

SHARED CARE AGREEMENT



Name of medicine Somatropin (Recombinant Human Growth Hormone)

Indication Treatment of growth failure/disturbance in children

Version: 2.0

Approval date: June 2022

Review date: June 2025

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available [here](#).

Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

Consultant

- Assessing need for somatropin and recommending treatment regimen.
- Ensure that the patient/carer has adequate instruction on the administration of somatropin to safely administer at home.
- Adjusting dosage and communicating information on dose changes to the patient's GP.
- Promoting compliance.
- Assessing and monitoring patient's response to treatment.
- Regular monitoring of blood pressure at clinic visits.
- Liaising with GP and practice nurse.
- Providing information to GP on brand of somatropin used, dose, frequency and any other drugs patient is taking.

General Practitioners and primary care non-medical prescribers

- Prescribing somatropin by brand and ensuring that the patient stays on the same preparation.
- Promoting compliance.
- Reporting any suspected adverse effects to the specialist team.

Patient, relatives, carers

- As listed in NHS Lothian Policy and Procedures for the Shared Care of Medicines.

Support and Advice for the GP and primary care non-medical prescribers

The Royal Hospital for Children and Young People (RHCYP)	Tel: 0131 536 1000
Dr Louise Bath, Consultant Paediatric Endocrinologist	Tel: 0131 312 0443 (secretary)
Dr Paula Midgeley, Consultant Neonatologist	Tel: 0131 242 5257
Dr Daniella Elleri, Consultant Paediatrician	Tel: via switchboard
Dr Harriet Miles, Consultant Paediatrician	Tel: via switchboard
Dr Rod Mitchell, Consultant Paediatrician	Tel: via switchboard
Kirstie Paterson, Endocrine Nurse Specialist	Tel: 0131 312 0461
Jennifer Roach, Endocrine Nurse Specialist	Tel: 0131 312 0461
Emilie Tennant, Pharmacist Medical Paediatrics	Tel: 0131 312 0591

Key Information on the Medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Background to disease and use of drug for the given indication

Growth hormone (GH) is produced by the anterior pituitary gland. It is essential for normal growth in children and acts by increasing growth, both by direct action on the growth plates (the area between the epiphysis and the diaphysis within which bone growth occurs) and via the production of insulin-like growth factors in the liver. GH also generally affects metabolism and tissue growth. Growth failure in children can be a result of GH deficiency. Growth failure is also a prominent feature in children with chronic renal insufficiency, Turner syndrome, Prader-Willi syndrome, Short stature homeobox-containing gene deficiency and in short children born small for gestational age.

Indication

Somatropin (Recombinant Human Growth Hormone) is recommended by NICE for the treatment of growth failure in children with proven growth hormone deficiency, Turner's syndrome, Prader-Willi syndrome and chronic renal insufficiency before puberty: Human growth hormone (somatropin) for the treatment of growth failure in children Technology appraisal guidance [TA188] Published date: 26 May 2010 www.nice.org.uk/guidance/ta188

The SMC has accepted the use of somatropin for the treatment of growth disturbance in children born small for gestational age.

Dosage and administration

The dose is individually determined for each patient, and is usually in the region 5-7mg/m² per week. In some instances the dose may need to be higher (10mg/m²) per week e.g. puberty, Turner syndrome and chronic renal failure. The dose is most effective given subcutaneously in the evening. Although the preparations available are clinically interchangeable, it is important that the **patient stays on the same preparation** for the duration of treatment to maintain consistency.

Monitoring

No monitoring is required by the GP between hospital visits to the Endocrine Clinic. These patients will be seen on a 3-6 monthly basis and correspondence will be sent to the GP following each visit.

Cautions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Contraindications - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Adverse effects - Refer to current Summary of Product Characteristics (SPC) for full list: www.medicines.org.uk

Adverse effects include:

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| • Lipoatrophy | Site of injection should be varied to avoid lipoatrophy. |
| • Hypothyroidism | Thyroid function will be monitored at the clinic. |
| • Insulin resistance | Somatropin may produce insulin resistance and this will be monitored at clinic. Patients who are already diabetic may have increased insulin requirements. |
| • Slipped capital femoral epiphysis | If there is onset of a limp, patient should be referred back to their Consultant. |
| • Hypertension | Blood pressure will be monitored at the clinic. |

Drug interactions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

The presence of this SCA does not compel a primary care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.