

PRESCRIPTION MONOGRAPH

Compounded Active Ingredients: Finasteride

Form: Sublingual Rapid Dissolve Tablet

Drug Class:

- Type II 5- α -reductase inhibitor (antiandrogen)
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Mechanism of Action¹:

Finasteride is intended to

- Inhibit 5- α -reductase type II, reducing conversion of testosterone to dihydrotestosterone (DHT) to lower scalp and serum DHT.
 - Protect hair follicles by decreasing miniaturization of androgen-sensitive follicles on the vertex and mid-scalp.
 - Promote regrowth/retention by increasing anagen hairs and slowing further loss
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Indications Commonly Prescribed for:

- Androgenetic alopecia (AGA)
 - Adjunctive therapy: Often combined with topical minoxidil for additive effect
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Before Use: Let your health care provider know if you have any medication allergies before you take this compounded preparation. Let your health care provider know if you have any liver or kidney problems. Let your healthcare provider know of all supplements you are currently taking.

Contraindications:

- Hypersensitivity to finasteride or formulation components.
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Cautions: Let your Healthcare provider know if you experience any adverse side effects. Benefits persist only while on therapy.

How to Use: This compounded preparation is in the form of a sublingual rapid dissolve tablet. Place tablet under tongue to dissolve completely. Do not chew or crush the capsule. Once the tablet has fully dissolved, do not rinse your mouth, brush your teeth, or consume food or beverages for at least five minutes to allow absorption. If you miss a dose, take as soon as you remember, but not at the time for the next dose. The desired results may take up to several weeks.

Warnings and Precautions:

- PSA suppression: Lowers PSA (~50% after ~6 months). For men who undergo prostate cancer screening, establish a baseline and adjust interpretation accordingly.
 - Blood donation: Many centers advise deferral for at least 1 month after last dose to avoid exposure to a pregnant recipient.
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Compounded medications are not FDA-approved and may differ in risks, benefits, and side effects from FDA-approved products. These statements have not been evaluated by the FDA and are not intended to diagnose, treat or cure any disease or condition and do not indicate any claims of safety or efficacy. Individual results may vary.

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Adverse Reactions:

Common Side Effects:

- Decreased libido
- Erectile/ejaculatory dysfunction
- Reduced semen volume

Serious, but Rare, Side Effects

- Gynecomastia/breast tenderness
 - Rash, dizziness
 - Depression and anxiety
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Interactions:

- Always review concomitant hormonal therapies or drugs affecting sexual function for cumulative effects.
 - No clinically meaningful drug interactions identified.
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Use in Specific Populations:

- Pregnancy/Lactation: Contraindicated in pregnancy; avoid in women who could conceive
 - Pediatrics: Not studied; avoid use.
 - Hepatic impairment: Metabolized hepatically—use caution in significant liver disease.
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Storage:

- Store in original container at room temperature (up to 30°C or 86°F)
 - Store in a cool dry place away from heat, sunlight, and moisture
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Monitoring Parameters:

- Efficacy: Standardized scalp photos, global photographic assessment, patient-reported shedding and density, trichoscopy if available.
 - Safety: Sexual function and mood at baseline and follow-ups.
 - PSA: For men ≥ 50 or those undergoing screening—check baseline before starting; remember PSA reduction when interpreting subsequent results.
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Citations:

1. Kaufman KD, Olsen EA, Whiting D, Savin R, DeVillez R, Bergfeld W, Price VH, Van Neste D, Roberts JL, Hordinsky M, Shapiro J, Binkowitz B, Gormley GJ; Finasteride Male Pattern Hair Loss Study Group. Finasteride in the treatment of men with androgenetic alopecia. *J Am Acad Dermatol*. 1998;39(4):578-589. Available from: Radcliffe Department of Medicine website. Accessed September 17, 2025.
 2. Zito PM, Bistas KG, Patel P, et al. Finasteride. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Updated February 28, 2024. Bookshelf ID: NBK513329. Accessible at: <https://www.ncbi.nlm.nih.gov/books/NBK513329/>. Accessed September 17, 2025.
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