Therapeutics Advisory Group

Improving lives together
Norfolk and Waveney Integrated Care System

# Commissioning Statement, Information Sheet and Prescribing Guidance for Hormone Treatment in accordance with recommendation from a NHSE Commissioned Gender Identity Clinic

**Norfolk and Waveney TAG recommends the prescribing of Hormone Treatment in accordance with recommendation from a NHSE Commissioned Gender Identity Clinic as**

**ADVICE – SUITABLE FOR INITIATION IN PRIMARY CARE AFTER SPECIALIST RECOMMENDATION**

## TAG recommendation

TAG recommends that GPs should prescribe hormone therapy for transgender patients collaboratively, in accordance with the patient specific prescribing guidance provided by the NHS Gender Identity Clinic (GIC).

## Before Initiation of hormone treatment prescriptions ensure that sufficient information is provided in the patient specific prescribing guide.

This should consist of a written treatment recommendation, and adequately detailed information about necessary pre-treatment assessments, recommended preparations of medications, and advice on dosages, administration, initiation, duration of treatment, physical and laboratory monitoring, interpretation of laboratory results and likely treatment effects.

Additionally, the GIC should provide GPs advice on dose titration and the introduction of additional pharmacological interventions by the provider as necessary.

## Assessments and information provided at initiation and ongoing care

Post a diagnosis of Gender Incongruence, hormonal treatments would be discussed including likely effects, risks, and impact on fertility. Blood and blood pressure, height and weight baseline should have been assessed prior to commencement of hormonal treatment.

The usual baseline blood tests are: FBC, U&E's, LFT's, Lipid profile, Prolactin, Oestradiol, Testosterone, SHBG, LH, FSH and HbA1c.

A patient specific guide should contain advice to start hormone treatments including the preparation and dose. Review of the patient should ideally be every 3 or 4 months initially and annually thereafter.
Further informaton on preparation changes and dosage adjustments will be provided as appropriate.

**Patient Advice –** hormonal treatments including likely effects, risks, and impact on fertility will be provided by the GIC.

## Feminising Hormone Treatment

Most transgender female patients will start with oestrogens. This will also have the effect of supressing the testosterone but for most patients the testosterone suppression will not be enough to put the testosterone level into the female range. The addition of a testosterone blocker aids feminisation.
Local formualry options are listed in the table below.

**Oestrogen therapy**

| Formulation | First line | Alternatives |
|---|---|---|
| Tablets | Estradiol Valerate (Generic) | Elleste Solo (oestradiol hemihydrate) |
| Gel | Oestrogel pump pack (I measure 1.25g = 0.75mg) | |
| Patches | Evorel (25, 50, 75 and 100mcg/24hr patches) | Estradot (25, 37.5, 50, 75 and 100mcg/24hr patches) |

**Individual patient-specific prescribing will be initiated and will consider;**
Lower starting doses in older patients or those with CV risk factors
Oral estrogen may increase VTE risk.
Transdermal estradiol should be first line option for patients; a) over 40 b) with risk factors for VTE (including BMI >30) c) with risk factors for CVD d) T2DM

**GnRH analogues (Testosterone blockers) therapy**

| Formulation | 28 day preparations | 3 month preparations |
|---|---|---|
| Implant in pre-filled syringe | Goserelin 3.6mg s/c | Goserelin 10.8mg s/c |
| Powder to re-constitute | Leuporelin 3.75mg s/c or i/m | Leuporelin 11.25mg s/c |
| Powder to re-constitute | Triptorelin 3mg i/m | Triptorelin 11.25mg i/m |

**NHSE Press Release Dec 2024-** Medicines (Gonadotrophin-Releasing Hormone Analogues) (Restrictions on Private Sales and Supplies) Order 2024 came into force on 1st January 2025. This prevents the Sale and supply of **puberty blockers via private prescriptions** for the treatment of gender incongruence and/or gender dysphoria **for under 18s. NHSE has produced guidance for prescribers on this legislation change which includes a useful table (on p4-9).**

If there are concerns about injections or suppression of sexual function an oral anti-androgen such as spironolactone 100 mg twice daily may be considered as an alternative.

**Masculinising Hormone Treatment**

Testosterone therapy for initiation and continuation. Local formulary options are listed in the table below.

| Formulation | First Line | Alternatives |
|---|---|---|
| Gel | Tostran pump (1 actuation = 10mg) | Testogel pump (1 actuation= 20.25mg) |
| Injection | Sustanon 250 (each 1ml ampoule contains 176mg testosterone) | Nebido (1000mg/4ml testosterone undecanoate) each 1ml contains 157.9mg testosterone. |

Individual patient-specific prescribing will be advised by the GIC.

**Patient Considerations**

See individual drug monographs for full details of clinical and pharmacological properties Home - electronic medicines compendium (emc)

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| | Hormone Treatment in accordance with recommendation from a NHSE Commissioned Gender Identity Clinic |
| **Description of policy** | To inform healthcare professionals |
| **Scope** | NHS Norfolk & Waveney Integrated Care System |
| **Prepared by** | Medicines Optimisation Team. Based on guidance developed by NHS England, specialist commissioning and other government agencies |
| **Evidence base / Legislation** | Level of Evidence:<br>*A. based on national research-based evidence and is considered best evidence*<br>***B. mix of national and local consensus***<br>*C. based on local good practice and consensus in the absence of national research based information.*<br><br>*D. National Drug Tariff* |
| **Dissemination** | Is there any reason why any part of this document should not be available on the public website? ☐ Yes / No ☒ |
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