

# Adding Prolia<sup>®</sup> (denosumab) to EMIS Web



Date of preparation October 2014  
DMB-GBR-AMG-660-2014-P

## How to order Prolia<sup>®</sup> (denosumab)

Prolia<sup>®</sup> can be delivered directly to your practice within 24 hours.

To order, contact Movianto UK – Product code 9001231.

Telephone: 01234 248631 (08:30 to 16:30 Mon-Fri)

Fax: 01234 248705

Email: [orders.uk@movianto.com](mailto:orders.uk@movianto.com)

Alternatively, Prolia<sup>®</sup> can be provided to patients through retail pharmacy by writing an FP10.

## How to store Prolia<sup>®</sup>

Prolia<sup>®</sup> should be stored in a refrigerator (2°C - 8°C). Do not freeze. Keep the pre-filled syringe in the outer carton to protect from light.

Prolia<sup>®</sup> has a shelf life of 36 months and may be stored at room temperature (25°C) for up to 30 days in the original container. Once removed from the refrigerator it must be used within this 30 day period<sup>1</sup>.

For further information contact Amgen medical information

Telephone: 01223 436441

# Contents

Administration of Prolia® and subsequent doses	4
Ensuring the right patients are identified and treated to impact your Osteoporosis QOF outcomes	5
Coding the DXA scan result for Osteoporotic patients	7
Adding the recall for the DXA scan	7
Coding the DXA scan result for Osteoporotic patients	7
How to record Prolia® correctly on EMIS Web	11
Step 1 - How to record an initial issue of Prolia® given in secondary care	11
Step 2 - Set up a recall for each Prolia® patient to ensure subsequent doses are not missed	13
Step 3 - Set up a recall for a “Pre-injection calcium blood test”	15
Step 4 - Set up a search to proactively identify patients that may be overdue a repeat dose of Prolia®	16
Adding future Prolia® patients to EMIS Web	18
Prescribing Information & References	19

## Prolia<sup>®</sup> (denosumab)

Prolia<sup>®</sup> is indicated for the treatment of osteoporosis in postmenopausal women at increased risk of fractures. Prolia<sup>®</sup> significantly reduces the risk of vertebral, non vertebral and hip fractures.

### Administration of Prolia<sup>®</sup>

The recommended dose of Prolia<sup>®</sup> is 60 mg administered as a single subcutaneous injection once every 6 months into the thigh, abdomen or the upper arm. Administration should be performed by an individual who has been adequately trained in injection techniques. Hypocalcaemia is a contraindication and patients must be adequately supplemented with calcium and vitamin D. Clinical monitoring of calcium levels is recommended before each dose and, in patients predisposed to hypocalcaemia, within 2 weeks after the initial dose. Regular monitoring of calcium levels is especially important in patients with severe renal impairment or on dialysis. Measure calcium levels if suspected symptoms of hypocalcaemia occur.

### Ensuring subsequent doses are administered

Prolia<sup>®</sup> is often initiated in secondary care with the responsibility for the administration of further doses subsequently transferred to primary care<sup>2,3</sup>.

It is critical to enter Prolia<sup>®</sup> correctly onto your primary care clinical system for patients to be able to receive subsequent doses within the recommended time frame.

This guide has been designed to help you enter Prolia<sup>®</sup> correctly into EMIS Web specifically following initiation of treatment in secondary care.

In addition, this guide will show you how to create a search to identify patients for whom Prolia<sup>®</sup> is due or overdue. This should be run on a monthly basis. Instructions are also included on creating a recall system for Prolia<sup>®</sup> patients.

## Ensuring the right patients are identified and treated to impact your Osteoporosis QOF outcomes

### 2014/2015 – Osteoporosis: Secondary Prevention of Fragility Fractures

Indicator	Points	Achievement thresholds
<b>Records</b>		
<p><b>OST004.</b> The contractor establishes and maintains a register of patients:</p> <ol style="list-style-type: none"> <li>1. Aged 50 or over and who have not attained the age of 75 with a record of a fragility fracture on or after 1 April 2012 and a diagnosis of osteoporosis confirmed on DXA scan, and</li> <li>2. Aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis</li> </ol> <p><i>NICE 2011 menu ID: NM29</i></p>	3	
<b>Ongoing Management</b>		
<p><b>OST002.</b> The percentage of patients aged 50 or over and who have not attained the age of 75, with a record of fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent.</p> <p><i>NICE 2011 menu ID: NM30</i></p>	3	30-60%
<p><b>OST005.</b> The percentage of patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, who are currently treated with an appropriate bone-sparing agent</p> <p><i>NICE 2011 menu ID: NM31</i></p>	3	30-60%

#### Disease register

Although the register indicator OST004 defines two separate registers, the disease register for the purposes of calculating the Adjusted Disease Practice Factor is defined as the sum of the number of patients on both registers.

In order to ensure the [QOF Osteoporosis indicators](#) are met it is imperative the below information is correctly Read coded from the hospital discharge letters.

If information is missing the hospital department should be contacted to establish the information.

- **DXA Scans** - When entering the DXA scan result, make sure that you check the recommended recall schedule for the patient. This date could be between 2 and 5 years, depending on the individual patient's circumstances.  
Pages 7-10 show you how to create a recall for DXA scans and Read code the scan correctly.
- **T-Scores** - Page 8 shows you how to enter T-Scores correctly.
- **Fragility Fractures** – Unless fragility fractures are entered the Disease Register incidence will be affected, this will in turn affect the value of each QOF point for the osteoporosis domain.
- **Medication** – If Prolia<sup>®</sup> is incorrectly entered this will affect indicators **OST002** and **OST005** as these patients will appear to be on no medication.

## Coding the DXA scan result for Osteoporotic patients

Depending on your workflow and practice processes you may code your DXA scan results before during or after you scan the paperwork or when you receive the result electronically.

If the OCR workflow doesn't pick up a Read code then an osteoporotic code if applicable can be entered.

