NHS Midlands and Lancashire Commissioning Support Unit

Testosterone for hypogonadism due to testosterone deficiency in adult men

Prescribing tip for information

Lancashire and South Cumbria Medicines Management Group has recently produced up to date, shared care guidelines for the use of testosterone for hypogonadism due to testosterone deficiency in adult men.

NHS Chorley and South Ribble CCG and NHS Greater Preston CCG have agreed an **Amber 1** status for testosterone replacement therapy for male hypogonadism when testosterone deficiency has been confirmed by clinical features and biochemical tests. This means it is suitable for prescribing in primary care following recommendation or initiation by a specialist. Full prior agreement about patient's on-going care must be reached under the shared care agreement and some monitoring by primary care will be required.

The guideline includes testosterone gel for transdermal application and intramuscular injections.

Testosterone replacement therapy must be initiated by an endocrinologist in secondary care and they must prescribe and monitor the patient for a **minimum period of three months** and until the patient is on a **stable dose**.
Secondary care will provide information about the medication to patients, including common side effects, necessary monitoring, and where that monitoring will take place.
A **Shared Care Agreement Form** must be returned to the consultant, completed and signed by the patient's GP.
Secondary care will continue to provide prescriptions until a successful transfer of responsibilities to the GP has occurred and must supply an adequate amount of the medication to cover the transition period.
Secondary care will conduct an **annual face to face medication review** for all patients under this shared care guidance.

Secondary care and then primary care will monitor the patient as outlined below and the GP will contact the specialist team if results give rise to concern.

Monitoring	Recommended schedule
Haematocrit	Monitored at six weeks, then again at three months then as directed by the specialist service.
Serum Oestradiol	Monitored at six weeks, then again at three months then as directed by the specialist service.
Haemoglobin	Before treatment, every three months for the first year, and yearly thereafter
LFTs	Before treatment, every three months for the first year, and yearly thereafter.
Prostate and PsA	Before treatment and once yearly thereafter (twice yearly in the elderly).
Testosterone	Baseline and at regular intervals as directed by the specialist service. However, it is expected that testosterone levels would be monitored at six weeks, then three, six and 12 months after

*** PLEASE NOTE ***

Testosterone products are classed as a Controlled drug Schedule 4 Part II. The Department of Health have issued a strong recommendation that the maximum quantity of Schedule 2, 3 or 4 Controlled Drugs prescribed should not exceed 30 days; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision should be recorded on the patient's notes.

Please ensure all prescriptions for testosterone products do not exceed a 30 day supply

https://www.lancsmmg.nhs.uk/media/1284/testosterone-shared-care-guideline-version-12.pdf

To contact the Medicines Optimisation Team please phone 01772 214302