PRESCRIPTION MONOGRAPH

Compounded Active Ingredients: Testosterone Enanthate/Testosterone Propionate
Form: Injection

Drug Class: Androgen; Anabolic Steroid

Mechanism of Action: Once absorbed, compounded testosterone is intended to bind to androgen receptors in various tissues, potentially promoting the development and maintenance of male secondary sexual characteristics, anabolic activity, and overall hormonal balance. The combination of testosterone enanthate and testosterone propionate is intended to:

- Combine the rapid absorption of testosterone propionate with the prolonged duration of testosterone enanthate, to achieve therapeutic testosterone concentrations effectively.
- Reduce delay in symptom improvement.
- Produce more sustained testosterone levels between injections.

Indications Commonly Prescribed For:

- Primary and secondary hypogonadism in adult males
- Delayed puberty in adolescent males (under specialist supervision)
- Hormone Optimization Therapy
- Hypoactive sexual desire disorder in postmenopausal women

Before Use: Let your doctor know if you have had any allergic reactions to injections in the past. Let your health care provider know if you are pregnant or breast feeding. Let your healthcare provider know of all supplements you are currently taking

---

Contraindications:

- Known hypersensitivity to testosterone or any components
- Men with carcinoma of the breast or known or suspected prostate cancer
- Pregnant or breastfeeding women
- Untreated polycythemia

Cautions: Take care when injecting the compounded preparations in only specified areas from your health care provider. Check the vial before use for any cloudiness or discoloration before use.

How to Use: This medication is a subcutaneous injection and is delivered in a premixed liquid form. Wash your hands with soap and water before giving the injection. Wipe the rubber stopper of the vial with an alcohol swab. Take a syringe and pull the plunger down to the necessary prescribed amount. This is achieved when the plunger reaches the line for the amount prescribed. Push the needle through the rubber stopper of the vial. Push the plunger down to put air into the vial. Invert the vial and then slowly pull the plunger down past the prescribed dose. If there are bubbles in the syringe, tap the syringe to allow the air bubbles to rise to the top. Slowly push the plunger up until the tip reaches the line for the prescribed dose and removes the bubble of air. Pull the syringe out of the vials rubber stopper. Inject at predetermined injection site as instructed by healthcare practitioner. Discard any remainder from punctured vial after 28 days.

Compounded medications are not FDA-approved and may differ in risks, benefits, and side effects from FDA-approved products. These statements have not been evaluated by the FDA and are not intended to diagnose, treat or cure any disease or condition and do not indicate any claims of safety or efficacy. Individual results may vary.

PRESCRIPTION MONOGRAPH

Warnings and Precautions:

- Polycythemia: Erythropoiesis stimulation may increase hematocrit and thromboembolic risk.
- Fertility suppression: Testosterone can suppress LH and FSH secretion, reducing testosterone production and sperm formation.
- Estrogen conversion: Testosterone may convert to estradiol, potentially leading to gynecomastia, fluid retention, or breast tenderness in susceptible patients.
- Cardiovascular considerations: Monitor patients with hypertension, heart failure, or cardiovascular disease, as testosterone may contribute to fluid retention and increase blood pressure.
- Prostate monitoring: Evaluate for prostate disease before initiating therapy and monitor PSA and urinary symptoms according to current clinical guidelines.
- Hepatic Effects: Monitor liver function periodically.

Adverse Reactions: If you experience any side effects or adverse reactions, including those not listed, please contact your healthcare provider. Seek emergency care if symptoms are severe.

Common:

- Injection-site discomfort
- Acne, Oily skin
- Increased libido
- Mild water retention
- Mood changes
- Increased red blood cell count
- Hair loss
- Increased blood pressure
- Elevated estradiol
- Reduced sperm count

Serious:

- Cardiovascular events
- Liver toxicity
- Prostate abnormalities
- Testicular Atrophy
- Gynecomastia
- Polycythemia
- Venous thromboembolism
- Infertility
- Severe obstructive sleep apnea exacerbation
- Allergic reaction

Interactions:

- Anticoagulants: Testosterone may enhance the effects of oral anticoagulants.
- Corticosteroids: Concurrent use may increase fluid retention.
- Insulin: Testosterone may decrease blood glucose levels and increase insulin sensitivity, potentially requiring dose adjustments.
- Other anabolic steroids or androgens: May increase cardiovascular, endocrine, and hematologic adverse effects.
- Aromatase inhibitors or SERMs: May alter estradiol concentrations and should be managed based on laboratory values and clinical symptoms.

Compounded medications are not FDA-approved and may differ in risks, benefits, and side effects from FDA-approved products. These statements have not been evaluated by the FDA and are not intended to diagnose, treat or cure any disease or condition and do not indicate any claims of safety or efficacy. Individual results may vary.

PRESCRIPTION MONOGRAPH

Use in Specific Populations:

- Pediatric: Safety and efficacy have not been established; use with caution under specialist supervision.
- Geriatric: May increase the risk of prostate enlargement and cardiovascular events, and erythrocytosis.
- Females: Use in women should be approached with caution due to potential virilizing effects.
- Patients seeking fertility: Alternative therapies are generally preferred because exogenous testosterone suppresses spermatogenesis.
- Hepatic or Renal Impairment: Monitor carefully for edema and fluid retention.

Storage:

- Store in original container at room temperature (up to 30°C or 86°F)
- Store in a cool dry place away from heat, sunlight, and moisture

Monitoring Parameters:

- Serum testosterone levels to ensure therapeutic range.
- Prostate-specific antigen (PSA) levels and digital rectal exams for prostate monitoring.
- Liver function tests.
- Hematocrit and hemoglobin levels to detect polycythemia.
- Lipid profile.

Citations:

1. Nassar GN, Leslie SW. Physiology, Testosterone. [Updated 2022 Jan 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK526128/ 2.
2. Tyagi V, Scordo M, Yoon RS, Liporace FA, Greene LW. Revisiting the role of testosterone: Are we missing something? Rev Urol. 2017;19(1):16-24. doi: 10.3909/riu0716. PMID: 28522926; PMCID: PMC5434832.
3. Safety information referenced for Testosterone: Testosterone: Uses, dosage, side effects, warnings [Internet]. Drugs.com. Updated March 17, 2025. Available from: https://www.drugs.com/testosterone.html. Accessed July 29, 2026.
4. Gurayah AA, Dullea A, Weber A, et al. Long vs Short Acting Testosterone Treatments: A Look at the Risks. *Urology*. 2023;172:5-12. doi:10.1016/j.urology.2022.11.016

Compounded medications are not FDA-approved and may differ in risks, benefits, and side effects from FDA-approved products. These statements have not been evaluated by the FDA and are not intended to diagnose, treat or cure any disease or condition and do not indicate any claims of safety or efficacy. Individual results may vary.