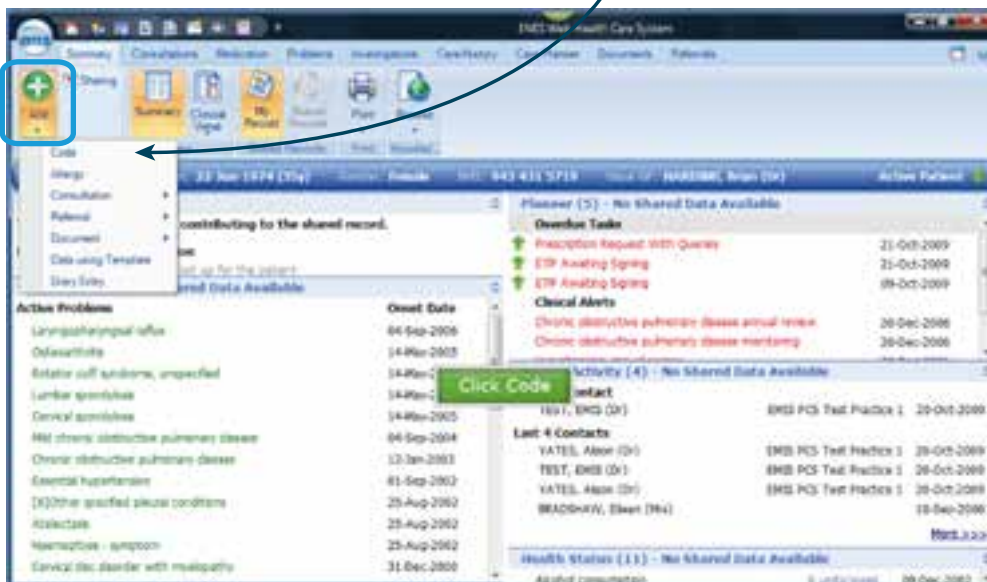
The codes below can be entered as part of your scan workflow or as a Read coded entry if the patient is osteoporotic.

Description	Code
Hip DXA scan result osteoporotic	58EG.
Lumbar DXA scan result osteoporotic	58EM.
Femoral neck DEXA scan result osteoporotic	58EV.

These Read codes will populate your QOF domain for Osteoporosis if a Fragility Fracture code has also been entered and the patient is aged between 50 and 74 years.

Identify the correct patient in the normal way

1. With a patient selected, open the **Summary Screen**
2. Click on the **Add** button, and choose **Code**



A T-Score value can only be entered through using Read codes that are aligned to numeric results. These codes are shown below

Description	Code
Hip DXA scan T score	58EE.
Lumbar spine DXA scan T score	58EK.
Femoral neck DEXA scan T score	58ES.

The table below shows a full list of Read codes that can be used to code all DXA results including normal and Osteopenia results.

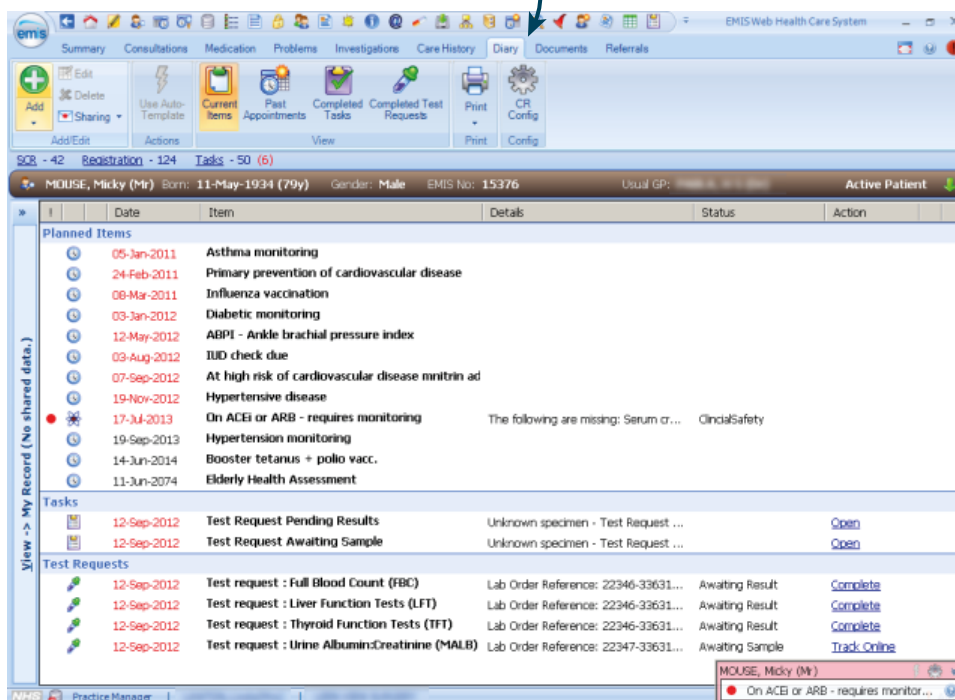
Description	Code	QOF code	Numeric
Forearm DXA scan	58E0.		
Forearm DXA scan Z score	58E1.		Yes
Forearm DXA scan T score	58E2.		Yes
Forearm DXA scan result normal	58E3.		
Forearm DXA scan result osteoporotic	58E4.		
Forearm DXA scan result osteopenic	58E5.		
Heel DXA scan	58E6.		
Heel DXA scan Z score	58E7.		Yes
Heel DXA scan T score	58E8.		Yes
Heel DXA scan result normal	58E9.		
Heel DXA scan result osteoporotic	58EA.		
Heel DXA scan result osteopenic	58EB.		
Hip DXA scan	58EC.		
Hip DXA scan Z score	58ED.		Yes
Hip DXA scan T score	58EE.	Yes	Yes
Hip DXA scan result normal	58EF.		
Hip DXA scan result osteoporotic	58EG.	Yes	
Hip DXA scan result osteopenic	58EH.		
Lumbar spine DXA scan	58EI.		
Lumbar spine DXA scan Z score	58EJ.		Yes
Lumbar spine DXA scan T score	58EK.	Yes	Yes
Lumbar DXA scan result normal	58EL.		
Lumbar DXA scan result osteoporotic	58EM.	Yes	
Lumbar DXA scan result osteopenic	58EN.		
DEXA scan T score	58EP.		
Femoral neck DEXA scan	58EQ.		
Femoral neck DEXA scan Z score	58ER.		Yes
Femoral neck DEXA scan T score	58ES.	Yes	Yes
Femoral neck DEXA scan result normal	58ET.		
Femoral neck DEXA scan result osteoporotic	58EV.	Yes	
Femoral neck DEXA scan result osteopenic	58EW.		



