



## **SfE Guidance on androgen/testosterone replacement therapy during the COVID -19 pandemic**

The majority of men with androgen deficiency are currently replaced using either the long-acting intramuscular depot testosterone, Nebido, or testosterone based gels. There are also a few patients receiving short-acting mixed testosterone esters (i.e. Sustanon).

At the current time patients may not be able to get to their GP surgery or Endocrine Units to have their injectable testosterone administered. In these cases we would not expect harm to come to the individual should their androgen replacement be interrupted temporarily.

Where patients or their partners are undertaking the injections this can continue uninterrupted.

Alternatively, for patients receiving intramuscular testosterone preparations from healthcare professionals these could be temporarily converted to a testosterone based gel, at a standard empirical dose (Tostran 50mg od; Testogel Pump 40.5 mg od; or Testovance 46mg od).

The testosterone gel should be commenced as from the date the next injection would have been due.

The intramuscular preparation could be recommenced once non-urgent services resume.