FULL SHARED CARE AGREEMENT FOR

Testosterone

in the treatment of

Male hypogonadism

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On behalf of:
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Leicester City Clinical Commissioning Group
West Leicestshire Clinical Commissioning Group
University Hospitals of Leicester NHS Trust
Leicestershire Partnership Trust

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Additional medicines information is available from:
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**Full Shared Care Agreement for the prescribing of testosterone in the treatment of male hypogonadism**

**Introduction and purpose**

This shared care agreement has been produced following classification of testosterone replacement in the Leicestershire drug traffic light scheme. See website [www.lmsg.nhs.uk](http://www.lmsg.nhs.uk)

Shared care has been defined as the mechanism of sharing patient care between primary and secondary care providers. This document sets out these responsibilities from initial diagnosis to on going support.

**Disease Background**

Hypogonadism is defined as testosterone deficiency with associated symptoms or signs, deficiency of spermatozoa production, or both. It may result from a disorder of the testes (primary hypogonadism) or of the hypothalamic-pituitary axis (secondary hypogonadism). Both may be congenital or acquired as the result of aging, disease, drugs, or other factors. Additionally, a number of congenital enzyme deficiencies cause varying degrees of target organ androgen resistance. Diagnosis is confirmed by hormone levels. Treatment varies with aetiology but typically includes testosterone replacement.

**Drug covered by the agreement**

Testosterone replacement therapy is given for androgen deficiency and may be provided as a 3-4 weekly injection, as a gel or as a 3 monthly injection. Oral therapy and testosterone implants are used only occasionally.

**Secondary Care Clinician Responsibilities**

- Diagnosis of condition (including differential diagnosis) and ensuring other treatment options have been fully explored
- Discussion and education of the patient to agree a suitable choice of product from the preparations available
- Baseline measurement of testosterone level, FBC, LFTs, lipid profile and PSA (in men > 50 years with their consent after explanation) and communicating results to the GP.
- Initiation of treatment and monitoring for response and adverse drug reactions (ADRs) during titration period
- Measurement of testosterone levels at a suitable timescale after initiation dependent on preparation prescribed.
- Liaison with the general practitioner (GP) to share the patient’s care when a stable dose has been achieved and proven benefit has been established using the [Shared Care Request Form](#).
- Outlining to GP when therapy may be reduced and stopped assuming no relapse in patient’s condition. Review periods to be agreed.
- Responding to issues raised by GP.
- Advising GP on related issues such as drug interactions etc.

**GP Responsibilities**

- Monitoring the patient’s overall health and well being and observing patient for evidence of ADRs/abnormalities and liaising with secondary care clinician if necessary.
- Prescription of drug after achievement of a stable dose regime by secondary care.
- Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status that may affect prescribing or appropriateness of the drug.
- Reducing/stoping treatment in line with secondary care clinician’s original request
- Annual monitoring of FBC, LFTs, lipid profile and PSA and seeking specialist opinion on action to take if appropriate.

**Contact for support and advice**
Dr Miles Levy or Dr Trevor Howlett
Consultant Endocrinologist
Leicester Royal Infirmary
0116 258 5157

**Supporting Information**

1. Formulary options are:
   - **Testosterone gel** (Tostran®, Testogel® and Testim®)
     - Testim® is not stocked by UHL pharmacies but is available for prescribing in primary care.
   - **Testosterone enantate 250mg/ml**, 3-4 weekly injection
   - **Testosterone mixed esters 100mg/ml (Sustanon 250®)**, 3 weekly injection
   - **Testosterone undecanoate 250mg/ml (Nebido®)**, 3 monthly injection

Testosterone undecanoate oral (Restandol® Testocaps) are non-formulary and used only occasionally for patients unable to tolerate gels or intramuscular injections. Testosterone implant use has largely been superseded by the availability of 3 monthly intramuscular depot injections.


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