

PATIENT INFORMATION ON TERIPARATIDE

[Tear–ee–par–a–tide]

(Brand name: Forteo, Terrosa®)

This information sheet has been produced by the Australian Rheumatology Association to help you understand the medicine that has been prescribed for you. It includes important information about:

- **how you should take your medicine**
- **the possible side effects**
- **other precautions you should take while you are taking teriparatide.**

Please read it carefully and discuss it with your doctor.

IMPORTANT THINGS TO REMEMBER

- While taking teriparatide you should see your rheumatologist or other specialist regularly to make sure the treatment is working and to minimise any possible side effects.
- If you are worried about any side effects, you should contact your specialist as soon as possible.
- Teriparatide should *not* be taken with some other osteoporosis medicines such as bisphosphonates e.g. alendronate (Fosamax, Alendro, Fosamax Plus), risedronate (Actonel, Actonel Combi, Actonel Combi D) and zoledronate (Aclasta), or denosumab (Prolia), romosozumab (Evenity) or raloxifene (Evista). These should be stopped before you start teriparatide.

For more information about OSTEOPOROSIS see the Healthy Bones Australia website:
<https://healthybonesaustralia.org.au/> or
phone Healthy Bones Australia on 1800 242 141.

What is teriparatide?

Teriparatide (brand names: Forteo, Terrosa®) is a medicine used to treat severe osteoporosis. Osteoporosis is a common disease that causes bones to become fragile and brittle so that they break (fracture) more easily even as a result of normal activity (as distinct from a fall).

Fractures are painful and restrict a person's ability to carry out their normal daily tasks. Teriparatide reduces the risk of a broken bone or fracture.

How does it work?

Bone is constantly changing with older bone being broken down and new bone being formed to take its place. This usually happens in a balanced way. If the cycle becomes unbalanced bone breaks down faster than it is replaced. This leads to osteoporosis.

Teriparatide is a manufactured form of a substance called parathyroid hormone, which is found naturally in the body and has an important role in maintaining healthy bones. Teriparatide helps build bone, making it stronger and lowering the chance of fractures.

What benefit can you expect from your treatment?

Since osteoporosis is usually not painful (until a fracture occurs) you will not 'feel' any immediate benefit from your treatment with teriparatide.

The treatment controls osteoporosis but does not cure it. It is therefore important to continue to use teriparatide even if you feel well.

Do not stop using teriparatide until your doctor tells you to.

You may be asked to have tests to check the effect of treatment on your bones. For example a bone mineral density test is usually done one or two years after first starting teriparatide. This is a type of X-ray that involves a very small amount of radiation.

Tests of urine or blood are also sometimes used to measure the effects of treatment on bone formation and breakdown.

How is teriparatide used?

To make sure it is effective it is very important that you follow the instructions for using teriparatide carefully, including the instructions for storage and disposal. Ask your doctor or pharmacist to explain anything you do not understand.



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Teriparatide
Revised November 2024

Arthritis
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Teriparatide is given as an injection under the skin (subcutaneously). It is injected in the thigh or abdomen once a day. It comes in a pen-shaped device to make the daily injection easier. The teriparatide pen contains enough medicine for 28 doses.

It is important to use a new needle for each injection

What is the dosage and when should it be given?

The teriparatide daily dose is 20 micrograms.

Use it at around the same time every day to help you remember. The best time to take it is at night before going to bed.

If a dose is missed, use it as soon as possible that day. However, if the day has already passed, skip the missed dose and continue having it as usual. **Never** inject more than one dose per day. Do not use more or less teriparatide or use it more often than prescribed by your doctor.

Can other medicines be taken with teriparatide?

It is safe to take most other medicines when you are taking teriparatide. However, teriparatide should **not** be taken with some other osteoporosis medicines (see Precautions).

Your doctor will usually recommend that you take calcium and vitamin D as additional treatment for osteoporosis. Do not stop taking these medicines unless advised by your doctor.

How long is the treatment continued?

For osteoporosis, teriparatide treatment is usually given for up to 18 months and not longer. After that, it is recommended to switch to another osteoporosis medicine.

