

**THE ROTHERHAM AREA PRESCRIBING GROUP**

# **Shared Care Protocol**

**For**

**TESTOSTERONE REPLACEMENT IN MEN**

## **Shared care protocol developed by:**

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**Date approved: 3<sup>rd</sup> August 2016**

**Review Date: 3 years from approval**

## TESTOSTERONE REPLACEMENT IN MEN

### Statement of Purpose

This shared care protocol (SCP) has been written to enable the continuation of care by primary care clinicians of patients initiated on testosterone by Urology at Rotherham Foundation Trust (RFT). Primary care will only be requested to take over prescribing of testosterone within its licensed indication unless specifically detailed otherwise below.

### Indication

Testosterone replacement therapy for male hypogonadism when testosterone deficiency has been confirmed by clinical features and biochemical tests

### Selection of patients

It is important that the cause of hypogonadism has been properly investigated and therefore treatment should be initiated by an Endocrinologist (Specialist), Urologist or Andrologist and maintained under expert supervision

Drug: Testogel  
Dosage: 5ml (50mg) to 10ml (100mg), daily in a morning to upper arms / shoulders or abdomen

Drug: Nebido 1g IM injection  
Dosage: One vial (100mg) to be injected every 10 to 14 weeks

### Contra-indications

- Cases of known or suspected prostatic cancer or breast carcinoma,
- Cases of known hypersensitivity to testosterone or to any other constituent
- History of primary liver tumours
- Hypercalcaemia
- Nephrotic syndrome

### Side –effects

The details below are not a complete list and the BNF and the SPC remain authoritative

- Hirsutism
- Male pattern baldness
- Local skin reaction with topical gels

### Monitoring

- FBC including haematocrit, PSA and serum testosterone every 6 months
- Blood test to be performed before 10am to ensure validity of the testosterone assay result.
- Abnormal or concerning results to be emailed to Jan.farrell@rothgen.nhs.uk or faxed to 01709 426638
- Confirmatory email or fax regarding continuation of treatment or other actions if required.

If patients fail to attend for their monitoring, we would recommend contacting them to arrange one further monitoring appointment but thereafter to stop prescribing their treatment until the monitoring requirements have been met.

### Interactions

The details below are not a complete list and the **current** BNF and the SPC remain authoritative.

Testosterone has been reported to increase the activity of oral anticoagulants such as warfarin and phenindione. It may also enhance the hypoglycaemic effect of anti-diabetic agents.

Enzyme-inducing agents such as rifampicin, barbiturates, and many anti-epileptics may increase or decrease testosterone levels.

### Responsibilities of consultant clinician

- To discuss benefits and side effects of treatment with the patient/carer and obtain informed consent. This is particularly important for unlicensed products.
- To initiate **testosterone replacement therapy** in appropriate patients
- To prescribe the **one** month's supply **or until patient stable**
- To contact patient's GP to request prescribing under shared care and send a link to or copy of the shared care protocol.
- To advise the GP regarding continuation of treatment, including the length of treatment
- To discuss any concerns with the GP regarding the patient's therapy
- The patient to remain under the consultants care whilst ever the patient is being prescribed testosterone replacement therapy

### Responsibilities of the primary care clinician

- To refer appropriate patients to secondary care for assessment
- To agree to prescribe for patients in line with the shared care agreement
- To report any adverse reaction to the CHM and the referring consultant
- To continue to prescribe for the patient as advised by the consultant
- **To undertake monitoring as per shared care protocol**
- To inform the consultant if the patient discontinues treatment for any reason
- To seek the advice of the consultant if any concerns with the patient's therapy
- To conduct an annual **face to face** medication review or **more frequent if required**
- In the event that the GP is not able to prescribe, or where the SCP is agreed but the consultant is still prescribing certain items e.g. Hospital only product; the GP will provide the consultant with full details of existing therapy promptly by fax on request.
- For medication supplied from another provider GPs are advised to follow recommendations for Recording Hospital-Only Drugs on Clinical Practice Systems

**Re-Referral guidelines**

The patient will remain on the consultant's caseload and can be referred back at any time for a review.

**Financial implications**

Reduce hospital follow-up appointments therefore reducing Primary Care costs

**Support, education and information**

Nurse Consultant : Mrs Jan Farrell      01709 424582

Consultants:            Mr I Edhem            01709 427239

**References:**

Full list of side-effects is given in the testosterone summary of product characteristics (SPC), available from [www.emc.medicines.org.uk](http://www.emc.medicines.org.uk) .

(Template letter to GP)

Dear Doctor

**RE:** ..... **DOB:** ..... **NHS No.**

.....

**Address:** .....

Your patient is being started on treatment with **testosterone**. This treatment can be prescribed by GPs under the Traffic Light System under the “shared care” arrangements. This shared care protocol has been approved by the Rotherham Area Prescribing Group.

<http://www.rotherhamccg.nhs.uk/shared-care-protocols-and-patient-group-directions.htm>

As part of shared care arrangements please can you monitor **FBC including haematocrit, PSA and serum testosterone every 6 months**, adherence, response and side effects to therapy. Will you also please undertake to prescribe for your patient? **(Blood test to be performed before 10am to ensure validity of the testosterone assay result.)**

***Please acknowledge you are happy to take on shared care by completing and returning the slip below to above address or by faxing to 01709 426638***

Do not hesitate to contact us if you have any concerns.  
Yours sincerely

**Clinician's Name**  
**Clinician's Title**

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**IMPORTANT REMINDER**

*The prescribing doctor is responsible  
for monitoring the patient on the medication being prescribed*

*.....please tear here, return to address or fax*

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**RE:**..... **DOB:**..... **NHS:**.....

**Address:** .....

- I AGREE to take on shared care of this patient  
 I DO NOT AGREE to take on shared care of this patient

Signed .....  
GP Practice.....  
Date.....