



TESTOSTERONE ENANTHATE INJECTION 250 MG/ML

Presentation

TESTOSTERONE ENANTHATE INJECTION 250 MG/ML contains testosterone enanthate 250 mg per ml in clear nonaqueous solution for intramuscular injection only.

Excipients: Benzyl benzoate 342 mg/ml, castor oil 440 mg/ml.

Uses

Androgen deficiency in the male.

TESTOSTERONE ENANTHATE INJECTION 250 MG/ML is a depot androgen for use when male sex hormones are indicated. Testosterone enanthate has not only a sustained androgenic effect but also a very powerful one, since testosterone in this depot form is particularly well utilised by the body.

Dosage and administration

Hypogonadism: To stimulate development of underdeveloped androgen-dependent organs and for initial treatment of deficiency symptoms, 250 mg TESTOSTERONE ENANTHATE INJECTION 250 MG/ML intramuscularly every two to three weeks.

For maintenance treatment: 250 mg TESTOSTERONE ENANTHATE INJECTION 250 MG/ML intramuscularly every three to six weeks, according to individual requirement.

Contra-indications, warnings, etc.

Contra-indications:

- Prostatic carcinoma
- Mammary carcinoma in males
- Previous or existing liver tumors
- Nephrotic syndrome
- Neonates and infants
- Female
- Hypersensitivity to one of the ingredients

Warnings/side-effects: Androgens should not be used for enhancing muscular development in healthy individuals or for increasing physical ability.

In patients suffering from cardiac-, hepatic- or renal insufficiency or ischaemic heart disease, treatment with testosterone may cause severe complications characterised by oedema with or without congestive cardiac failure.

In such cases treatment must be stopped immediately.

In rare cases benign and, in even rarer cases, malignant liver tumours leading in isolated cases to life-threatening intra-abdominal haemorrhage, have been observed after the use of hormonal substances such as the one contained in TESTOSTERONE ENANTHATE INJECTION 250 MG/ML. If severe upper abdominal complaints, liver enlargement or signs of intra-abdominal haemorrhage occur, a liver tumour should be considered in the differential diagnosis.

Spermatogenesis is reversibly inhibited by long-term and high-dose treatment with TESTOSTERONE ENANTHATE INJECTION 250 MG/ML.

Regular examination of the prostate is advisable for men receiving androgen therapy.

If, in individual cases, frequent or persistent erections occur, the dose should be reduced or the treatment discontinued in order to avoid injury to the penis. In rare cases coughing, dyspnoea and circulatory irregularities may occur during or immediately after the injection. Experience has shown that these reactions can be avoided by injecting very slowly.

Interactions with other drugs: Phenobarbitone increases the break-down of steroid hormones in the liver (possible impairment of efficacy). The clotting status should be monitored particularly closely when TESTOSTERONE ENANTHATE INJECTION 250 MG/ML is administered together with coumarin derivatives, as there may be an increased risk of haemorrhage.

Pharmaceutical precautions

Store below 25 °C.

Protect from light.

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