Overview of testosterone-based hormone therapy

Testosterone is used to reduce estrogen-related features, induce testosterone-related features and relieve gender-related distress.

There is variation in practice among clinicians regarding dosing for hormone initiation, hormone maintenance and ordering labwork, and much of the decision-making depends on the clinical situation. Care providers may use eCase or call the RACE Line at 604-696-2131 or toll free at 1-877-696-2131 and request the "Transgender Health" option to consult an experienced clinician.

Medication	Dose instructions
Testosterone	
Testosterone cypionate 100mg/mL (injectable, suspended in cottonseed oil) **Testosterone enanthate 200mg/mL** (injectable, suspended in sesame oil)	Starting dose: 25 mg IM or SC q weekly Usual maintenance dose: 50-100 mg weekly If local skin reaction occurs, switch oils Weekly dosing is preferred to minimize peak/trough variation Biweekly injection (of 2x the weekly dose) may be tolerated in some individuals
Androgel® 1% (gel) 12.5 mg/pump or 25mg/2.5g or 50 mg/5g packet	Starting dose: 2 pumps or 1 x 2.5 g packet (25 mg daily) Usual maintenance dose: 4-8 pumps or 1-2 x 5 g packet (50-100 mg daily)
Progestins: May be used for contraception or to assist with suppression of monthly bleeding (menses)	
Medroxyprogesterone IM (Depo-Provera®)	150 mg IM q 12 weeks
Progesterone releasing IUD Higher dose progesterone preferred for suppression of monthly bleeding (menses)	Inserted by MD or NP. Devices effective for 3-5 years
Progestin implant (Nexplanon®)	Inserted sub-dermally by trained MD, NP or RN(C), effective up to 3 years

It is important to review risks, benefits and potential side effects with patients prior to initiating treatment. Sample consent forms are included in this package – see Appendix B for the Testosterone Consent form.