South West Yorkshire Area Prescribing Committee

GnRH analogues (Leuprorelin or Triptorelin) for Endometriosis or Uterine Fibroids Shared Care Guideline

Introduction	
General statements	This shared care guideline (SCG) covers the use of triptorelin or leuprorelin for the treatment of endometriosis or uterine fibroids. The purpose of this document is to facilitate initiation and administration of the first dose by a specialist team in secondary care and continuation thereafter in primary care. • The patient will receive the drug at the hospital until the transfer of shared care is agreed between consultant and GP. • The GP must reply in writing to the request for shared care within two weeks if **unwilling** to participate. • The responsibility for prescribing and monitoring must be documented clearly in the patient's hospital and GP notes. • Shared care should only be considered when the patient's clinical condition is stable and predictable.
Indication	➢ Triptorelin or leuprorelin may be used under this guideline within their licensed indication: ➢ Triptorelin 3.75mg injection is licensed for: ▪ Symptomatic endometriosis confirmed by laparoscopy when suppression of the ovarian hormonogenesis is indicated to the extent that surgical therapy is not primarily indicated. ▪ Preoperative reduction of myoma size to reduce the symptoms of bleeding and pain in women with symptomatic uterine myomas. ➢ Leuprorelin 3.75mg injection is licensed for: ▪ Management of endometriosis, including pain relief and reduction of endometriotic lesions. ▪ Endometrial preparation prior to intrauterine surgical procedures, including endometrial ablation or resection. ▪ Preoperative management of uterine fibroids to reduce their size and associated bleeding. ➢ Leuprorelin 11.25mg injection is licensed for: ▪ Management of endometriosis, including pain relief and reduction of endometriotic lesions.

Individual's Responsibilities	
Hospital specialist's responsibilities	• To make diagnosis of endometriosis or fibroids and initiate triptorelin or leuprorelin in appropriate patients. • To initiate pre-operative treatment for fibroids only when a date for

	surgery has been confirmed. Single pre-operative doses for fibroids will continue to be prescribed in secondary care only. • To provide patient information leaflet, obtain informed consent, and patient agreement to receive further injections from their GP. • To contact patient's GP to agree to prescribe under shared care and send a link to or copy of the shared care protocol. • To discuss the benefits and side effects of treatment with the patient/carer. • To prescribe and administer the initial dose of triptorelin or leuprorelin • To prescribe one month supply of HRT add-back therapy if required. • Consider the need for additional investigations in women who have a history or major risk factors, such as chronic alcohol abuse, smokers, long term therapy with drugs that reduce bone mineral density (e.g. steroids, anticonvulsants), family history of osteoporosis or malnutrition, (e.g. anorexia nervosa) • To check baseline LFTs • To inform the GP of the product, dose and dose interval prescribed, and details of any add-back therapy initiated. • To advise the GP regarding continuation of treatment, including the length of treatment and follow-up. A maximum of 6 months treatment is permitted on this shared care guideline. • To discuss any concerns with the GP regarding the patient's therapy. • To continue to monitor and supervise the patient according to this protocol, while the patient remains on this drug, and agree to review the patient promptly if contacted by the GP. • <u>Follow up</u>: Endometriosis - to arrange to see patient in outpatient clinic at 8 months, Fibroids – follow up at the discretion of the hospital specialist, unless surgery has not occurred, in which event, follow up at 8 months. • Inform patient and GP that if they have any concerns or problems, the patient can be seen in clinic earlier.
General Practitioner's responsibilities	• Check LFTs after 3 months of treatment and refer to hospital specialist if LFTs are significantly raised.. • To record and report any adverse reactions to the referring hospital specialist. • To seek the advice of the consultant if there are any concerns with the patient's therapy and refer appropriate patients to secondary care for assessment. • To inform the consultant if the patient discontinues treatment for any