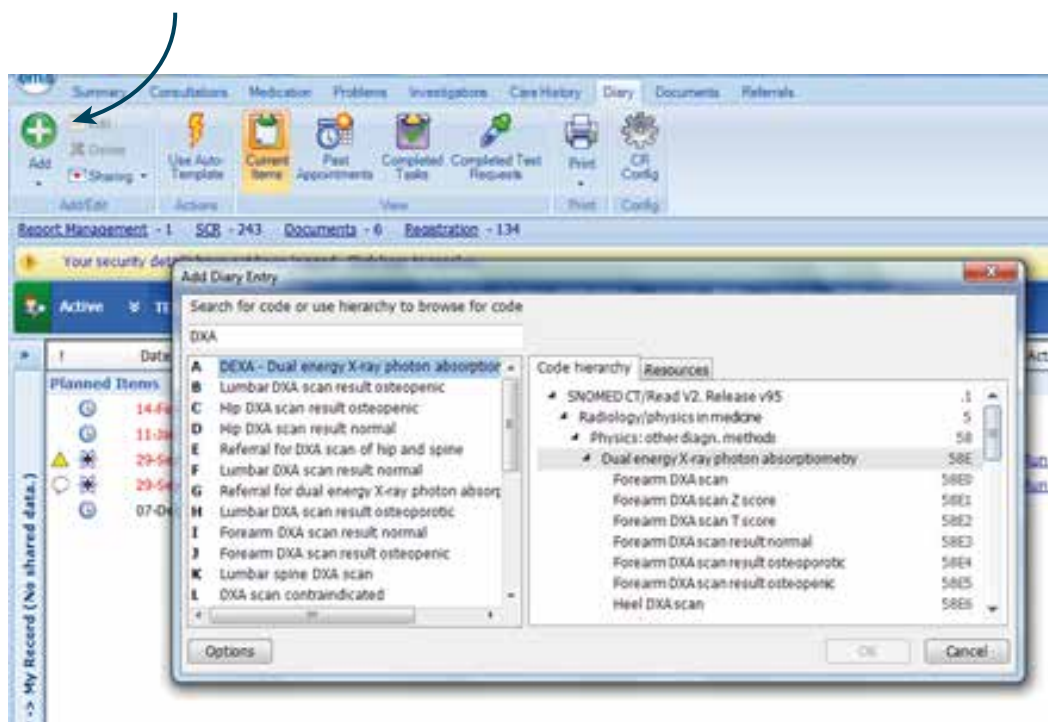
# Adding the recall for the DXA scan

Open the patient record

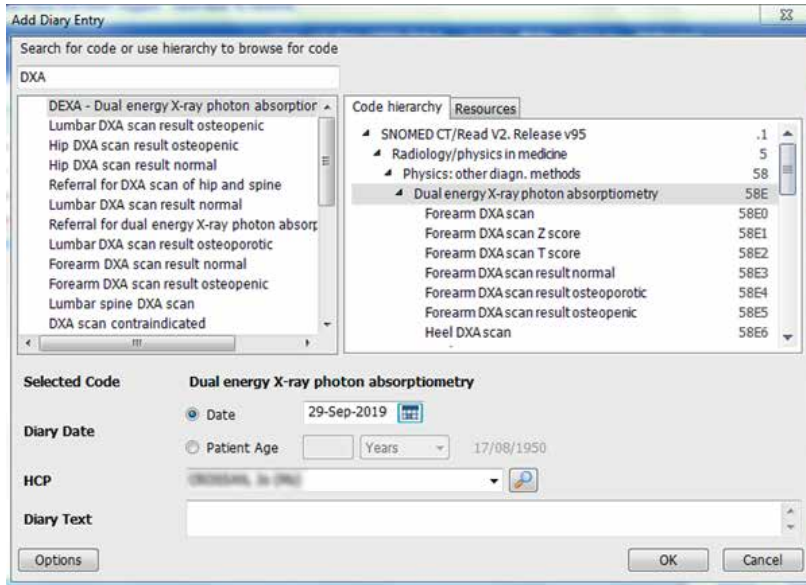
1. From the **Patient Record**, click “Diary”



2. Select “Add” to create the recall



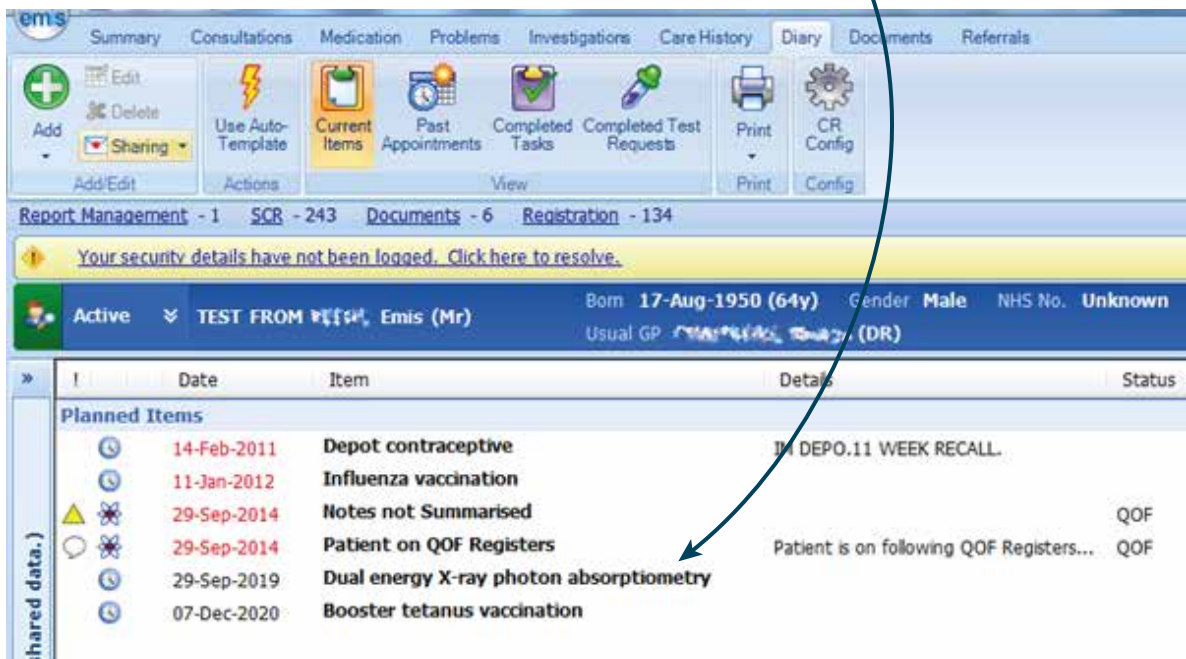
- Enter the correct code for the DXA scan result, using the tables shown on page 7 and 8



- Set the recall date to 5 years unless this different on your local guidelines.