Are there any side effects?

Most people who take teriparatide do not experience side effects. Tell your doctor if you are concerned about possible side effects.

Most common possible side effects

Most common side effects include:

- **Nausea or Vomiting:** You may feel queasy, especially early in treatment.
- **Joint or Bone Pain:** Some individuals report mild discomfort in joints or bones.
- **Headache:** This is generally mild but can occur as your body adjusts to the medicine.
- **Dizziness or Light-headedness:** This can happen if you stand up too quickly, particularly when starting treatment.

To reduce the risk, rise from a seated or lying position gradually.

- **Injection Site Reactions:** Discomfort, swelling, bruising, or itching can occur at the injection site in about 30% of people. Sit down if you feel dizzy after injecting.

Less common or rare possible side effects

Less Common Side Effects:

- **Muscle Cramps or Weakness:** Occasional cramping or weakness in the legs or back can occur.
- **Heartburn:** Report any frequent or severe heartburn.
- **Low Energy:** Some people may feel fatigued, especially when starting treatment.

Rare Side Effects:

- **Chest Pain or Difficulty Breathing:** Although rare, this may indicate a more serious reaction. Seek immediate medical attention if you experience these symptoms.
- **Mood Changes or Depression:** Monitor for any mood changes or depression, and discuss these with your doctor.

Warning of very rare side effect

Studies have shown that teriparatide can increase the risk of bone cancer (sarcoma) in animals when used in high doses from birth. This is why the maximum treatment period for teriparatide is limited to 18 months. Because of these limits, your doctor may ask you to sign a form before starting treatment with this medicine.

What precautions are necessary?

Blood tests

- Monitoring blood tests are not usually needed for people taking teriparatide, although sometimes it may be needed.

Other medical conditions

- Teriparatide should not be taken if you have:
 - severe kidney disease or kidney failure
 - Paget's disease or blood tests suggestive of Paget's disease
 - bone diseases other than osteoporosis
 - high parathyroid hormone levels
 - a history of bone cancer or
 - any previous radiotherapy.

Use with other medicines

- You should tell your doctor (including your general practitioner, rheumatologist and

others) about all medicines you are taking or plan to take. This includes over-the-counter or herbal/naturopathic medicines. You should also mention your treatment when you see other health professionals.

- Teriparatide should **not** be taken with some other osteoporosis medicines such as bisphosphonates e.g. alendronate (Fosamax, Alendro, Fosamax Plus), risedronate (Actonel, Actonel Combi, Actonel Combi D) and zoledronate (Aclasta), or denosumab (Prolia), raloxifene (Evista), or romosozumab (Evenity). These should be stopped before you start teriparatide.
- Bisphosphonates may be started or restarted following teriparatide treatment.
- The risk of side effects from the low doses of aspirin used to prevent heart attack and strokes is not increased when taken with teriparatide.

How to store and dispose of teriparatide

- Keep the medicine in the pen it came in with, the cap on and without a needle attached, tightly closed, and out of reach of children.
- Do not transfer the medicine to a syringe.
- Store it in the refrigerator but do not freeze it.
- Protect it from light.
- Throw away any medicine that is outdated or no longer needed.
- Throw away the pen after 28 days of use even if it is not empty.
- Dispose of used needles in a puncture-resistant container (sharps box). Talk to your doctor or pharmacist about how to dispose of the sharps box.

Questions?

If you have any questions or concerns write them down and discuss them with your doctor.

Your doctor's contact details

You should see your rheumatologist regularly to make sure the treatment is working and to minimise any possible side effects.

This Information Sheet has been prepared using materials obtained from various sources which have been reviewed by the Australian Rheumatology Association (ARA). It contains general information only and does not contain a complete or definitive statement of all possible uses, actions, precautions, side effects or interactions of the medicines referenced. This information is not intended as medical advice for individual conditions nor for making an individual assessment of the risks and benefits of taking a particular medicine. Decisions regarding the assessment and treatment of patients are the sole responsibility of the treating medical professional, exercising their own clinical judgment and taking into account all of the circumstances and the medical history of the individual patient.

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