

BEDFORDSHIRE AND LUTON JOINT PRESCRIBING COMMITTEE (JPC)

February 2019
Updated December 2021

**Bulletin 272: JPC Position Statement:- Gender Identity
Services - Primary Care Prescribing Responsibilities for
Hormonal Treatments (Including Eflornithine for the
treatment of Hirsutism)**

February 2019 Update:

Background

NHSE has recently issued updated circulars and specifications relating to Gender Identity Services. After a review of the NHSE updated documents, the JPC agreed the following recommendations:-

JPC Recommendations:-

For Adult patients under the care of a NHS Specialist Centre:

- Although the commissioning model is currently under review, it was agreed to maintain the status quo i.e. **GPs are asked to initiate prescribing of hormonal treatments under the direction of the Specialist Centre.**
- The JPC agreed to formally endorsed the use of the Charing Cross Shared care guidelines for Transmen and Transwomen. (Feb 2019).

Dec 21 Update: Following relocation to the Tavistock and portman NHS trust, the committee endorsed the updated shared care guidelines (as published on the GIC website . sept 21) . Links to the documents on the GIC website are listed below:

[Treatment of Gender Dysphoria in Adults Assigned Male at Birth Transitioning to a Feminine Gender Identity](#)

[Treatment of Gender Dysphoria in Adults Assigned Female at Birth Transitioning to a Masculine Gender Identity](#)

For Adult patients who have been seen privately:

- To support the recommendations in the NHSE Circular 'Primary Care Responsibilities in Regard to Requests by Private On-Line Medical Service Providers to Prescribe Hormone Treatments for Transgender People'

(Specialised Services Circular 1826, issued January 2018)' - i.e. **GPs are asked to take on prescribing if the GP is assured that the recommendation is made by an expert gender specialist working for a provider that offers a safe and effective service.**

- The CCG Medicines Optimisation Teams will (on request by the GP) assist in validating the status of the Private Prescriber/Provider.
- The CCG Medicines Optimisation Teams will share information with each other on validated and non-validated providers so that a database can be produced.

With regards the use of Eflornithine in this setting:

- The JPC previously agreed that patients who have undergone transgender reassignment surgery should be treated in the same way as all other patients.
- The following JPC recommendations relating to eflornithine were agreed:
 - The treatment of hirsutism is a cosmetic procedure which is a low priority for funding by CCGs.
 - If hirsutism is mild and does not significantly interfere with the person's quality of life, consider no additional treatment. Hirsutism is not usually associated with any significant medical abnormality.
 - Eflornithine 11.5% cream offers very little benefit for the management of facial hirsutism in women. There is limited evidence for efficacy and patient satisfaction with eflornithine.
 - Self-funded cosmetic treatments for reduction in hair growth or hair removal (e.g. shaving, plucking, laser treatment, electrolysis) should be the primary options for management.
 - It is important that the patient is properly assessed and underlying causes addressed (such as weight reduction if obese) before pharmacological therapy is considered as hirsutism can result from serious medical conditions or from medication (e.g. ciclosporin, glucocorticoids, minoxidil, phenobarbitone, phenytoin, combined oestrogen-androgen hormone replacement therapy).

Children and Adolescents

- The Committee supported the information contained in the NHSE manual of Prescribed Specialised Services (<https://www.england.nhs.uk/wp-content/uploads/2017/10/prescribed-specialised-services-manual.pdf>) and recommended that there should be **no primary care prescribing of hormonal treatments for children and adolescents undergoing gender reassignment.**