The diary entry will now be visible from the **Diary Screen**, and will be visible on the **Summary Screen** when it is imminent or overdue.

The diary entry can also be searched on in **Population Reporting**.



# How to record Prolia<sup>®</sup> correctly on EMIS Web

The step-by-step instructions will guide you how to

Step 1 - **Record an initial issue** of Prolia<sup>®</sup> given in secondary care.

Step 2 - **Set up a recall** for each Prolia<sup>®</sup> patient to ensure subsequent doses are not missed.

Step 3 - **Set up a recall** for a pre-injection calcium blood test.

Step 4 - **Set up a search** to proactively identify patients that may be overdue a repeat dose of Prolia<sup>®</sup> (this step is **only ever carried out once**, at initial system setup)

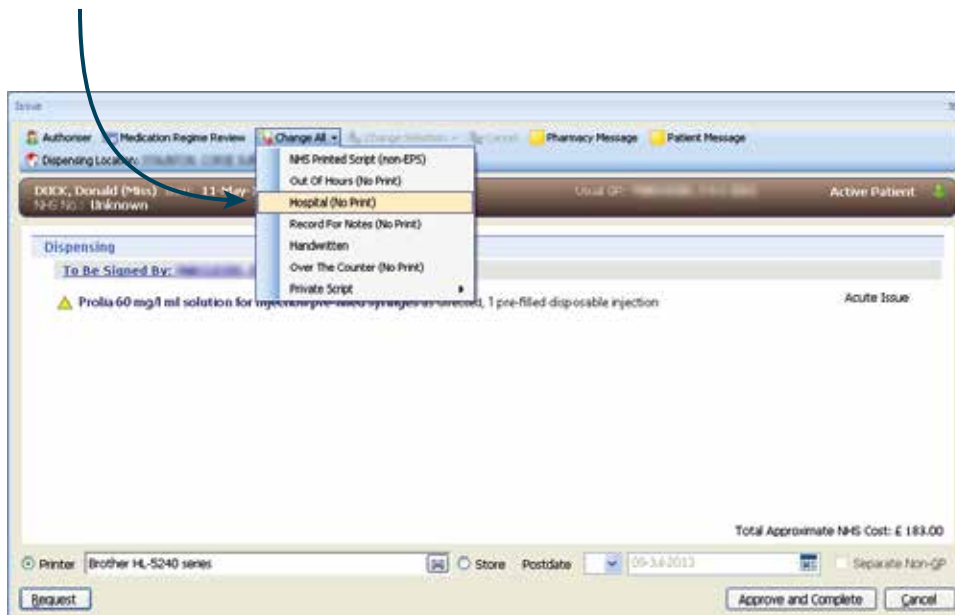
All 4 steps **must** be followed the first time the system is set up.

## Step 1 – How to Record an initial issue of Prolia<sup>®</sup> given in secondary care

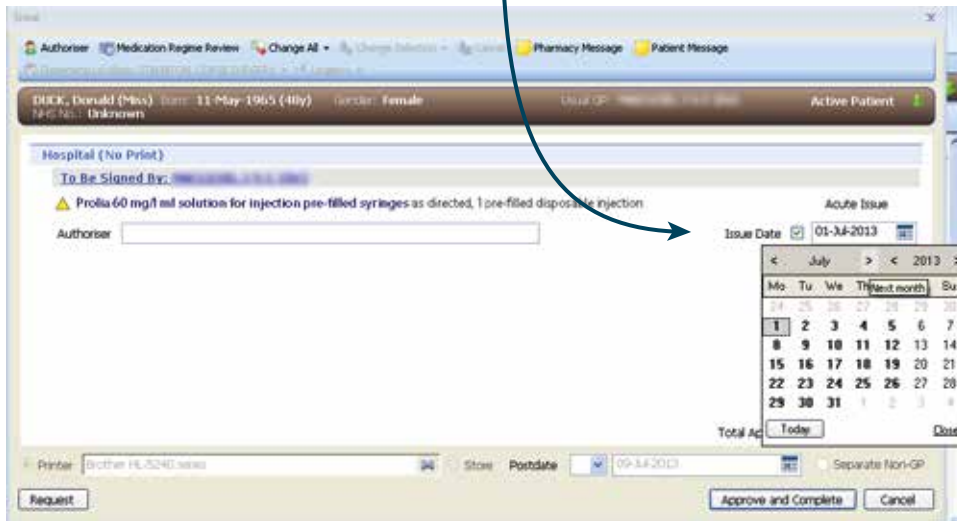
Prolia<sup>®</sup> can **only** be added to the system by a prescriber, this **must** be a **GP** or a **Nurse prescriber**.

This is due to the EMIS Web Drug Dictionary restrictions.

1. Add Prolia<sup>®</sup> as an acute prescription to the patient record.
2. Once Prolia<sup>®</sup> has been added to the medication screen the **“Acute Issue” must be changed to “Hospital (No Print)”**



- From the next screen, change the **Issue Date** to reflect the date the patient was administered Prolia® in hospital.



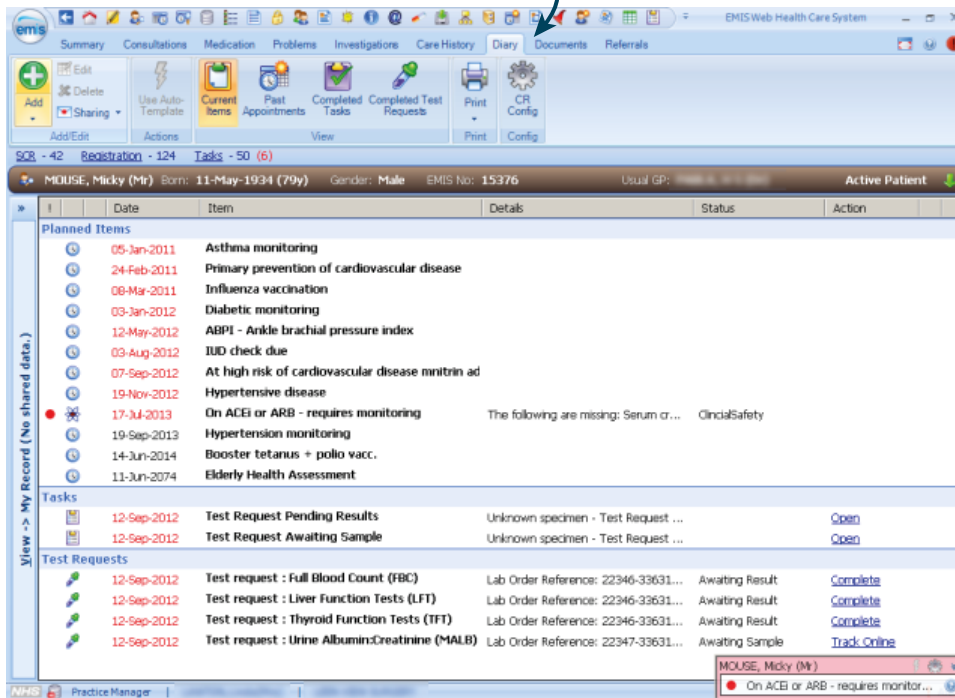
The exact date of the administration of Prolia® should be available from the **discharge summary** or **hospital letter**.

