PBH Health LLC
Embrace Health, Enjoy Longevity
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CLIENT EDUCATION

Testosterone Therapy at PBH Health LLC

Who it helps, what we check, what to expect | Version 1.0, 29 October 2026

Welcome

Low testosterone is real, and so is the harm done by treating it when it is not there. This sheet explains who testosterone therapy is for, how we confirm the need, what we prescribe, how we keep you safe, and what the law requires. If you think this may be you, tell Dr. Herbert at any visit or write to support@pbhealthllc.com.

> **Bottom line:** Testosterone therapy helps men whose testosterone is truly low on two early-morning blood tests and whose symptoms fit. It is not a tonic for aging, energy or muscle. For women, it has one proven use: low sexual desire after menopause, at a small dose, after a careful assessment.

Who it is for

Testosterone therapy is for men with **both** of these:

- **Symptoms that fit.** Low sex drive, trouble with erections, loss of morning erections, less body hair, loss of muscle, breast tenderness, low energy, low mood or poor concentration. Many of these have other causes, which is why the blood test matters.
- **A low level, confirmed.** Two blood tests, each drawn early in the morning on different days, before breakfast. A total testosterone below 300 ng/dL on both tests supports the diagnosis.[1,2] Dr. Herbert also checks the pituitary hormones that drive testosterone (LH, and prolactin when needed) to find the cause.[1,2]

Men 65 and older with a low level are not treated as a matter of routine. The decision is made one by one, after a plain talk about what therapy can and cannot do.[1]

PBH Health LLC does not prescribe testosterone to raise a normal level, for muscle or athletic performance, or as an anti-aging treatment.

Who should not start, or should wait

Dr. Herbert does not start testosterone when any of these is true:[1]

- You plan to father a child in the near future. Testosterone therapy lowers sperm production, sometimes for a long time. We refer you to a fertility specialist first.
- You have breast cancer or prostate cancer, a lump on the prostate exam, or a PSA above 4 ng/mL. (In June 2026 the federal government asked drug makers to narrow the prostate cancer rule to men whose cancer has spread; as of this sheet's date that change is requested, not final.)[4]
- Your red blood cell count (hematocrit) is already high.
- You have untreated severe sleep apnea, or severe urinary symptoms.
- You have uncontrolled heart failure, a heart attack or stroke in the last six months, or a clotting disorder.

What the FDA now says about safety

- **Heart.** In February 2025 the FDA removed the boxed warning about heart attacks and strokes from all testosterone products. A large trial of more than 5,000 men (TRAVERSE) found no increase in those events in men treated for low testosterone.[3]
- **Blood pressure.** The same review found that testosterone raises blood pressure across all products. Every label now carries a blood pressure warning. We check your blood pressure before you start and at every follow-up.[3]
- **Prostate.** The AUA guideline states there is no evidence linking testosterone therapy to prostate cancer. We still screen before you start and monitor during therapy, as the FDA and both guidelines advise.[2,4]
- **Blood count.** Testosterone raises the red blood cell count in some men. Too high a count thickens the blood. We check it before you start and keep it below 54 percent.[1,2]

What we prescribe, and why

What we give	How you take it	What to know
Testosterone gel	Applied to the skin once a day, usually to the shoulders or upper arms.	Steady levels day to day. It can transfer to another person by skin contact. Wash your hands, cover the area, and keep children and women away from the skin until it is washed.[2]
Testosterone injection	By injection, on the schedule Dr. Herbert sets. Dr. Herbert teaches you to give it at home, or you come in.	Levels rise and fall between doses; some men feel that. A level is drawn two to four weeks in to set the dose.
Other FDA-approved forms	When gel or injection does not fit you.	Dr. Herbert will go over the choices with you. The FDA label for each product sets how it is used.

What we do not use. Pellets placed under the skin, and compounded testosterone creams or injections. Every testosterone product Dr. Herbert prescribes is FDA-approved and dispensed by a licensed pharmacy.

