

# OSTEOPOROSIS MEDICATION

(Updated 04/29/2026)

**I. CODE OF FEDERAL REGULATIONS - 67.113 (b)(c), 67.213 (b)(c), and 67.313 (b)(c)**

## II. MEDICAL HISTORY: ITEM 48. General Systemic

The applicant must report frequency and duration of symptoms, any incapacitation by the condition, treatment, and side effects.

**III. AEROMEDICAL DECISION CONSIDERATIONS:** See Musculoskeletal

**IV. PROTOCOL:** N/A

**V. PHARMACEUTICAL CONSIDERATIONS:**

<b>ACCEPTABLE* Osteoporosis Medications</b> (when certification criteria are met)		
<b>Medication Drug Class</b>	<b>Initial observation</b>	<b>Post-dose observation</b>
Bisphosphonate (Oral) <ul style="list-style-type: none"><li>• alendronate (Fosamax)</li><li>• ibandronate (Boniva)</li><li>• risedronate (Actonel)</li></ul>	None	None
Bisphosphonate (infusion) <ul style="list-style-type: none"><li>- zoledronic acid (Reclast)</li></ul>	1 week	None
Parathyroid Hormone Analog <ul style="list-style-type: none"><li>• abaloparatide (Tymlos)</li><li>• teriparatide (Forteo)</li></ul>	1 week	None
* RANK ligand inhibitors <ul style="list-style-type: none"><li>• denosumab (Prolia)</li></ul>	48 hours	4 hours
* Sclerostin Inhibitor; Monoclonal Antibody <ul style="list-style-type: none"><li>• romosozumab (Evenity)</li></ul>	2 weeks	4 hours
Selective Estrogen Receptor Modulator (SERM) <ul style="list-style-type: none"><li>• raloxifene (Evista)</li></ul>	None	None

**\*Above guidance is for osteoporosis treatment ONLY.** If used for cancer-related conditions, additional observation periods and/or requirements may apply.

<b>UNACCEPTABLE Osteoporosis Medications</b>	
Interferon <ul style="list-style-type: none"><li>• interferon gamma-1b (Actimmune)</li></ul>	