This will ensure the medication is now **correctly entered** within the patient record **and qualifies for QOF**.

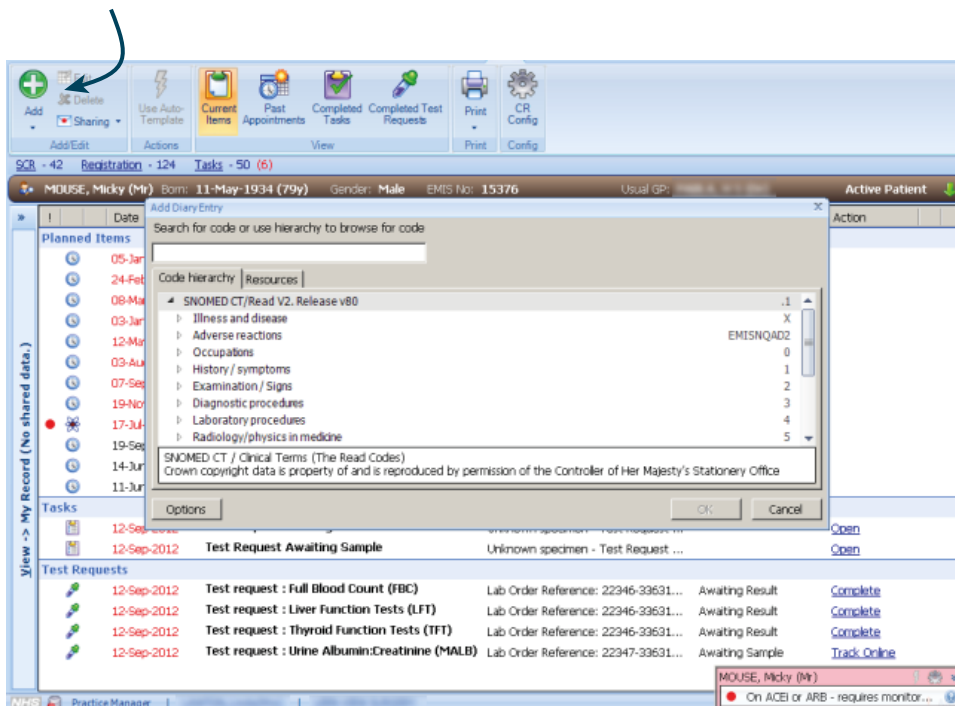
## Step 2 - Set up a recall for each Prolia® patient to ensure subsequent doses are not missed

Open the patient record (if not already open), for the patient where Step 1 has been carried out

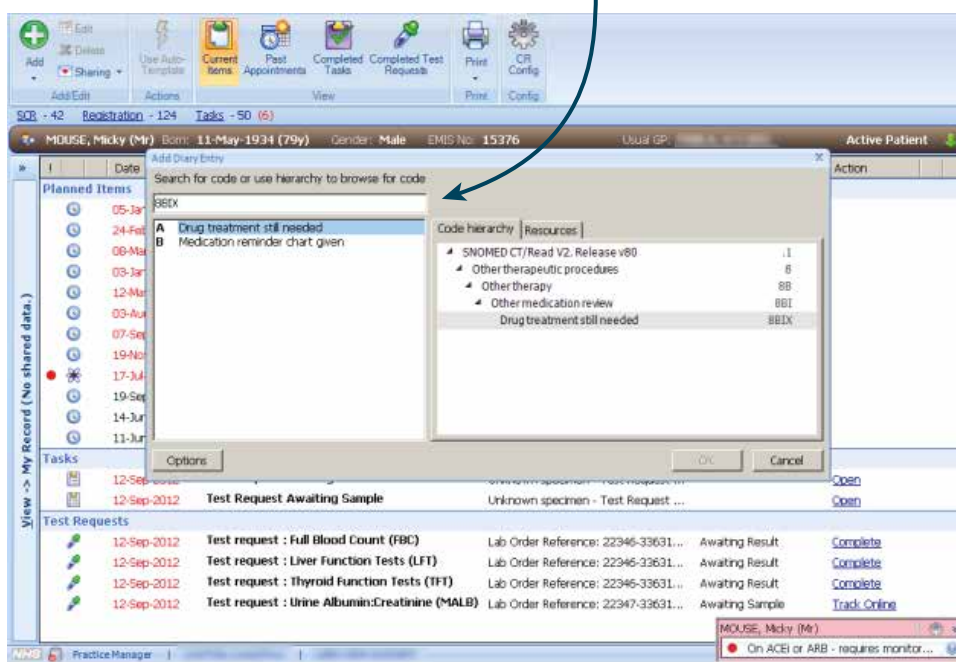
1. From the **Patient Record**, click “Diary”



