

(Testosterone Propionate) (Testosterone Phenylpropionate) (Testosterone Isocaproate) (Testosterone Decanoate)

# Composition

Each ml of the oily solution contains:
testosterone propionate (Eur. P.) 30 mg
testosterone phenylpropionate (B.P.) 60 mg
testosterone isocaproate (B.P.) 60 mg
testosterone decanoate (B.P.)100 mg

## Characteristics

**Sustanon '250'** is an androgenic preparation for intramuscular administration containing four different esters of the natural hormone testosterone. Testosterone propionate has a rapid onset and a short duration of action. Testosterone phenylpropionate and isocaproate have a less rapid onset and a long duration of action. By combining these testosterone esters, the action of **Sustanon '250'** starts shortly after injection and is maintained for about three weeks.

Sustanon '250' is generally well tolerated and has no adverse effect on the liver.

## Indications

Testosterone replacement therapy in male hypogonadal disorders, for example:

- after castration
- eunuchoidism
- hypopituitarism
- endocrine impotence
- male climacteric symptoms such as decreased libido and decreased mental and physical activity
- certain types of infertility due to disorders of spermatogenesis;

Moreover, testosterone therapy may be indicated in osteoporosis due to androgen deficiency.

### Dosage

In general, dosage should be adjusted according to the response of the individual patient. Usually, one injection of 1 ml per three weeks is adequate or as prescribed by the physician.

## Administration

Sustanon '250' should be administered by deep intramuscular injection.

# **Contra-indications**

- Known or suspected prostatic or mammary carcinoma.

## Warnings and precautions

- If androgen associated adverse reactions occur, treatment should be interrupted and after disappearance of the symptoms, should be resumed at a lower dosage.
- Patients with latent or overt cardiac failure, renal dysfunction, hypertension, epilepsy or migraine (or a history of these conditions) should be monitored, since androgens may occasionally induce salt and fluid retention.
- Androgens should be used cautiously in prepubertal boys to avoid premature epiphyseal closure or precocious sexual development.
- Oligosperma and decreased ejaculatory volume.
- A decrease in protein-bound iodine (PBI) may occur, but this has no clinical significance.

## **Adverse reactions**

The following adverse reactions have been associated with androgen therapy:

- Priapism and other signs of excessive sexual stimulation.
- In prepubertal boys, precocious sexual development, an increased frequency of erections, phallic enlargement and premature epiphyseal closure.
- Water and salt retention.
- Oligosperma and decreased ejaculatory volume.

## Instructions

To be sold on the prescription of a registered medical practitioner only. Store at 8-30°C. Protect from light. Keep out of the reach of children.

## Presentation

Box of 1 x 1 ml ampoule

M.L. No.: 000024 Manufactured by: Pharmatec Pakistan (Pvt) Ltd. D-86/A S.I.T.E., Karachi. For: OBS Pakistan (Pvt) Ltd. C-14, S.I.T.E., Karachi-75700 Under Licence from N.V Organon Oss. The Netherlands.

Mfg. Org. Spec.

LF-SUS-01/PHT/09