

A close-up, high-angle photograph of a woman's back and shoulder. She has long, wavy, blonde hair that is slightly messy. The skin is fair and shows some natural texture. The background is a light, neutral color with a subtle vertical texture. Overlaid on the center of the image is the title text in a large, white, sans-serif font.

Women's Testosterone Therapy

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PATIENT GUIDE

This guide covers what women's testosterone therapy is, what to expect, and when to reach out to your clinical team.

What Is Women's Testosterone Therapy?

Testosterone is a hormone your body naturally produces in smaller amounts than estrogen, but it still plays an important role in libido, energy, mood, muscle mass, and bone density. Levels decline gradually with age.

There is currently no FDA-approved testosterone product for women, so this treatment is prescribed off-label — a use supported by international guidelines, including the International Society for the Study of Women's Sexual Health (ISSWSH), the Endocrine Society, and the British Menopause Society.

Why is Women's Testosterone Therapy Prescribed?

Testosterone may be prescribed for:

- Low libido or sexual dysfunction (the best-supported use, per current guidelines)
- Low energy or fatigue
- Difficulty maintaining muscle mass
- Mood changes

What to Expect

Injection:

- Typically injected subcutaneously weekly. **See additional documentation for how to administer a subcutaneous injection.**

Topical gel:

- A pea-sized amount applied every morning as instructed. **See additional documentation for how to administer cream using Topi-Click dispenser.**
- Testosterone cream can transfer to a partner, child, or pet through skin contact. Make sure to cover the application site and wash your hands and skin before close contact

Both forms:

- Most women notice improvement in libido and energy within 8–12 weeks of consistent use
- **This is a longer-term commitment.** Benefits typically fade over weeks to months if treatment is stopped

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

- **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

Testosterone is a Controlled Substance. What does that mean for you?

- Federal law prohibits more than 1 month's supply being shipped at a time
- State and Federal restrictions prohibit testosterone therapy via telehealth in a few US states and require telehealth appointments at specified points in your treatment

Expiration

The injectable form of this medication expires 28 days after first puncture, regardless of how much remains. After that time, it should no longer be used.

Required Labs

Lab testing is required to start injectable testosterone. You must have a CMP and CBC lab tests within 12 months of requesting to initiate therapy to ensure that you have established OB/GYN care.

Ongoing Monitoring:

- Labs are rechecked 60–90 days after starting, and at least annually after that
- CBC and CMP
- TSH, Free T4, Testosterone (free and total)
- Estradiol, LH, FSH, Progesterone, DHEA-S, and SHBG
- AM cortisol, and Vitamin D

For topical gel, these same lab requirements above are strongly recommended but not required.

Hormone levels on lab testing do not always correlate reliably with symptoms in women, so regardless of form, your clinician relies heavily on your symptoms — not just lab values — to guide dosing.

Who Shouldn't Take Women's Testosterone

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

- History of an estrogen-sensitive cancer, as testosterone gets turned into estrogen
- History of a blood clot (DVT or pulmonary embolism)
- Heart attack or stroke within the last year
- Active liver disease
- High-risk cardiovascular disease
- Currently smoking — combining hormone therapy with tobacco use significantly increases risk of blood clots, heart attack, and stroke
- Prolonged immobility in the last 3 months (such as after surgery or a leg injury)
- Pregnancy or breastfeeding

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

- History of acne, oily skin, or unwanted hair growth
- Currently smoke, vape, or use nicotine products — this increases blood clot risk in combination with hormone therapy

Possible Side Effects

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

Common:

- Acne or oily skin
- Unwanted hair growth (face, chest, or abdomen)
- Injection site redness, bruising, or mild swelling (injectable form)
- Mood changes

Less Common:

- Voice deepening or hair thinning — **usually only with doses above the recommended range, and may not be fully reversible**
- Clitoral enlargement

Rare but important:

- Blood clots (DVT/PE)
- Significant cholesterol changes

When to Contact the Clinical Team

Contact your clinician through the portal if you develop:

- New or worsening acne, oily skin, or unwanted hair growth
- Voice changes or hair thinning
- Mood changes that feel severe or unusual for you

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 — 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.