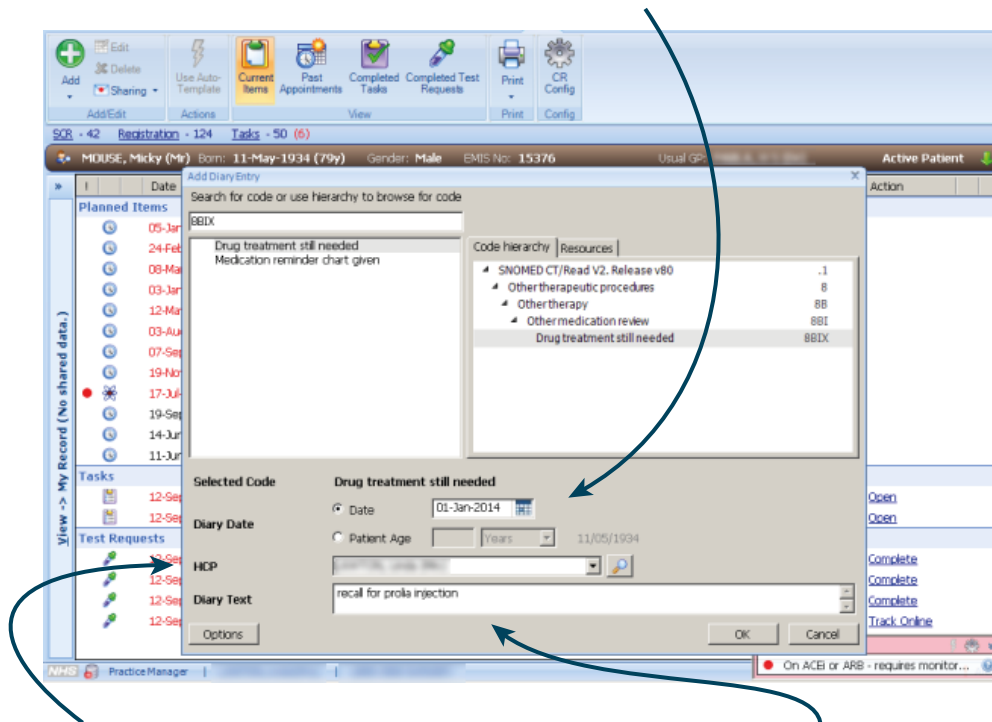
2. Select “Add” to create the recall



- Enter the code “8BIX – Drug treatment still needed”



- Enter the **recall details** and work out the **exact date** the next 6 monthly Prolia® injection is due. Enter the **calculated date** in the “Diary Date” field below.



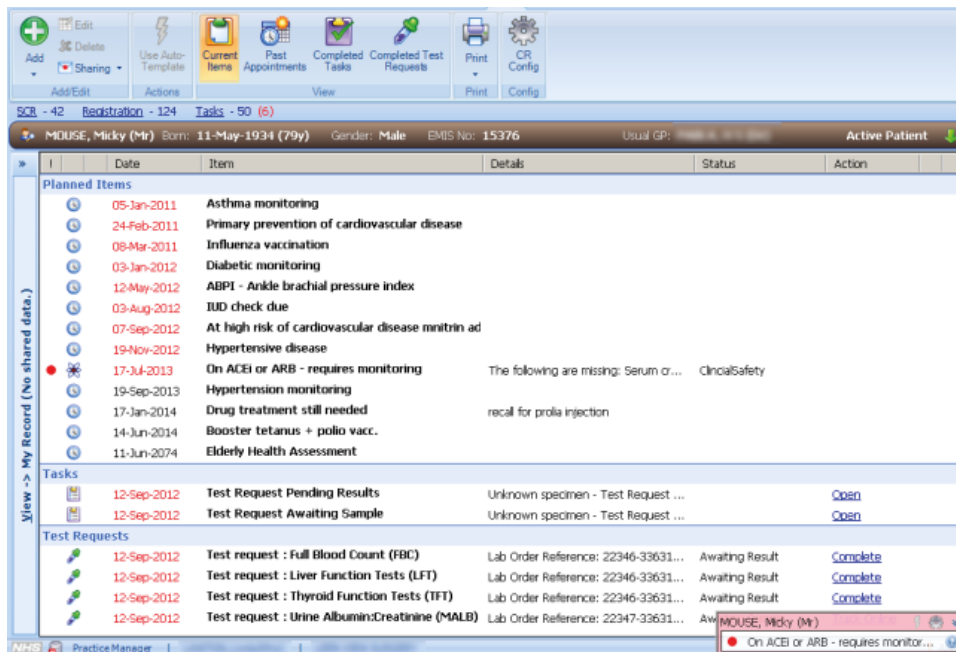
- The “HCP” is the GP in the practice responsible for administering the follow-up dose of Prolia
- Add **Diary Text** “recall for Prolia injection”

It is **crucial** that the **correct recall date** is entered above. If 6M is used, it will calculate the recall date from today’s date, and not the date Prolia® was administered in hospital.

The due recall can be viewed at any time in the patient's record.

2 Weeks before Prolia<sup>®</sup> is due a reminder will appear in the patient's record and on the due day, onwards, the recall reminder will change to **red**.

An example of an overdue recall is shown below.



### Step 3 - Set up a recall for a “Pre-injection calcium blood test”

Clinical monitoring of calcium levels is recommended before each dose and, in patients predisposed to hypocalcaemia within two weeks after the initial dose.

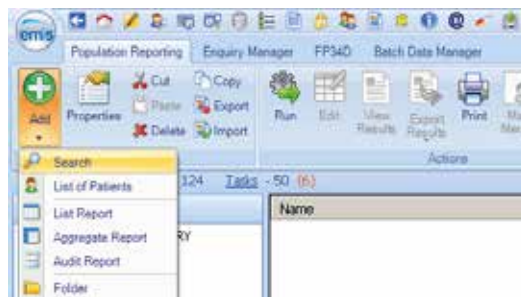
Repeat the instructions on pages 13 and 14 (Step 2) to add a recall for a pre-injection serum calcium blood test (4418.) The recall date for the calcium blood test should be set 1 month before the injection is due to allow time for the patient to be contacted and the test results to be received.

## Step 4 - Set up a search to proactively identify patients that may be overdue a repeat dose of Prolia®

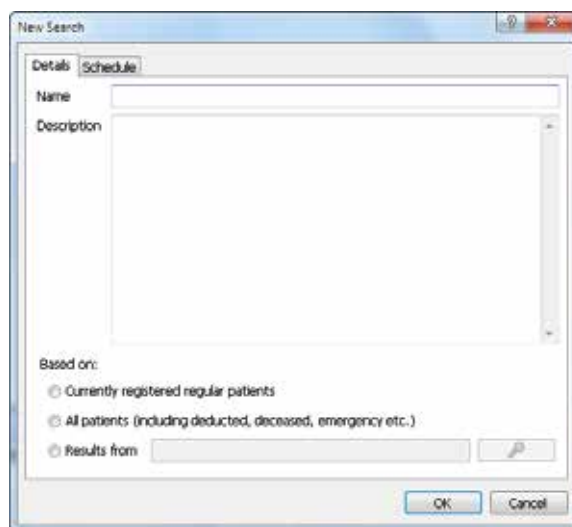
**NB:** The creation of the search **needs to be done once only**.

This will show all patients that are either due a subsequent dose of Prolia® or are overdue.