	reason. • To prescribe and administer triptorelin injection or leuprorelin injection, from the second dose onwards, via GP surgery. • To continue any add-back therapy for the duration of treatment. • To ensure no drug interactions with concomitant medicines
Timeline Summary	**Baseline – Hospital Clinic:** • Confirm diagnosis of endometriosis or fibroids requiring more than a single dose of triptorelin or leuprorelin prior to surgery. • Administer the first injection. In patients receiving treatment prior to surgery for fibroids, initiate treatment only when a date for surgery is confirmed. • Prescribe add-back therapy if required. **1 month onwards – GP surgery:** • Prescribe and administer triptorelin or leuprorelin injection as advised by hospital specialist. • Continue add-back therapy, if required, as advised by hospital specialist. **8 months – Hospital:** • Follow up appointment for endometriosis patients.
Monitoring required	**Prior to initiation of therapy (Hospital specialist) :** • Evaluate risk and consider need for additional tests or monitoring in patients with major risk factors for osteoporosis. **Subsequent monitoring (usually GP responsibility) :** • No specific monitoring is required.
When and how to discontinue treatment	• If there are concerns about side effects or inefficacy refer to secondary care consultant at any time. • Refer any patients who develop the following back to the hospital specialist: o New onset headaches with visual disturbances o Fracture which may be suggestive of bone density loss (see precautions) o Pregnancy during treatment
Information given to the patient	• Report to the specialist or GP if they do not have a clear understanding of their treatment and share any concerns in relation to treatment with triptorelin or leuprorelin. • Report any adverse reactions to the GP or specialist whilst receiving triptorelin or leuprorelin

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Contact details	Documented in letter from specialist care to GP.

Product Information	
The information in this Shared Care Guideline should be used in conjunction with the latest edition of the BNF and Summary of Product Characteristics	
Dosage	• Triptorelin 3.75mg by subcutaneous or deep intramuscular injection every 28 days • Leuprorelin 3.75mg by subcutaneous or intramuscular injection every 28 days • Leuprorelin 11.25mg by intramuscular injection every 3 months.
Serious adverse effects	• **Very Common** (>1/10): decreased libido, mood changes, sleep disorder, headache, hot flushes, abdominal pain, hyperhidrosis, bone pain, vaginal haemorrhage, vulvovaginal dryness, dysparenuria, dysmenorrhoea, ovarian hyperstimulation, ovarian hypertrophy, pelvic pain. • **Common** (≥ 1/100 to < 1/10): Hypersensitivity, depressed mood, depression, nausea, myalgia, arthralgia, fatigue, injection site reactions • **Uncommon** (≥ 1/1000 to < 1/100): Anaphylactic reactions, paraesthesia, visual impairment, back pain, increased blood cholesterol levels, deranged liver function tests. Refer to the current BNF and www.medicines.org.uk/emc/ for complete and up to date information.
Precautions and contra-indications	<u>Contraindications</u> • Patients with a known hypersensitivity to any GnRH analogue, gonadotrophin releasing hormone, or any of the excipients in the product. • Pregnancy and lactation <u>Cautions</u> • In patients with additional risk factors for osteoporosis (eg chronic alcohol abuse, smokers, long term therapy with drugs that reduce bone mineral density, family history of osteoporosis, or malnutrition.) • Rarely, GnRH agonists may reveal the presence of a previously unknown gonadotroph cell pituitary adenoma. Patients may present with a pituitary apoplexy characterised by sudden headache, vomiting, visual impairment and ophthalmoplegia. • Increased risk of depression. Patients should be informed and treated appropriately if symptoms occur. Patients with known depression should be monitored closely during therapy. • GnRH agonists cause a reduction in bone mineral density averaging 1% per month during a six month period. Every 10% reduction in bone mineral density is linked with about a 2-3 times

	increased fracture risk. For leuprorelin, treatment is limited to 6 months. For triptorelin, therapy without add back treatment should not exceed a duration of 6 months • Vaginal bleeding after the first month of treatment should be investigated by the hospital specialist.
Clinically relevant drug Interactions and their management	• No formal interaction studies have been performed. The possibility of interactions cannot be excluded. • Androgen deprivation treatment may prolong QT interval. Concomitant use with other drugs that prolong the QT interval should be carefully evaluated. Refer to the current BNF and www.medicines.org.uk/emc/ for complete and up to date information.