



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
zoledronic acid

Effective Date: Mar12-2014
Revised Date: Mar 13 2019
Revised Date:

CLASSIFICATION
**Bone Metabolism
Regulator**

OTHER NAMES
Aclasta, Zometa

PAGE
1 of 2

ADMINISTRATION POLICY:

- IV Infusion** - May be administered by a nurse
- IV Bolus:** - Not recommended
- IM:** - Not recommended
- Subcut:** - Not recommended

RECONSTITUTION/DILUTION/ADMINISTRATION:

- Available as:** 4 mg – 5 mL vial OR 5 mg/100 mL IV bottle
- IV intermittent:** Dilute dose in 100 mL normal saline and infuse over 15 minutes
OR
Infuse contents of ready to use IV bottle over 15 minutes. Use a vented set.
Flush IV line with 10 mL normal saline following infusion.

DOSAGE:

- Usual:**
- Prostate Cancer – prevention of androgen-induced bone loss:**
4 mg IV every 3 months or 4 mg every 12 months
- Breast Cancer – adjuvant or neoadjuvant:**
4 mg every 6 months
- Breast Cancer –metastatic (bone metastases):**
4 mg every 4 weeks x 1 year, then every 3 months **OR** 4 mg IV every 12 weeks
- Symptomatic bone metastases:** 4 mg IV every 3 to 4 weeks
- Multiple myeloma:** 4 mg IV every 3 to 4 weeks
- Hypercalcemia:** 4 mg every 7 to 28 days
- Osteoporosis:** 5 mg IV once yearly
- Maximum rate:** 5 mg over 15 minutes
- Maximum concentration:** 5 mg in 100 mL
- Maximum single dose:** 5 mg

STABILITY/COMPATIBILITY

- Stability of Final Admixture:** 24 hours in fridge. Allow solution to reach room temperature before administration.
- Compatibility:** Compatible with normal saline, D5W, dextrose-saline solutions
Incompatible with Lactated Ringer



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2 of 2

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Mild fever, chills, pain at infusion site
- Hypophosphatemia, hypomagnesemia and asymptomatic hypocalcemia, hypokalemia
- Peripheral edema, hypotension, hypertension, chest pain
- Muscle, bone or joint pain
- GI: nausea, vomiting, abdominal pain, diarrhea
- Neurological: Pain, headache, fatigue, dizziness, malaise, insomnia
- Renal: Elevated serum creatinine

Respiratory: dyspnea, cough

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Patients with hypercalcemia: establish adequate hydration and urinary output prior to and during treatment in order to increase renal excretion of calcium
- Use with caution in asthma patients who have bronchoconstriction due to ASA
- Acetaminophen after administration may reduce the incidence of acute reaction (eg. arthralgia, fever, flu-like symptoms, myalgia)
- Osteoporosis patients should receive zoledronic acid for osteoporosis should be informed to drink two glasses of water or other fluids before and after administration.
- Not recommended for osteoporosis in patients with renal dysfunction (CrCl less than 30 mL/minute)
- Increased risk of renal impairment with rapid infusion rates (must be given over at least 15 minutes)