



**hCG**

# hCG (Human Chorionic Gonadotropin) Injections

## PATIENT GUIDE

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

## What is hCG?

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hCG (human chorionic gonadotropin) is a hormone that mimics luteinizing hormone (LH) — the signal your body naturally uses to stimulate the testes. When injected, it stimulates your testes to produce testosterone locally and supports sperm production, helping maintain normal testicular function whether you're on TRT or not.

## Why is TRT Prescribed?

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hCG may be prescribed to:

- Preserve fertility, testicular volume, and sperm production while on TRT
- Prevent or reverse testicular shrinkage (atrophy)
- Raise testosterone as an alternative for men who want to avoid exogenous testosterone
- Support a restart of your body's own hormone production after stopping TRT

*Men aged 20–30 with confirmed low testosterone are generally preferred candidates for hCG (with enclomiphene as an alternative) rather than TRT, to reduce fertility and testicular suppression concerns. hCG is used off-label for all male hormonal or fertility indications.*

## What to Expect

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This medication is given as a subcutaneous injection and requires reconstitution before the first dose.

**See additional documentation for how to administer a subcutaneous injection and how to reconstitute a solution.**

- Typically started at 500 IU, three times per week
- Your clinician may increase this to daily dosing if needed, based on your response and goals
- Most men notice symptomatic improvement within 4–8 weeks; if fertility is the goal, allow at least 3–6 months for sperm health to respond
- **This is a long-term commitment.** If you stop hCG while on TRT, testicular atrophy will return. If hCG is being used alone, stopping it may bring back hypogonadal symptoms, since your own LH signaling can remain suppressed for weeks to months

## 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

#### **hCG is a biologic. What does that mean for you?**

- State and Federal restrictions prohibit hCG therapy via telehealth in a few US states and require telehealth appointments at specified points in your treatment
- hCG was recently determined to be a biologic per the FDA, so it must be shipped as lyophilized powder from the pharmacy. This requires you to mix it yourself before the first dose. **See additional documentation for how to reconstitute a solution.**

## Expiration

This medication expires 60 days after reconstitution. At 60-days after reconstitution, any medication should be discarded, regardless of how much remains. After that time, it should no longer be used.

## Required Labs

Lab testing is required to start hCG. You must have the following 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 hCG

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

- Known allergy to hCG
- Primary testicular failure (elevated LH/FSH with low testosterone) — hCG 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
- Active, unstable cardiovascular disease (such as a heart attack or stroke in the last 12 months, or untreated angina)
- Significant benign prostatic hyperplasia (BPH)

Talk to your clinician if any of the following apply to you:

- History of prostate issues
- Cardiovascular disease
- Elevated estrogen level

## Possible Side Effects

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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, or mood lability. This is more common with hCG than with TRT
- Acne or oily skin
- Injection site redness, bruising, or mild swelling — rotating sites helps
- Testicular discomfort or heaviness, especially when starting — usually transient as your testes adapt
- Mood changes or irritability
- Worsening sleep apnea

### Rare but important:

- Allergic or hypersensitivity reactions
- Blood clots (thromboembolism), particularly with elevated blood counts

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

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Contact your clinician through the portal if you develop signs of high estrogen, including breast swelling or tenderness, significant fluid retention, or mood instability

**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
- chest pain or shortness of breath
- severe swelling in your leg
- severe headaches or vision changes

## Questions?

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*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.

