Ref:

**GP Name**

Address 1

Address 2

Address 3

City Postcode

Date

Dear

**Patient name…………………………….**

This letter is to inform you that the above patient has been commenced on and administered two doses of denosumab:

Dose of…60mg………………………………....

Administered on………………………………………………………………………………………………

Dose of…60mg………………………………..next due on the …………………………………………………

As per the Pan Mersey Area Prescribing Committee recommendation, this medicine is categorised as Amber Initiated and we would be grateful if you would agree to continue to prescribe and administer this treatment. A copy of the Prescribing Support Information for denosumab can be found [Here](https://www.panmerseyapc.nhs.uk/media/1982/denosumab_support.pdf?UNLID=266315396202073014717) .

We will assume that you have agreed to prescribe and administer denosumab to your patient.

If you do not agree to do so, please could you sign and return this letter with your reasons to the Metabolic department at (insert contact details) within 14 days? Please retain a copy for your records.

Thank you

Yours sincerely

**Name**

Position

**To be completed by GP if prescribing is declined**

I do not agree to prescribe and administer denosumab to the above patient in accordance with Pan Mersey Area Prescribing Support Information for the following reason…………………………………….

GP Signature……………………………………Print………………………………..Date……………………..