

Basic Masculinizing Regimen

	Intramuscular injection (esterified testosterone)		Transdermal gel	Transdermal patch
Agent	Testosterone cypionate	Testosterone enanthate	Testosterone crystals dissolved in gel	
Brand name	Depo-Testosterone®	Delatestryl®	AndroGel®	Androderm®
Pre-oophorectomy	40-50 mg every week; adjust after one month to ensure blood testosterone is in the middle of the normal male range. Thereafter, adjust as needed to suppress menses and achieve visible secondary masculine characteristics (voice change, and body/facial hair, upper body muscle mass). (typically 50–100 mg every week, or 100–200 mg every 2 weeks) <i>ensure patient knows how much to inject – there are 100 mg/mL (cypionate) and 200 mg/mL (enantate) preparations</i>		5–10 g qd; start with 2.5 g qd if there are comorbid conditions that may be exacerbated by testosterone (see discussion below)	5–10 mg/24 hours, applied daily; start with 2.5 mg patch if there are comorbid conditions that may be exacerbated by testosterone (see discussion below)
Maintenance (after 2 years)	Reduce to level needed to keep serum testosterone within the male reference interval (page 14). Monitor risk of osteoporosis.			
* Plus the dispensing fee set by each pharmacy and billed each time a prescription is refilled. In BC the average fee in 2013 was \$10.43, although compounding pharmacies may charge significantly more.				
** Compounded testosterone creams and gels may be significantly less expensive than AndroGel or Androderm.				