

# Injectable and Oral Testosterone Shortage

# Injectable testosterone products marketed in Canada<sup>1</sup>

DIN	Manufacturer	Product	Active Ingredient	Strength
00029246	Bausch Health	Delatestryl	Testosterone Enanthate	200 mg/ml
00030783	Pfizer	Depo-Testosterone	Testosterone Cypionate	100 mg/ml
02496003	Taro	Taro-Testosterone Cypionate Injection	Testosterone Cypionate	100 mg/ml

# Oral testosterone products marketed in Canada<sup>1</sup>

DIN	Manufacturer	Product	Active Ingredient	Strength
02322498	Pharmascience	PMS-Testosterone	Testosterone	40 mg
02322430			Undecanoate	
02421186	Taro	Taro-Testosterone	Testosterone	40 mg
02421180			Undecanoate	

# Confirm that ongoing use of testosterone is indicated

- Approved indication for injectable and oral testosterone therapy<sup>2,3</sup>: testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone.
- **Off-label uses**<sup>4</sup>: hormone therapy for transgender males, sexual disorder, weight gain, others.

# Potential alternatives for injectable and oral testosterone\*<sup>1</sup>

DIN	Product	Strength	Dosage Form	Manufacturer
02249499	_	1% (12.5 mg/actuation)		
02245345	Androgel	1% (25 mg/pack)	transdermal gel	BGP
02245346	-	1% (50 mg/pack)		
02463792	Taro-Testosterone	1% (25 mg/pack)	transdormal gal	TAR
02463806	Gel	1% (50 mg/pack)	— transdermal gel	
02280248	Testim	1% (50 mg/tube)	transdermal gel	PAL
02450550	Natesto	4.5% (5.5 mg/actuation)	nasal gel	ACP

\* All doses expressed as amount of testosterone delivered

#### Considerations when choosing an alternate form of testosterone:

# • GENERAL dosage recommendations for androgen deficiency

- Testosterone enanthate or cypionate<sup>4-6</sup>: various doses and frequencies may be used.
  - Usual: 100 200 mg IM every 2 weeks<sup>5</sup>
  - doses may range from 50 to 200 mg<sup>4-6</sup>
  - frequencies may range from every 1 week to every 3-4 weeks<sup>4-6</sup> (though the longer the interval, the greater the fluctuation in concentrations<sup>6</sup>)
  - off-label subcutaneous (SC) administration is also used<sup>4,6</sup>

- initial dosage: 75 mg every 1 week<sup>4</sup>
- Testosterone transdermal gel 1%:
  - 50 mg 100 mg applied daily to shoulder/upper arms<sup>5,6</sup>
- Testosterone undecanoate:
  - 40 160 mg orally per day, divided in two doses<sup>5</sup>
- Testosterone intranasal gel 4.5%:
  - 5.5 mg (1 pump) into each nostril 2 or 3 times daily (total daily dose = 22 33 mg)<sup>5,6</sup>
- GENERAL dosage recommendations for hormone therapy in transgender males
  - Testosterone enanthate or cypionate:
    - 50-100 mg weekly or 200mg every 2 weeks either IM or SC<sup>4,7</sup>
  - Testosterone transdermal gel 1%:
    - 50-100 mg daily
  - Note: oral testosterone undecanoate is not commonly used for this indication due to multiple administrations, short half-life, unpredictable absorption, and fluctuating testosterone serum levels.<sup>8</sup>
- Testosterone enanthate and testosterone cypionate provide approximately the same amount of unesterified testosterone (~140 mg per 200 mg of enanthate/cypionate).<sup>2,5</sup>
- Approximately 10% of testosterone in transdermally applied gels is absorbed.<sup>5</sup> (For example, 50 mg testosterone gel delivers approximately the same amount of testosterone as one 5 mg testosterone patch.)
- The bioavailability of oral testosterone undecanoate is about 7% provided it is taken with a meal.<sup>9</sup>
- Adjust the dose as needed to provide desired effect on symptoms of hypoandrogenism and serum testosterone levels.<sup>5-7</sup>

Written by Karen Jensen, MSc, BSP Reviewed by Carmen Bell BSP and Gurpreet Nijaar BSP Posted 06 Feb 2012 | Updated 20 Jan 2023 © 2023 medSask, University of Saskatchewan.



#### **References:**

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