

Ref:

**GP Name**

Address 1

Address 2

Address 3

City Postcode

Date

Dear

**Patient name**.....

This letter is to inform you that the above patient has been commenced on and administered two doses of **degarelix**

240mg administered on .....80mg administered on.....

Dose of 80mg will be next due on the .....

Date of the next patient review.....

As per the Pan Mersey Area Prescribing Committee recommendation, this medicine is categorised as Amber Patient Retained and we would be grateful if you would agree to continue to prescribe and administer this treatment. A copy of the Prescribing Support Information for degarelix can be found here: [Degarelix prescribing support information](#)

**Amber Patient Retained** requires specialist initiation of prescribing. Prescribing to be continued by specialist until stabilisation of the dose is achieved and the patient had been reviewed by the specialist. Patient remains under the care of specialist (ie not discharged) as occasional specialist input may be required.

We will assume that you have agreed to prescribe and administer degarelix to your patient.

If you do not agree to do so, please could you sign and return this letter with your reasons to the urology department at (insert contact details) within 14 days? Please retain a copy for your records.

Yours sincerely

**Name**

Position

**To be completed by GP if prescribing is declined**

I do not agree to prescribe and administer degarelix to the above patient in accordance with Pan-Mersey Area Prescribing Support Information for the following reason.....

GP Signature.....Print.....Date.....