



Alabama Board of Medical Examiners

Recommended Guidelines for Testosterone Therapy in Males and Females

Recommended guidelines for testosterone therapy in males and females were approved by the Alabama Board of Medical Examiners on February 20, 2025.



Symptomatic Men

Only symptomatic men with demonstrably abnormal serum testosterone levels **below 300ng/dl** confirmed on subsequent morning lab evaluations should be considered for testosterone therapy after exclusion of other related medical conditions.



Contraindications

All candidates for testosterone therapy should be screened for contraindications **prior to** initiating testosterone therapy.

Examples of **contraindications** in men: Desire to maintain sufficient quality and quantity of sperm production for future fertility, active prostate cancer, cardiac arrhythmia.

Examples of **contraindications** in women: hepatic disease and hyperlipidemia.



Treatment for Women

Transdermal treatment provides the most physiological form of replacement therapy for women, administered as a gel.

Testosterone implants, which may result in supra-physiological levels and do not allow for dose titration, are **not recommended**.

IM injections and oral preparations are **not recommended**, owing to the adverse effects related to short-term safety.

Lowest Effective Dose

- Adhere to the philosophy of "lowest effective dose" when prescribing testosterone replacement therapy.
- Current data supports the short-term efficacy and safety of low dose testosterone therapy to achieve high levels in the normal/premenopausal range in postmenopausal women with sexual dysfunction due to HSDD.

Telehealth

- After initial evaluation, male patients should undergo a 3-month visit with lab studies and must be seen in person annually by a physician. Telehealth is not an acceptable visit to qualify as a managing physician visit.

Not Recommended

- The general use of testosterone in women for infertility; sexual dysfunction other than HSDD; cognitive, cardiovascular, metabolic, or bone health; depression; or general well-being is not recommended.

Safety

- Any woman receiving testosterone therapy should be monitored every 6 months for signs and symptoms of androgen excess.
- After initiation in men, repeat serum testosterone, H/H, and PSA levels should be checked at 3 months by a physician.

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This information sheet is a summary of Board guidelines. Please refer to the complete guidelines at www.albme.gov, or scan the QR code.

Contact Us



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