

A close-up photograph of a person's back and shoulder. The skin is a warm, light brown tone. A prominent, slightly raised, and reddish-brown surgical scar is visible on the lower left side of the frame, extending diagonally. The lighting is soft, highlighting the contours of the body and the texture of the skin. The word "Enclomiphene" is overlaid in white, bold, sans-serif font in the center of the image.

Enclomiphene

Enclomiphene Oral

PATIENT GUIDE

This guide covers what Enclomiphene is, what to expect, and when to reach out to your clinical team.

What Is Enclomiphene?

Enclomiphene is a non-steroidal selective estrogen receptor modulator (SERM), taken orally, that blocks estrogen receptors in the pituitary gland. This increases release of LH and FSH, which signal your testes to produce more of your own testosterone.

Unlike TRT, enclomiphene doesn't introduce outside hormones. Instead it increases the efficiency of hormone production your body is already doing, so your testicles remain active and fertility is generally preserved.

Why is Enclomiphene Prescribed?

Enclomiphene may be prescribed for men with confirmed low testosterone who:

- Want to avoid injections
- Want to maintain or improve fertility while being treated
- Have stopped TRT and want to restart their own hormone production
- Are between 20–30 years old, where hCG or enclomiphene are preferred over testosterone to reduce fertility and testicular suppression concerns

Enclomiphene does not currently have FDA approval for male hypogonadism; it is used off-label.

What to Expect

This medication is taken by mouth, at the same time each day to keep levels steady. It can be taken with or without food though food may help reduce nausea.

- Starts at a low daily dose, with your clinician rechecking your testosterone level at around 90 days and increasing the dose if needed based on how you respond
- Most men notice improvements in energy, mood, and libido within 4–6 weeks; fertility improvements take at least 3–6 months, since sperm take about 74 days to mature
- Unlike TRT, testosterone levels gradually return to your pre-treatment baseline over weeks to months after stopping enclomiphene as opposed to potentially needing a restart protocol

Dosing Adjustments:

- Your dose may need to be optimized over time based your symptoms, side effects, and lab results and as determined by your clinician through the portal
- **Based on the information from your initial medical intake, subsequent monthly check-ins, and routine required lab testing,** your clinician determines your starting dose, whether and when to increase it, and your maximum dose

Required Labs

Lab testing is required to start Enclomiphene. You must have the follow lab biomarkers tested within 6 months of requesting to initiate therapy:

- Complete blood count (CBC) and comprehensive metabolic panel (CMP)
- Total and free testosterone by LC/MS, LH, FSH, DHEA-S, SHBG, and estradiol
- PSA (free and total)
- Thyroid labs (TSH and free T4)
- AM serum cortisol
- Ferritin and prolactin

Ongoing Monitoring:

- Labs are rechecked 60–90 days after starting, and at least annually after that
- CBC and CMP
- Total testosterone — your clinician is generally targeting a range of 800–1000 ng/dL, and may adjust your dose up or down based on this result
- Estradiol, LH, FSH, and SHBG
- PSA (free and total)

Recommended Lab Draw Timing:

- Drawn around 8am in the morning
- Testosterone injection: draw 2–3 days after your last injection
- Testosterone cream: draw within 12 hours of applying

This lab testing is essential to monitor various hormonal levels to evaluate the impact of your treatment plan on your biomarkers in addition to what can be reported in the monthly checkins.

Who Shouldn't Take TRT

Do not take this medication if any of the following apply to you:

- Primary testicular failure (elevated LH/FSH with low testosterone) — enclomiphene won't work in this case
- Androgen-sensitive cancer (such as prostate or breast cancer)
- Elevated hemoglobin, hematocrit, or platelets at baseline
- Untreated or poorly controlled sleep apnea
- Currently on TRT (enclomiphene and TRT are not combined)
- Active, unstable cardiovascular disease (such as a heart attack or stroke in the last 12 months, or untreated angina)
- Significant benign prostatic hyperplasia (BPH)

Possible Side Effects

Individual responses vary. Side effects aren't guaranteed, and some people experience none at all.

Common:

- Signs of excess estrogen — breast enlargement or tenderness, water retention, mood lability, or decreased libido
- Acne or oily skin
- Headache
- Mood changes or irritability
- Worsening sleep apnea

Less Common:

- Hot flashes

Rare but important:

- Visual disturbances — blurred vision, light sensitivity, or "floaters." **This is a known effect of clomiphene-based medications and requires stopping the medication and an eye evaluation right away if it occurs**
- Blood clots (in the lungs or legs)

If you experience any side effects, notify your clinician through the portal or indicate this in your monthly check-in. A dosage or medication change may be appropriate.

When to Contact the Clinical Team

Contact your clinician through the portal if you develop any new visual changes — blurring, spots, or light sensitivity.

Go to your nearest Emergency Room or call 911 right away if you have any of the following:

- difficulty breathing or swelling of your face, lips, tongue, or throat
- pain, swelling, or warmth in your leg
- sudden chest pain or shortness of breath
- signs of a stroke including sudden numbness or weakness of the face, arm, or leg, trouble speaking, confusion, loss of balance or coordination, a severe headache, or vision changes

Questions?

Ask your clinical team through the portal if you have any questions or concerns.

This Information is made available to you through Altro. All content was provided, reviewed, and approved by the medical director of the clinical team.

