

Frequently Asked Questions

Q. What is EvexiPEL?

A. EvexiPEL is the flagship therapy of EVEXIAS Health Solutions. This method delivers life-changing bioidentical hormone therapy. EVEXIAS achieves this exclusively through strategic partnership with a leading compounding pharmacy and FDA-registered 503B outsourcing facility. This comprehensive approach combines physiological principles with innovative techniques to optimize hormone levels in both women and men.

Q. How do I know if I'm a candidate for pellets?

A. If you experience a combination of fatigue, depressed mood, and lower/absent libido, you may have Androgen Insufficiency Syndrome (AIS). Hormone Replacement Therapy (HRT) is a highly effective treatment for AIS. Additionally, if you prefer a minimally invasive procedure every 3-4 months (4-6 months for men), you are an ideal candidate.

Other symptoms that often improve with bio-identical hormone optimization include insomnia, early waking, anxiety, lack of energy/drive, lethargy, joint pain, and daytime sleepiness.

To confirm a suspected diagnosis of AIS and begin your evaluation, your physician will order lab work to assess your hormone levels. These results will be discussed during your initial consultation.

Q. Do I have blood work done before each treatment?

A. Initial bloodwork is performed to establish baseline hormone levels, aid in diagnosing AIS, and assess any imbalances in other major hormone systems (e.g., adrenal, thyroid). These values will help determine your initial dosage.

Four weeks after your first pellet insertion, you will have repeat labs (a smaller panel). These results will be reviewed at your six-week follow-up visit.

Thereafter, a full panel of labs is drawn annually. If you experience any significant changes in symptoms related to hormone therapy, your nurse practitioner will recommend reassessment at that time.

Q. What are the pellets made from?

A. The EvexiPEL method features the patented - pellet that is plant based and derived from yams and designed to be an exact replication of what the body produces in contrast to synthetic

hormones. This pellet is specifically designed to improve patient comfort and deliver sustained, steady dosing throughout the treatment cycle

Q. How long will the treatment last?

A. For women, the effects typically last an average of 3-4 months. Very active individuals may require therapy every 3 months or sooner, while less active or elderly individuals may experience benefits for longer than 4 months. In men, the typical cycle ranges from 4-6 months. The return of early symptoms of hormone insufficiency, such as fatigue, joint pain, or decreased libido, can indicate the need for your next insertion.

Q. Is the therapy FDA approved?

A. The individual ingredients within the pellets are FDA-approved, and the distribution of these pellets is regulated by the FDA. However, the pellet insertion procedure itself is not FDA-approved. It's common for physicians to prescribe medications or therapies for uses not explicitly approved by the FDA (off-label) if they believe them to be safe and effective for their patients. The reason bio-identical hormones (compounded drugs) are not FDA-approved is due to their individualized dosing nature.

Q. How are they administered?

A. Pellets are inserted using a very minor surgical procedure, performed in the office setting and requiring only local anesthesia. Using a very small incision (~ 1-2 cm in women, ~ 3-4 cm in men), they are inserted subcutaneously below the belt and above the buttock in women, and in the posterior flank in men. Recovery is very quick and uncomplicated; exercise restrictions for 3 days in women and 5 days in men are simply to avoid complications.

Q. Does it matter if I'm on birth control?

A. Not at all. Certain types may have an influence on therapy, which your physician/provider will review with you.

Q. Are there any side effects?

A. There are no serious or permanent side effects. In some cases, nuisance side effects can occur, such as hair growth or acne, both of which are very treatable.

Q. What if I'm already on some form of HRT, like creams, patches, or pills?

A. Transitioning to pellet therapy from other forms of HRT is common. Your physician can assess your needs even if you're currently using another type of hormone replacement therapy. If you prefer to continue with your current HRT but are not ready for pellets, we can offer alternative formulations.

Q. What if I've had breast cancer?

A. There is no direct causative link between bio-identical estrogen, progesterone, and breast cancer. The Women's Health Initiative (WHI) study in 2003 raised concerns about "hormones and breast cancer," but a long-term follow-up study published in JAMA in 2017 by one of the original WHI authors found no increased mortality from breast cancer in the subjects over an 18-year period.

The number of patients receiving HRT 5 to 10 years after breast cancer treatment and remission is increasing. However, hormone use in patients with a history of hormone-receptor-positive tumors is not yet considered standard care. The decision to use hormones in this situation is an informed one that the patient must make for herself.

Finally, patients with or recently recovered from breast cancer can receive testosterone alone to help manage both AIS and menopausal symptoms.