NORTH YORK FAMILY HEALTH TEAM

# RAPID RX

## May 2025



## All about dem dry bones

### Prolia switching to Jubbonti

A biosimilar version of denosumab was listed by ODB on August 30, 2024. Health Canada considers Jubbonti equivalent to Prolia. You may have already received requests from community pharmacists for new prescriptions to switch Prolia to Jubbonti. **Patients who are ODB recipients must be transitioned to Jubbonti before August 29, 2025**.

EAP requests may be submitted to continue Prolia coverage for patients who experience an adverse event to Jubbonti. EAP requests must include a copy of the adverse event form submitted to Health Canada.

Palliative care patients who were established on Prolia prior to November 2024 may be eligible to continue Prolia for 12 months beyond August 2025. Prolia renewals for these patients must include LU code 690 to ensure ODB coverage.

### Bisphosphonate holidays

Osteoporosis Canada 2023 Guidelines now recommend **initial bisphosphonate therapy for 3-6 years.**

- Taking oral bisphosphonates for more than 5 years results in no difference in hip or overall number of fractures.
- Harms may be increased with longer durations of bisphosphonates after 6 years, including atypical femur fractures, and osteonecrosis of the jaw.

Think of it like “pulse therapy” (e.g. on 3 years /off 3 years); being off treatment to reset the risk for AFF and ONJ. This interruption in therapy only applies to risedronate, alendronate, and zoledronic acid. Patients on denosumab must remain on long-term uninterrupted therapy.

Our **FHT’s Bisphosphonate Deprescribing QI Plan** to support patients in this guideline update:

- EMR query to identify patients on bisphosphonates >6yrs
- EMR macro/stamp to help and standardize risk-benefit discussions
- EMR toolbar to track deprescribing discussions
- Pharmacist-led chart reviews to identify potential candidates
- Pharmacist to conduct risk-benefit discussions for bisphosphonate holidays with appropriate patients
- Dietitian referrals for patients to optimize dietary calcium and nutrition supporting bone health

References:
1. Ontario Health 2024. Biosimilar policy update for denosumab.
2. Morin 2023. Clinical practice guideline or management of osteoporosis and fracture prevention in Canada: 2023 update.

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# Nothing new with iron

## Oral iron for iron-deficiency anemia

**Ferrous Iron salts (e.g. ferrous gluconate, sulfate or fumarate) should continue to be used as first line oral iron therapy**, as they are less expensive and there is no robust evidence that their more expensive counterparts (polysaccharide, heme-based or liposomal irons) are more effective.[1]

- Adult target dose 100-200mg elemental iron per day[2]
- Pediatric target dose 3-6mg/kg/elemental iron per day
- Lower doses (40-80mg) and intermittent dosing (q2d) may be as effective as daily dosing
- Vitamin C supplements are not essential to take with oral iron supplements. While traditional iron counselling has encouraged concurrent vitamin C supplementation (usually 100-500mg)[5,6], more recent studies have found no difference in hematologic outcomes when patients take iron supplements with or without vitamin C supplementation.[7,8]

| | To improve iron levels (efficacy) | To improve tolerability |
|---|---|---|
| Elemental iron dose | • Increase elemental iron dose<br>• But effectiveness of high doses may be limited by elevated hepcidin levels and reduced fractional iron absorption[3] | • Reduce dose (<100mg/day)<br>• Reduce frequency (every other day)<br>• Select supplement with lower elemental iron[4] |
| Bioavailability | • Prefer ferrous salts over ferric salts | • Take with food<br>• Change iron type (e.g. heme, ferric)[a]<br>• Change delivery system (e.g. chelated, polysaccharide, liposomal)[b] |

[a] heme (e.g. Proferrin), ferric (e.g. Feramax, Triferexx, Ortho Iron, Ferrosom)
[b] chelated (e.g. Mild Iron, Easy Iron, Ferrochel Iron Chelate), polysaccharide (e.g. Feramax, Triferexx), liposomal (e.g Ferrosom)

## IV iron in the community

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|---|---|
| **SCOPE (Seamless Care Optimizing Patient Experience) Program**<br><br>NYGH / NYTHP initiative | GIM consult non-emergent, acute issues, including iron deficiency anemia needing IV iron.<br>GIM may review with family MD via phone or accept referral and book pt for consult.<br>If indicated, pt may receive first IV dose in hospital clinic<br>If needed, subsequent doses will be arranged with pt through home care or private clinic.<br>**Referral:** NYGH/NYTHP SCOPE<br>**Costs:** Patient pays for medication; no infusion fee |
| **Private infusion clinics**<br><br>e.g.<br>Coverdale Clinics<br>Kensington Infusion Clinic | Usually for subsequent IV iron doses.<br>Some clinics will also accept referrals for first IV iron doses.<br>**Referral:** Clinic-specific registration form<br>Registration form may also include prompts/guidance for iron prescription (type, dose, etc.)<br>**Costs:** Patient pays for medication and infusion fee<br>• If patient prefers to have their usual community pharmacy dispense IV iron, provide patient with prescription as usual from EMR (see Community Pharmacy below).<br>• If pt opts to use infusion clinic's preferred pharmacy supplier, infusion clinic will help pt navigate payment and coverage options |
| **Community pharmacy** | Community pharmacies will supply IV iron vials only.<br>Prescriptions should include dose and instructions "for infusion in office/clinic".<br>For ODB coverage include LU code 610 for Monoferric, or submit EAP request for Venofer<br>When patient brings vials to infusion clinic, the clinic will prepare the IV infusion. |

For additional review, see recent FHT staff Lunch&Learn: Nothing new with iron (webinar | slides)


References:
1. Hemequity. Adult iron deficiency algorithm: treatment suggestions.
2. Government of BC (2019). Iron deficiency – diagnosis and management.
3. Stoffel 2019. Iron absorption is greater with alternate day than with consecutive day dosing in iron-deficient anemic women.
4. Association of Ontario Midwives 2022. Iron supplements: a guide for midwives.
5. Fei 2015. Iron deficiency anemia: a guide to oral iron supplements.
6. Baird-Gunning 2016. Correcting iron deficiency.
7. Dent 2024. Efficacy of vitamin C with Fe supplementation in patients with iron deficiency anemia.
8. Snook 2021. British Society of Gastroenterology guidelines for the management of iron deficiency anaemia in adults.



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