

Policy for private HRT prescribing, after 12 months stability

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Introduction

This policy is an addendum to the “Policy for not entering into Shared Care with Private Providers”.

The practice policy remains that we will not enter into shared care agreements with private providers.

However, we recognise the need for ongoing monitoring reduces after 12 months and that at this point, the prescribing can be transferred to the NHS.

Approach

After a period of 12 months of being stable, on a consistent medication regime, the responsibility for prescribing can transfer from the private provider to the GP.

The requirements for the GP to accept this prescribing responsibility from the private provider are a letter that advises:

- Confirmation of diagnosis, that has been made by a GMC registered professional
- Confirmation of medication and dosage (and that this is in line with NICE guidelines)
- Confirmation of period of stability
- Confirmation that monitoring has been completed

Acceptance of medication presumes that this is in line with NICE guidelines, prescribing that is ‘off licence’ will not be accepted, the exception being testosterone which in itself is off licence but still has strength and formulation limitations.

There are guidelines that the BLMK ICB have issued particularly around testosterone prescribing and titration. These will be followed. Of note, there are expectations within the first year of prescribing testosterone for baseline bloods, then bloods at 6 weeks, 6 months and then 12 months – the private provider would be expected to have completed appropriate monitoring. At the point of handover, the private provider has

essentially confirmed that monitoring has been completed and that prescribing for the next 12 months is safe, the practice will then schedule a HRT review and associated blood test in 12 months' time.

Testosterone usage

Testosterone prescribing is permitted in primary care when prescribed by a clinician with expertise in the treatment in menopause, which in primary care is defined as a “primary care clinician who has relevant experience and is clinically competent to prescribe”.

Should the medication regime need to be adjusted, after this period of stability and transfer to the NHS, the appropriate GP will use the guidance provided by the BLMK ICB Prescribing Committee for the ‘provision of testosterone gel for low sexual desire in post-menopausal women’.

<https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/wp-content/uploads/2023/09/Testosterone-Fact-Sheet-update-Jan-2023-1-1.pdf>

Note that this remains ‘off label’ prescribing, but can be prescribed as detailed within the link above.