hypercalcemia-related bony metastases from prostate cancer. The biosimilar form of Xgeva® is called Wyost®.

More on Prolia®

An interesting FDA-funded Prolia® study was published in the *Annals of Internal Medicine* this month. The question: which carries a higher risk of hypocalcemia in chronic kidney disease (CKD) patients, Prolia® or bisphosphonates (Actonel®, Fosamax®). The answer: Prolia®. The FDA funded this study because little is known about the safety of these drugs in CKD patients.

If we read the monographs for these drugs we find that bisphosphonates (BPs) are not recommended in patients with advanced CKD (creatinine clearance less than 30ml/min). They're contraindicated for clearances below 15ml/min. As CKD worsens, we see residents switch to Prolia®. I've always wondered why. Prolia® seems more threatening than the poorly absorbed BPs drugs.

The study measured the incidence of hypocalcemia (confusion, cramps, depression, hallucinations…death) in seniors within 12 weeks of starting treatment with Prolia® or a BPs. They used the U.S. Medicare database to identify individuals using these drugs and tabulate the number admitted to hospital. The study had an enormous database, with several hundred thousand individuals identified in each medication category.

In BPs users, hypocalcemia frequency varied from 0% in dialysis patients to 0.03% (3 per 10,000) in those with stages 4 or 5 CKD. Hypocalcemia was much more common with Prolia®. It ranged from 0.57% in stage 4 and 5 CKD patients, up to 3.01% in dialysis patients. Even Prolia® users without CKD became hypocalcemic at a 0.22% clip. That was a higher rate than any of the CKD BPs groups. Calcium levels must be monitored closely after the first dose of Prolia®, especially in the presence of CKD.

Arm Position for BP

A *JAMA Internal Medicine* BP study made the rounds last month. It evaluated how different arm positions affect BP results. The study was randomized and used a crossover design. It included 133 adults.

The findings: arm on lap overestimated systolic BP (SBP) by 3.9mm and diastolic (DBP) by 4.0mm. When the arm hung to the side, SBP was 6.5mm higher, and DBP was 4.4mm too high. The arm must be supported on a surface at heart height to produce accurate values. If not, residents may be overtreated for hypertension. For further details on proper BP measurement techniques, see the July 2023 GeriJournal.

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