

### FAQs for Complex Injections

Q: Re Denosumab - Is this audit in the expectation that once off patent and the NHS commissions it's biosimilar later this year, that this will be an item started in primary care from next year? Or is the current plan always to continue 1st dose in secondary care?

A: We haven't currently considered any change in the RAG rating for denosumab, the medication should always be started in secondary care and the first dose given before shared care is accepted and the practice can then continue to administer the drug.

Q: We have received several shared care requests for Denosumab from Oncology and the LES says those eligible injections are:

- Denosumab – For patients at risk of osteoporotic fractures, prescribed under a shared care agreement.

Are these patients not covered by this LES?

A: The Complex Injections specification includes denosumab for osteoporosis at a 60mg dose, not the oncology 120mg monthly dose.

Q: Does a non-dispensing practice get paid a dispensing fee for administering inclisiran?

A: As an injectable treatment, inclisiran is considered a personally administered (PA) item which can be administered by a healthcare professional in a non-dispensing practice.

The item is ordered directly from AAH, administered to the patient and then the practice needs to submit an FP10 for each inclisiran injection. Doing this will trigger payment for the dispensing fee and reimbursement of the drug cost. Doing so is important as practices may not receive income they are due if they do not submit the FP10. (NOTE: in addition to an individual FP10, inclisiran administration also needs to be counted in the FP34PD submission document).

More information can be found at [NHS England » Funding and supply of inclisiran \(Leqvio®\)](#) and [General Medical Services Statement of Financial Entitlements Directions 2024](#)