

Enclomiphene Citrate Capsules

Available: 6.25 mg • 12.5 mg • 25 mg • Optional Add-On: Anastrozole 0.3 mg

Non-Controlled Substance

Fertility-Preserving

Endogenous T Production

Mechanism of Action

Enclomiphene (Trans-Isomer of Clomiphene)

Enclomiphene is the isolated trans-isomer of clomiphene citrate, acting as a selective estrogen receptor antagonist (SERM) at the hypothalamus and pituitary. It blocks negative estrogen feedback on the HPG axis, increasing pulsatile GnRH secretion, which elevates both LH and FSH. The resulting LH surge directly stimulates Leydig cells to produce endogenous testosterone.

Why Enclomiphene vs. Racemic Clomiphene?

Racemic clomiphene contains zuclomiphene (the cis-isomer), which has weak estrogenic activity and a ~30-day half-life that accumulates and partially blunts the HPG response. Enclomiphene's shorter half-life (~8–10 hours) and absence of estrogenic activity deliver a cleaner, more predictable testosterone response.

Optional Add-On: Anastrozole 0.3 mg

Rising testosterone can increase peripheral aromatization to estradiol. Low-dose anastrozole (CYP19A1 inhibitor) reduces conversion and maintains a healthy T:E2 ratio — without fully suppressing estrogen, which is essential for bone health, libido, and cardiovascular function.

★ Why Enclomiphene Over TRT?

- No DEA scheduling — simpler prescribing for provider and patient
- Maintains spermatogenesis — critical for men with fertility goals
- Preserves testicular size and natural hormone rhythms
- No injection burden or need for hCG co-administration
- No application-site transfer risk (vs. gels/creams)
- Reversible — HPG axis resumes upon discontinuation

Target Patient Profile

Ideal candidates for enclomiphene:

- **Secondary hypogonadism:** Low T with low/normal LH & FSH and intact HPG axis
- **Fertility preservation:** Men who want testosterone optimization without suppressing spermatogenesis
- **Younger men (≤40):** Optimize T without committing to lifelong exogenous therapy
- **Post-TRT patients:** Restoring endogenous function after testicular atrophy or infertility
- **Symptomatic low T:** Fatigue, low libido, mood changes, or poor body composition
- **Non-controlled preference:** No DEA scheduling simplifies prescribing and refill workflows

Clinical Advantages

- **Non-controlled substance:** No DEA scheduling — call in, e-prescribe, or fax without restrictions
- **Fertility-preserving:** Stimulates endogenous LH/FSH, maintaining testicular volume and sperm production — unlike exogenous TRT
- **Endogenous testosterone:** Activates the body's own Leydig cells within normal physiological rhythms
- **Once-daily oral capsule:** No injections, gels, or patches — simple morning dose
- **Flexible dosing:** Three strengths (6.25/12.5/25 mg) allow individualized titration by lab response
- **Anastrozole add-on:** 0.3mg available for elevated E2 without over-suppressing estrogen
- **Reversible:** HPG axis resumes normal function upon discontinuation

Dosing & Administration

Strength	Typical Use	Frequency
6.25 mg	Starting / sensitive patients	Once daily
12.5 mg	Standard dose / titration	Once daily
25 mg	Higher need / non-responders	Once daily

Suggested SIG

Take 1 capsule by mouth once daily in the morning. Take consistently at the same time each day.

Monitoring Recommendations

- Baseline: Total testosterone, LH, FSH, estradiol, CBC, CMP
- Recheck testosterone & estradiol at 6–8 weeks after initiation or dose change
- Add anastrozole 0.3mg if estradiol rises or patient reports estrogen-related symptoms

Add-On: Anastrozole 0.3 mg

If follow-up labs show elevated estradiol or the patient reports estrogen-related symptoms (water retention, gynecomastia, mood changes), add anastrozole 0.3mg once daily or every other day. This low dose reduces aromatization while preserving adequate estrogen for bone density, cardiovascular health, and libido.

To prescribe with anastrozole: note in the SIG or comments “with anastrozole 0.3mg” and the desired frequency.

How to Order

Option 1 — Electronic Prescribing

- Select “Compound” as the medication in your e-prescribing system
- In the SIG or Comments field, specify: strength (6.25mg, 12.5mg, or 25mg), quantity (30 or 90 capsules), and whether to include anastrozole 0.3mg
- Example: “Enclomiphene 12.5mg capsules, dispense 90, with anastrozole 0.3mg QD”

Option 2 — Phone or Fax

- **Phone:** (717) 846-0500
- **Fax:** (717) 845-8767
- **Address:** 1698 S Queen St, York, PA 17403