1. From the home page, select “**Population Reporting**”
2. From the Ribbon, select “**Add**” > “**Search**”



3. **Name the search**, and select **Currently Registered Patients** in the “**Based on**” section. Add additional information in the **Description** box if required. Click **OK**

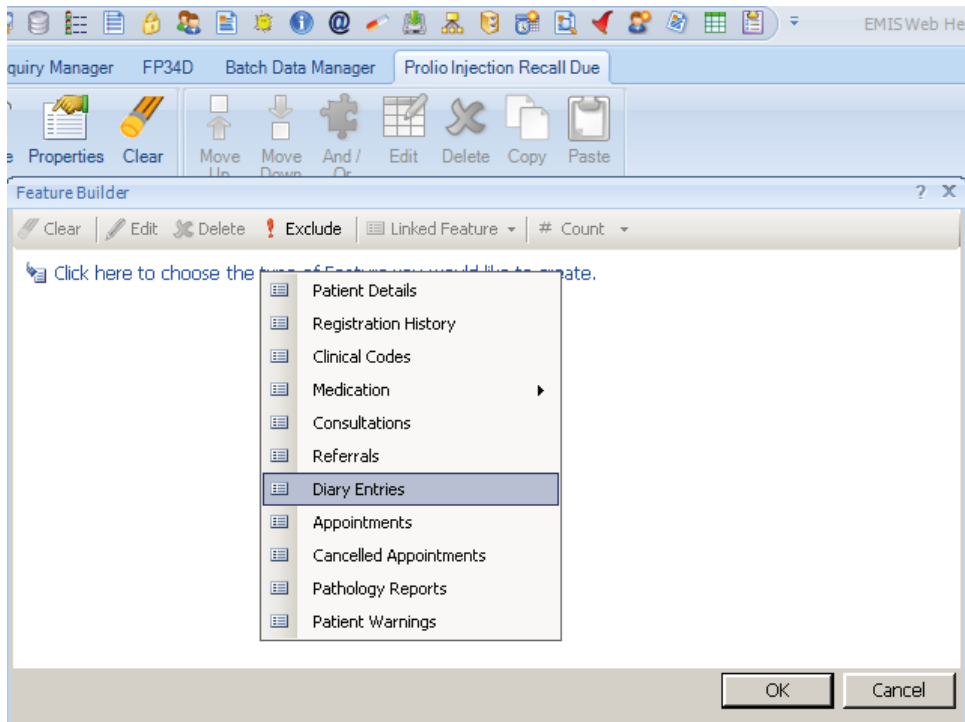


4. Click on the **blue hyperlink** to add a rule to your search





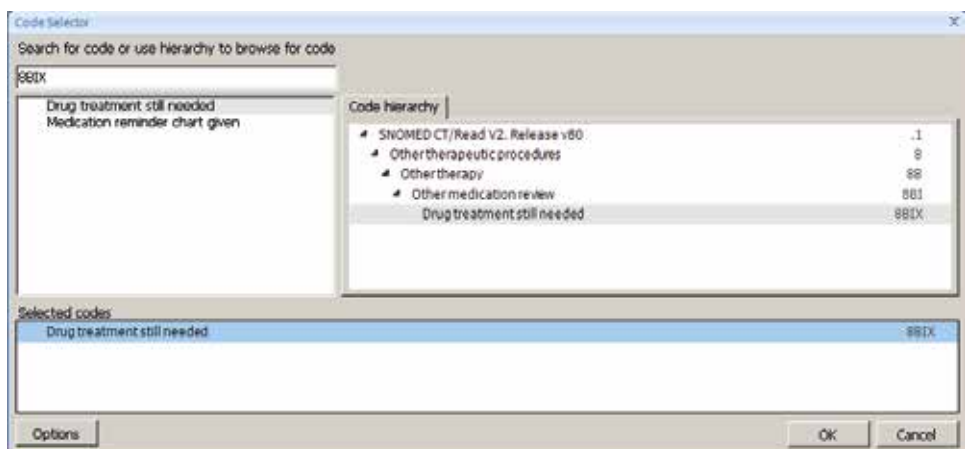
5. Select **“Diary Entries”** from the list of features available



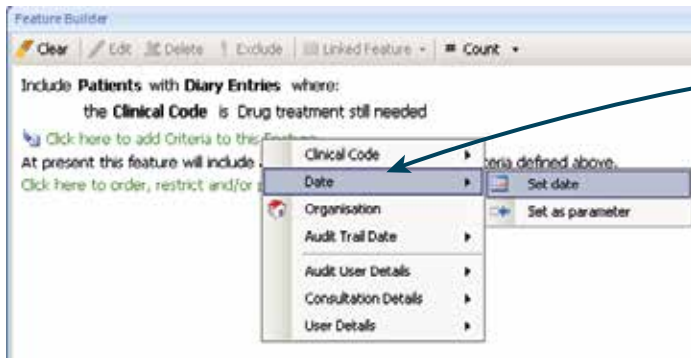
6. Click on the **red hyperlnk** to add criteria/codes to your feature



7. Enter the **“8BIX code”** used in your recall. Click **OK**



- Click the **red hyperlink** to add criteria to your code

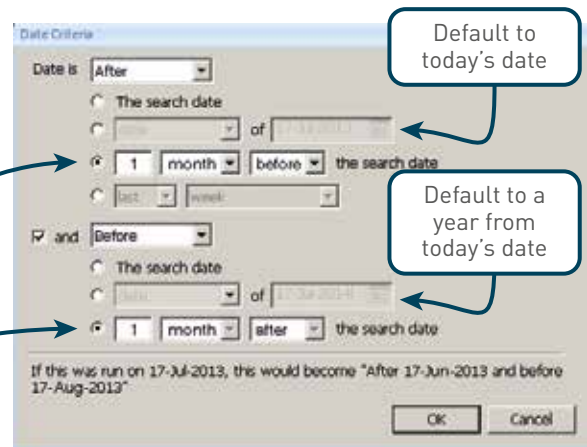


- Select **"Date"** > **"Set Date"**

- Enter your **required date range**.

The **"Date is"** should be set as today's date (default) **1 month before**

The **"Date is"** should be set as today's date (default) **1 month after**



- Click **Save and Run** from the ribbon menu, and click **yes** to confirm.

This will ensure the search picks up Prolia<sup>®</sup> patients who are overdue, and due an injection next month

## Running your search

On a regular monthly basis it is **important to run your search** to ensure patients are recalled for their Prolia<sup>®</sup> injection.

