**Provision of denosumab (Prolia®) treatment during the COVID-19 pandemic**

**General considerations**

* The need for patients to continue with their denosumab (Prolia®) injection during the COVID-19 pandemic has been highlighted in the recently published NICE guideline (<https://www.nice.org.uk/guidance/ng167>). Therefore, patients who are established on Prolia® treatment should continue with their 6-monthly injection without interruption or delay.
* No new patients should be started on Prolia® treatment during the COVID-19 pandemic. Prolia® treatment is known to cause mild upper respiratory tract infection which could make the diagnosis, treatment and recovery from coronavirus difficult for patients, particularly those who are at high risk. Alternative anti-fracture treatment such as oral bisphosphonate should be considered provided that there is no contra-indication.
* If pre-treatment blood testing for serum calcium and vitamin D is not possible, an empirical dose of colecalciferol 50,000IU should be administered on the same day of patients’ Prolia® injection.

**Protocol**

**No**

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| **Is the patient due for their next Prolia® injection?**  **Yes**  **Prolia® administration in**  **primary care (GP)** |  | Review the situation 4-6 weeks before patient is due for next injection |
| **No** |  |  |
| Is the patient’s Prolia® treatment being prescribed and administered in primary care?  **Yes**  **Yes** |  | Contact the GP and request for Shared Care |
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| Send a clear treatment plan to the GP and patient ensuring that:   * Colecalciferol 50,000IU is prescribed and administered if pre-treatment calcium and vitamin D levels were not checked. * Prolia is prescribed and administered without delay. |  | Request for Shared Care approved? |
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| **No** |  |  |
| Contact the patient by phone or video for follow-up and discuss the possibility of self-administration (or with the support of family/carer).  **Yes** |  |  |
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| Arrange the following for patient self-administration:   * Send the online link below and advise the patient to watch the video on ‘How do I self-inject with Prolia®?’   [***https://www.prolia.co.uk/patient/how-is-prolia-denosumab-administered/how-do-i-self-inject***](https://www.prolia.co.uk/patient/how-is-prolia-denosumab-administered/how-do-i-self-inject)  **Prolia® self- administration (Patient)**   * Send a printed copy of the Prolia self-injection guide to patient by post. * Prescribe colecalciferol 50,000IU on PICS for delivery to patient by post and advise patient to take the medication upon receipt. * Prescribe Prolia® on PICS for delivery to patient by courier or by the NHS volunteer. * Agree a date and time for patient’s self-administration of Prolia®. * Register patient to the PROLONG programme (if not yet registered). |  | Self-administration suitable and agreed |
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| On the day of Prolia® injection by patient (or by family member/carer)   * Contact the patient by video (preferably) or phone on the date and time agreed for patient to self-administer Prolia® injection. * Discuss the steps in preparing and administering Prolia® injection. * Discuss any concerns from patients. * Guide the patient through the preparation and injection. |  |  |
| **No** |  |  |
| Arrange date and time for Prolia® injection at UHB by the Endocrine CNS   * Send appointment letter with instructions regarding Prolia® injection (COVID-19 Denosumab- Letter Template 1).   **Prolia® administration in**  **secondary care (UHB)** |  |  |
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| On the day of Prolia® injection by Endocrine CNS   * Observe agreed infection control measures. * Take blood sample for calcium and vitamin D. * Take patient’s observation as per usual protocol. * Administer colecalciferol 50,000IU orally. * Administer Prolia® subcutaneously. * Provide patient with details of the Endocrine Helpline. * Discharge the patient home with advice (e.g. positive lifestyle measures, signs and symptoms of hypocalcaemia) immediately following Prolia® administration. |  |  |