Testing and follow-up

When	What we check
Before you start	Two early-morning total testosterone levels; LH; blood count (hematocrit); PSA if you are over 40; blood pressure; a review of your heart, prostate, sleep and fertility plans.[1,2]
Two to four weeks in (injections and some gels)	A testosterone level, to set the dose.[2]
Three to six months	Symptoms, side effects, testosterone level, hematocrit and blood pressure. If your level is now normal but you feel no better, we talk about stopping.[1,2]

When	What we check
Every 6 to 12 months	Testosterone level and hematocrit. Prostate screening by the schedule you and Dr. Herbert agree on.[1,2]
Every year	A full review: is it still working, is it still safe, is it still wanted.[1]

If your PSA rises by more than 1.4 ng/mL in the first year, or goes above 4, or the prostate exam changes, Dr. Herbert refers you to a urologist.[1]

Testosterone is a controlled medicine

Testosterone is a Schedule III controlled substance under federal law.[5] That means Dr. Herbert prescribes it under a DEA registration, a prescription can be refilled at most five times within six months, it must never be shared, and it is stored out of reach of children.

Federal rules now allow a physician to prescribe a controlled medicine by video without a prior in-person visit. That permission runs through December 31, 2026 and may change after that.[6] State rules can be stricter, and Dr. Herbert follows both. Care is available only while you are in a state where Dr. Herbert is licensed.

Your first testosterone visit is in person, so Dr. Herbert can examine you and take your blood pressure. Follow-up visits may be by video.

Testosterone for women

A 2019 statement from the world's menopause and endocrine societies reviewed every study on testosterone in women. It found one proven use: low sexual desire that causes distress, in women past menopause, after a full assessment of health, relationship and mood. It found no good evidence for mood, energy, memory, bone or general wellbeing.[7]

- No testosterone product is FDA-approved for women. Dr. Herbert prescribes an approved product at a small fraction of the male dose, off label, and checks your level before starting, three to six weeks in, and then every six months, so it stays in the normal female range.[7]
- If it has not helped by six months, we stop. Pellets, injections and compounded creams are not used, because they push levels too high. Mild acne or extra hair growth can occur.[7]

PBH Health LLC offers testosterone to women only for this one use, and only alongside the care in our Hormone Therapy sheet (H-002).

What to expect

1. **Your visit with Dr. Herbert.** A full talk about your symptoms, your health, your sleep, your medicines and your plans for children. Blood tests are ordered for an early morning.
2. **Your results visit.** If the tests confirm low testosterone and nothing on the list above stands in the way, you and Dr. Herbert choose the form, you sign a medication consent, and the prescription goes to the pharmacy you choose.
3. **The first months.** Dr. Herbert tells you what to expect and when, and adjusts the dose from your blood tests. Your health coach checks in at three, six and nine months.
4. **Every year.** You and Dr. Herbert decide together whether to continue.

Testosterone therapy is part of your PBH Health LLC membership, at no additional membership fee; like all your visits with Dr. Herbert, these visits are billed to your health insurance.

Call us the same day on 202-240-7159 for swelling or pain in one leg, new breast tenderness or a lump, trouble passing urine, loud snoring with daytime sleepiness, or a blood pressure reading above 140 over 90 at home. **Chest pain, trouble breathing, sudden weakness or trouble speaking: call 911.** PBH Health LLC is not an emergency service.

This sheet is general education and does not replace your own visit. Testosterone is prescribed only after an individual evaluation, and a prescription is not guaranteed. All medications have risks and side effects, which Dr. Herbert will review with you. Individual results vary.

Pamela Anne Herbert, M.D.
Founder and Medical Director, PBH Health LLC

References

1. Bhasin S, et al. Testosterone Therapy in Men With Hypogonadism: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2018;103(5):1715-1744. endocrine.org.

2. Mulhall JP, et al. Evaluation and Management of Testosterone Deficiency: AUA Guideline. J Urol. 2018 (PubMed 29601923). Reviewed and validity confirmed 2024. auanet.org, including the AUA press release of 10 April 2018 and Table 7, Follow-up Laboratory Testing.

3. U.S. Food and Drug Administration. FDA Issues Class-Wide Labeling Changes for Testosterone Products. Drug Safety Communication, 28 February 2025. fda.gov.

4. U.S. Department of Health and Human Services. HHS Announces Requested Updates to Testosterone Therapy Product Labels. Press release, 18 June 2026. hhs.gov.

5. 21 CFR 1308.13(f)(84), Schedule III: anabolic steroids, testosterone; 21 CFR 1306.22(a), refills of Schedule III and IV prescriptions. law.cornell.edu.

6. Drug Enforcement Administration and HHS. Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications. Federal Register, 31 December 2025; effective 1 January 2026 through 31 December 2026.

7. Davis SR, et al. Global Consensus Position Statement on the Use of Testosterone Therapy for Women. J Clin Endocrinol Metab. 2019;104(10):4660-4666.