



PBS-subsidised across several distinct osteoporosis pathways — fracture, age-plus-BMD, glucocorticoid-induced, and second-line/severe disease — each with its own T-score threshold. Confirm the exact current wording for the agent and pathway you're using at pbs.gov.au.

ELIGIBILITY — THE PATHWAYS

- ✓ **Minimal trauma fracture** Fracture due to minimal trauma, radiologically confirmed (date documented). No separate T-score required — the fracture alone qualifies.
- ✓ **Age 70+ with low BMD** BMD T-score at or below the PBS threshold for the agent (publicly reported figures include both ≤ -2.5 and ≤ -3.0 across listings) — confirm the figure at pbs.gov.au.
- ✓ **Glucocorticoid-induced** Long-term corticosteroids with BMD T-score below a separately-specified, less severe threshold — confirm current wording.
- ✓ **Second-line / severe** New fracture on treatment, or 2+ prior minimal-trauma fractures. Denosumab and zoledronic acid have separate severe-disease listings.

WHICH AGENT

Agent	Dosing	Practical notes
Alendronate / risedronate	Oral, weekly (or monthly for risedronate)	Commonly first-line; take upright, empty stomach, water only
Zoledronic acid	IV infusion, yearly	Adherence-friendly; acute-phase reaction common after dose 1
Denosumab	SC injection, 6-monthly	Never stop abruptly — rebound fracture risk without follow-on

VERIFY AT PBS

Exact T-score thresholds, age cut-offs, item codes and doses are not reproduced here — they differ by agent/listing and change over time. Confirm vitamin D/calcium replete and a dental check before starting; consider a treatment holiday after several years on bisphosphonates.

■ SAFETY

- Denosumab: don't stop without a follow-on antiresorptive — rebound vertebral fracture risk
- Atypical femoral fracture & osteonecrosis of the jaw: rare class effects — dental review before starting
- Hypocalcaemia risk, especially in renal impairment — correct vitamin D/calcium first
- Oral bisphosphonates: oesophagitis — stay upright 30–60 min after dosing

◆ CHECK / EXCLUDE

- Confirm current T-score threshold & item code for the specific agent/pathway at pbs.gov.au
- eGFR: dose-adjust/avoid oral or IV bisphosphonates at very low eGFR; denosumab needs no renal adjustment
- Confirm the fracture is radiologically documented before using the fracture-alone pathway
- Exclude secondary causes of bone loss first