



## Shared care proforma for the monitoring and prescribing of Topical (Testogel®, Testavan®) and injectable Testosterone (Nebido® only) for adult male patients with hypogonadism in Doncaster and Bassetlaw.

To be completed by secondary care specialist

Dear Prescriber..... (Patient's GP)

Patients Name: ..... DOB: .....

NHS No. ....

Address: .....

Our patient has started on treatment with Testosterone and is now on a stable dose. This treatment is suitable for prescribing in primary care under the Traffic Light System under the "shared care" arrangements. This shared care guideline has been approved by the Doncaster and Bassetlaw Area Prescribing Committee and Doncaster Medicines Optimisation Group.

### DRUG, DOSAGE AND ROUTE

Target testosterone level .....

Name of Drug:

☐ Testavan 1.15g/23mg per pump .....Pumps applied daily.

☐ Testogel 16.2mg/1.25g per pump .....Pumps applied daily

☐ IM Nebido 1000mg/4ml .....Weekly

### CONSULTANT DETAILS:

Name (PRINT): .....Signature: .....

Date: .....

Date of initiation by consultant: .....

Date from which GP requested to take over prescribing: .....



### Primary Care Monitoring Arrangements

- Continue prescribing testosterone therapy as per Shared Care Protocol once patient is stabilised by specialist.

#### 9. Ongoing monitoring requirements to be undertaken by primary care

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See [section 10](#) for further guidance on management of adverse effects/responding to monitoring results.

Monitoring	Frequency
Medication review to ensure compliance with treatment and side effects.	Yearly
Assessment of any new urinary symptoms +/- PR examination if symptoms indicate, BMI and BP addressing cardiovascular risk factors	Yearly
FBC, UE, PSA, LFT, testosterone levels (2-4 hours post application)	6 months, 12 months, yearly thereafter

#### To be completed by GP and returned to specialist via email

☐ I agree to this shared care proposal and am willing to prescribe from (Start date) .....

☐ I do not agree to this shared care proposal

GP name (printed): .....

GP signature: .....

Date: .....

NB: Please call the Specialist if further information or support is required prior to signing.

#### Contact details

DBTH Consultant Endocrinologists can be contacted via [dbth.diabsec@nhs.net](mailto:dbth.diabsec@nhs.net) or via telephone on 01302 642608 (DRI) or 01909 572711 (BDGH)

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