

Guide for Masculinizing GAHT*

Before Starting Therapy	Starting Therapy
<ol style="list-style-type: none"> 1) Diagnose Gender Dysphoria- <ol style="list-style-type: none"> a) If you have doubts about diagnosis, refer to mental health in UCHHealth ITP 2) Review information sheet with the patient, have patient sign, upload into patient chart 3) Discuss goals of therapy 4) Discuss fertility and consider referral to reproductive medicine if interested 5) Labs: CBC, CMP, HA1c, lipid panel 	<p>Testosterone forms and starting doses:</p> <ul style="list-style-type: none"> • Testosterone Cypionate IM/SC <ul style="list-style-type: none"> ○ 20 - 50 mg weekly (see separate syringe/needle orders) • Topical gel 1%, pump or packet <ul style="list-style-type: none"> ○ 12.25 - 50 mg every morning • Topical gel 1.62% <ul style="list-style-type: none"> ○ 20.25 – 60.75 mg every morning • Patch <ul style="list-style-type: none"> ○ 2 – 4 mg every evening <p>Considerations: Based on patient-conversation, consider starting at the lower doses for non-binary patients</p> <p>Injection teaching: Please ask your team nurse</p>
Monitoring Therapy	Pearls for Therapy
<p>Labs:</p> <ul style="list-style-type: none"> • Assess labs every three months until at goal, then six months, then annually. • At first three month check <ul style="list-style-type: none"> ○ CBC, LFT, testosterone, lipid panel • After that, every three months until at goal: <ul style="list-style-type: none"> ○ CBC and testosterone • Once stable, labs 6 months to 1 year <p>Testosterone Goal: 400 – 700 ng/dl (if possible, check mid-way between injections; anytime for topical)</p> <p>Considerations: Erythrocytosis</p> <ul style="list-style-type: none"> • If HCT > 50 and < 55, do not increase testosterone dose. <ul style="list-style-type: none"> ○ Work up secondary causes (i.e. sleep apnea, smoking, JAK-2, etc.) • If HCT ≥ 55, continue to workup/treat underlying cause. <ul style="list-style-type: none"> ○ Reduce dose or consider change to topical ○ Consider phlebotomy 	<p>Maximum doses (typically):</p> <ul style="list-style-type: none"> • Testosterone Cypionate IM/SC <ul style="list-style-type: none"> ○ 100 mg weekly • Topical gel 1%, pump or packet <ul style="list-style-type: none"> ○ 100 mg every morning • Topical gel 1.62% <ul style="list-style-type: none"> ○ 103.25 mg every morning • Patch <ul style="list-style-type: none"> ○ 8 mg every evening <p>(see below for injection supplies)[±]</p> <p>Considerations: Menses suppression</p> <ul style="list-style-type: none"> • If safe/desired, increase T dose • If not desired/not safe cannot increase T safely can use IUD, progestin-only pills, or OCP if they are open. <p>Contraception</p> <ul style="list-style-type: none"> • Do not forget contraception if patient is having insertive vaginal sex with a partner with a penis.

*This guide is not meant to be definitive. It was developed by endocrinologists and general internists at University of Colorado School of Medicine. Always use a patient-centered approach judgement to decision-making.

[±]Injection supplies

- Order either 1mL or 3mL syringes (based on previous prescription OR pharmacy availability)
- Order 18G x 1" needle as a draw needle
- Order 23G x 1" needle if injection is IM (intramuscular)
- Order 25G x 5/8" if injection is SubQ (subcutaneous)