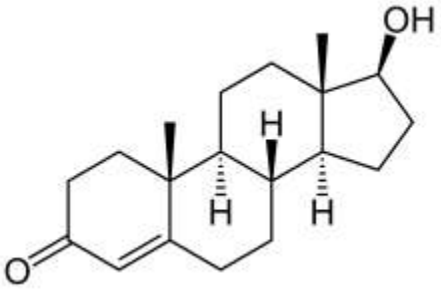
SUSTANON 250

Sustanon Injection, USP



DIN 00084084
250 mg/mL
10 mL Multiple-Dose, Cartons of 1 vial

Chemical Name: (17β)-3-Oxoandrost-4-en-17-yl 3-phenylpropionate, [(8R,9S,10R, 13S,14S,17S)-.10,13-dimethyl-3-oxo-1,2,6,7,8,9,11,12,14,15,16,17-dodecahydro -cyclopenta[a]phenanthren-17-yl] propanoate. 4-Androsten-17β-ol-3-one Isocapronate.(8R,9S,10R,13S,14S,17S)-10,13-dimethyl-3-oxo-1,2,6,7,8,9,11,12, 14,15,16,17-dodecahydrocyclopenta [a]phenanthren-17-yl undecanoate

DESCRIPTION

Sustanon 250 is a white or creamy white crystalline powder, odorless or nearly so and stable in air. It is insoluble in water, freely soluble in alcohol, chloroform, dioxane, ether, and soluble in vegetable oils. Sustanon blend, It typically contains four different testosterone esters: Testosterone propionate (30 mg); testosterone phenylpropionate (60 mg); testosterone isocaproate (60 mg); and testosterone decanoate (100 mg), although a lower dosed version is also produced. An intelligently "engineered" testosterone, Sustanon is designed to provide a fast yet extended release of testosterone. The propionate and phenylpropionate esters in this product are quickly utilized, releasing into circulation within the first four days. The remaining esters are much slower to release, staying active in the body for about two and three weeks (respectively).

COMPOSITION

Medicinal ingredients and Non-Medicinal ingredients

Each mL contains: Testosterone propionate 30 mg; phenylpropionate 60 mg; Isocaproate 60 mg; decanoate 100 mg; Benzyl alcohol, 9 mg; Benzyl benzoate, 0.1 mL; cottonseed oil USP, q.s

CLINICAL PHARMACOLOGY Treatment of hypogonadal men with Sustanon results in a clinically significant rise of plasma concentrations of testosterone, dihydrotestosterone, estradiol and androstenedione. Luteinizing hormone (LH) and follicle-stimulating hormone (FSH) are restored to the

normal range. In hypogonadal men, treatment with Sustanon results in an improvement of testosterone deficiency symptoms. Moreover, treatment increases bone mineral density and lean body mass, and decreases body fat mass. Treatment also improves sexual function, including libido and erectile function. Treatment increases haemoglobin and haematocrit, which may lead to polycytaemia.

INDICATIONS
Testosterone replacement therapy, male hypogonadal disorders. Testosterone therapy may be indicated in osteoporosis due to hypogonadal male androgen deficiency. Increasing the retention of sodium, potassium and chloride leading to an increase in water retention

CONTRAINDICATIONS
Known or suspected mammary or prostatic carcinoma in the male. This medicine is not intended for use in female patients.

WARNINGS
Middle-aged and elderly males with angina pectoris or other severe circulatory disease should receive androgen treatment only under very careful supervision.

HYPOGONADISM
In general, dosage should be adjusted according to the response of the individual patient. Usually, one injection of 1 mL per four weeks is adequate. SUSTANON ‘250’ should be administered by deep intramuscular injection.

DOSAGE AND ADMINISTRATION
Although Sustanon remains active in the body for approximately three weeks, injections are taken at least every 7 to 10 days. An effective dosage ranges from 250 mg to 1000 mg weekly. Some athletes do use more extreme doses of this steroid, but this is really not a recommended practice. When the dosage rises above 750-1000 mg per week, increased side effects will undoubtedly outweigh any additional benefits.

ADVERSE REACTIONS
The following adverse reactions have been associated with androgen therapy: Priapism and other signs of excessive sexual stimulation. Oligospermia and decreased ejaculatory volume. Blood and lymphatic system disorders, Psychiatric disorders, Musculoskeletal and connective tissue disorders, Prostatic cancer Polycythaemia, Fluid retention, Depression, nervousness, mood disturbances, libido increased, libido decreased, Myalgia, Hypertension.

Precautions
If androgen-associated adverse reactions occur, treatment should be interrupted and, after disappearance of the symptoms, 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. A decrease in protein bound iodine (PBI) may occur, but this has no clinical significance.

STORAGE DIRECTIONS Vial should be protected from light and stored in controlled temperature from 20-25 degree Celsius (68° TO 77°F) Warming and shaking the vial should redissolve any crystals that may have formed during storage. Keep out of reach of children.