## Adding future Prolia<sup>®</sup> patients to EMIS Web

The next time new Prolia<sup>®</sup> patients, **from hospital**, are added to EMIS Web only Steps 1, 2 & 3 need to be followed

Step 1 - **Record an initial issue** of Prolia<sup>®</sup> given in secondary care

Step 2 - **Set up a recall** for each Prolia<sup>®</sup> patient to ensure subsequent doses are not missed

Step 3 - **Set up a recall** for a "Pre-injection calcium blood test"

## PROLIA® (denosumab)

### Brief Prescribing Information

Please refer to the Summary of Product Characteristics (SmPC) before prescribing Prolia. **Pharmaceutical Form:** Pre-filled syringe with automatic needle guard containing 60 mg of denosumab in 1 ml solution for injection for single use only. Contains sorbitol (E420). **Indication:** Treatment of osteoporosis in postmenopausal women and in men at increased risk of fractures. Treatment of bone loss associated with hormone ablation in men with prostate cancer at increased risk of fractures. **Dosage and Administration:** 60 mg Prolia administered as a subcutaneous injection once every 6 months. Patients must be supplemented with calcium and vitamin D. No dosage adjustment required in patients with renal impairment. Not recommended in paediatric patients under 18 years of age. **Contraindications:** Hypocalcaemia or hypersensitivity to the active substance or to any of the product excipients. **Special Warnings and Precautions:** **Hypocalcaemia:** Identify patients at risk for hypocalcaemia. Hypocalcaemia must be corrected by adequate intake of calcium and vitamin D before initiation of therapy. Clinical monitoring of calcium levels is recommended before each dose and, in patients predisposed to hypocalcaemia, within 2 weeks after the initial dose. Measure calcium levels if suspected symptoms of hypocalcaemia occur. **Renal Impairment:** Patients with severe renal impairment (creatinine clearance < 30 ml/min) or receiving dialysis are at greater risk of developing hypocalcaemia. Regular monitoring of calcium levels in these patients is especially important. **Skin infections:** Patients receiving Prolia may develop skin infections (predominantly cellulitis) requiring hospitalisation and if symptoms develop then they should contact a health care professional immediately. **Osteonecrosis of the jaw (ONJ):** ONJ has been reported rarely with Prolia 60 mg every 6 months. For information on known risk factors for ONJ, please refer to the SmPC. A dental examination is recommended prior to treatment with Prolia in patients with concomitant risk factors. Good oral hygiene practices and routine dental check-ups should be maintained during treatment with Prolia. While on treatment, patients should avoid invasive dental procedures if possible. **Atypical femoral fracture (AFF):** AFF has been reported in patients receiving Prolia. Discontinuation of Prolia therapy in patients suspected to have AFF should be considered pending evaluation of the patient based on an individual benefit risk assessment. **Dry natural rubber:** The needle cover of the pre-filled syringe contains dry natural rubber (a derivative of latex) which may cause allergic reactions. **Concomitant medication:** Patients with rare hereditary problems of fructose intolerance should not use Prolia. **Interactions:** Prolia did not affect the pharmacokinetics of midazolam, which is metabolized by cytochrome P450 3A4 (CYP3A4). There are no clinical data on the co-administration of denosumab and hormone replacement

therapy (HRT), however the potential for pharmacodynamic interactions would be considered low. Pharmacokinetics and pharmacodynamics of Prolia were not altered by previous alendronate therapy. **Fertility, pregnancy and lactation:** There are no adequate data on the use of Prolia in pregnant women and it is not recommended for use in these patients. It is unknown whether denosumab is excreted in human milk. A risk/benefit decision should be made in patients who are breast feeding. Animal studies have indicated that the absence of RANKL during pregnancy may interfere with maturation of the mammary gland leading to impaired lactation post-partum. No data are available on the effect of Prolia on human fertility. **Undesirable Effects:** The following undesirable effects have been reported: Very common ( $\geq 1/10$ ) pain in extremity, musculoskeletal pain. Common ( $\geq 1/100$  to  $< 1/10$ ) urinary tract infection, upper respiratory tract infection, sciatica, cataracts, constipation, abdominal discomfort, rash, and eczema. Uncommon ( $\geq 1/1000$  to  $< 1/100$ ): Diverticulitis, cellulitis, and ear infection. Rare ( $\geq 1/10,000$  to  $< 1/1,000$ ): Osteonecrosis of the jaw, hypocalcaemia (including severe symptomatic hypocalcaemia) and atypical femoral fractures. In the postmarketing setting, musculoskeletal pain (including severe cases) rare cases of severe symptomatic hypocalcaemia, and rare events of hypersensitivity (including rash, urticaria, facial swelling, erythema and anaphylactic reactions) have been reported. Please consult the Summary of Product Characteristics for a full description of undesirable effects. **Pharmaceutical Precautions:** Prolia must not be mixed with other medicinal products. Store at 2°C to 8°C (in a refrigerator). Prolia may be exposed to room temperature (up to 25°C) for a maximum single period of up to 30 days in its original container. Once removed from the refrigerator Prolia must be used within this 30 day period. Do not freeze. Keep in outer carton to protect from light. **Legal Category:** POM. **Presentation, Basic Costs and Marketing Authorisation Number:** Prolia 60 mg: Pack of 1 pre-filled syringe with automatic needle guard: £183.00; EU/1/10/618/003. **Marketing Authorisation Holder:** Amgen Europe B.V., Minervum 7061, NL-4817 ZK Breda, The Netherlands. Further information is available from Amgen Limited, 240 Cambridge Science Park, Milton Road, Cambridge, CB4 0WD. Prolia is a registered trademark of Amgen Inc. **Date of PI preparation:** August 2014 (Ref: DMB-GBR-AMG-314-2014-P)

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard). Adverse events should also be reported to Amgen Limited on +44 (0) 1223 436712

## References

1. Prolia® (denosumab) Summary of Product Characteristics.
2. NICE TA204 <http://www.nice.org.uk/nicemedia/live/13251/51293/51293.pdf> - Issue date: October 2010 (last accessed September 2014)
3. SMC advice denosumab (Prolia) [http://www.scottishmedicines.org.uk/files/advice/denosumab\\_Prolia\\_FINAL\\_November\\_2010\\_for\\_website.pdf](http://www.scottishmedicines.org.uk/files/advice/denosumab_Prolia_FINAL_November_2010_for_website.pdf) (last accessed September 2014)

