CLEAN PEPTIDES

Tesamorelin Dosage Guide

FDA-approved GHRH analog for visceral fat reduction — 2 mg daily protocol, reconstitution, stacking with Ipamorelin, cycling and safety.

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What Is Tesamorelin?

Tesamorelin (brand name Egrifta) is a synthetic analog of GHRH — the full 44 amino acids of human GHRH(1–44) with a trans-3-hexenoic acid N-terminal modification for stability. It received FDA approval in 2010 for reducing excess abdominal fat (lipodystrophy) in HIV-infected patients. Unlike exogenous HGH, it stimulates pulsatile GH release while preserving the somatostatin feedback loop, reducing supraphysiological GH/IGF-1 risk. Trials showed 15–18% reduction in visceral adipose tissue over 26 weeks.

Dosing derives from clinical studies, published research and community protocols.

Key Characteristics

- **GHRH analog (44 amino acids)** — the only FDA-approved GHRH analog.
- **FDA-approved (2010)** — for HIV-associated lipodystrophy (Egrifta / Egrifta SV).
- **Pulsatile GH release** — preserves the somatostatin feedback loop.
- **Visceral-fat specificity** — 15–18% VAT reduction over 26 weeks; minimal effect on subcutaneous fat.
- **Cognitive potential** — STAY study (2019) showed preserved cognition in HIV-positive older adults.

How Dosage Is Determined

Uniquely well-established — full FDA approval process. The 2 mg daily dose was selected in Phase II and confirmed in Phase III RCTs (>800 patients; Falutz et al. 2007, 2010). VAT reduction of 15–18% vs placebo at 26 weeks. STAY study: 12-month cognitive RCT. **Strength of evidence: strong.**

Standard Dosage

Fixed **2 mg daily** dose regardless of body weight, sex or severity.

Protocol	Dose	Frequency	Notes
FDA-Approved (Egrifta)	2 mg SubQ	Once daily	Phase III trial dose; 26-week endpoint
Standard Off-Label	2 mg SubQ	Once daily	Body composition / anti-aging; evening injection

Protocol	Dose	Frequency	Notes
Conservative	1 mg SubQ	Once daily	Less clinical data at this dose
5-on / 2-off (Community)	2 mg SubQ	5 days/week	Extends vial use; not studied in trials

Reconstitution & Dosing (with the supplied 3 ml)

Every Clean Peptides vial ships with **3 ml of bacteriostatic water** (0.9% benzyl alcohol). All figures below assume you reconstitute with the **full 3 ml**. On a standard U-100 insulin syringe, **100 units = 1 ml**.

Quick formula: concentration = vial strength ÷ 3 ml, and **units to draw = dose (mg) × 300 ÷ vial strength (mg)**.

How to reconstitute

1. **Wash your hands** and lay out the vial, the 3 ml bacteriostatic water, an insulin syringe and alcohol swabs on a clean surface.
2. **Flip off the caps** and swab both rubber stoppers with alcohol; let them air-dry 10–15 seconds.
3. **Draw the full 3 ml** of bacteriostatic water (in three 1 ml passes with an insulin syringe, or in one pass with a 3 ml syringe).
4. **Add the water slowly**, angling the needle so it runs down the inside glass wall — never squirt it directly onto the powder cake.
5. **Dissolve gently** — let the vial sit 1–2 minutes, then swirl or roll it between your palms until the solution is clear. Never shake.
6. **Label and refrigerate** at 2–8 °C. Resulting concentration: 10 mg → 3.33 mg/mL.

Storage: unreconstituted powder refrigerated (2–8 °C); reconstituted solution refrigerated and used within 28–30 days; do not freeze; protect from light and heat.

Draw volumes with 3 ml — Tesamorelin

Vial (Clean Peptides)	Concentration	1 mg	2 mg
10 mg	3.33 mg/mL	30 u	60 u

Dosage by Goal

- **Visceral fat reduction (FDA indication):** 2 mg SubQ daily × 26 weeks minimum. CT/DEXA at baseline and 26 wk; IGF-1 at baseline, 8 wk, 26 wk. Evening/bedtime, fasted 1–2 h.
- **Body composition & anti-aging (off-label):** 2 mg SubQ daily, evening/bedtime, fasted; 12–26 weeks then break.
- **Cognitive support:** 2 mg SubQ daily × 12 months (STAY study); data limited to HIV-positive population.

Injection Guide

1. Wash hands; prepare a clean workspace.
2. Swab the vial stopper; air-dry.
3. Draw the dose (typically the full vial for 2 mg); tap out bubbles.

4. Choose the abdomen (FDA-approved site), 2–3 in from navel; avoid scar tissue.
5. Clean the site; air-dry.
6. Inject into a pinched fold at 45°.
7. Dispose in a sharps container.

Optimal timing: evening/bedtime (synergizes with nocturnal GH surge), fasted 1–2 h. Consistent daily dosing; rotate within the abdomen.

Cycle Duration & Timing

Protocol	Duration	Notes
Standard (FDA trial)	26 weeks daily	Phase III primary endpoint
Extended	52 weeks daily	Maintained benefit; longest studied
Cyclical	26 wk on, 8–12 wk off, repeat	Pituitary recovery, cost management
5-on / 2-off weekly	Ongoing, 5 days/week	Reduces cost ~30%; not studied

Visceral fat reaccumulates after discontinuation; IGF-1 normalizes within weeks. No PCT required (pituitary not suppressed).

Stacking Protocols

Tesamorelin + Ipamorelin — GHRH + GHRP synergy (gold standard): Tesamorelin 2 mg SubQ evening + Ipamorelin 200–300 mcg SubQ bedtime, fasted. Separate receptor pathways → synergistic GH response.

Other stacks: + AOD-9604 (direct lipolysis, morning fasted); + BPC-157 (GH optimization + tissue repair).

Safety, Side Effects & Contraindications

Cancer screening required — GH/IGF-1 promote cell growth; active malignancy is an FDA-labeled contraindication. Complete age-appropriate screening before starting.

Common (Phase III): injection-site reactions (~13%), arthralgia (~13%), peripheral edema, myalgia. **Less common:** hyperglycemia/insulin resistance, carpal tunnel syndrome, paresthesia, nausea.

Contraindications: active malignancy; disrupted hypothalamic-pituitary axis; pregnancy (Category X); hypersensitivity (incl. mannitol); uncontrolled diabetes.

Monitor: IGF-1 (baseline, 8 wk, 26 wk), fasting glucose & HbA1c, cancer screening, thyroid panel, lipids. **Do not combine with exogenous HGH.** Prescription medication; WADA-prohibited.

Common Mistakes

- Injecting after a meal instead of fasted.
- Expecting HGH-level results from a GHRH analog.
- Stopping before 26 weeks.
- Skipping IGF-1 monitoring.
- Combining with exogenous HGH.
- Starting without cancer screening.
- Inconsistent daily dosing.

- Using Egrifta (sterile water) beyond 24 hours.

Key Takeaways

- The only FDA-approved GHRH analog; strongest clinical evidence of any GH peptide.
- Fixed 2 mg SubQ once daily (no weight-based adjustment).
- Pulsatile GH release preserving feedback; 15–18% visceral fat reduction over 26 weeks.
- Inject at bedtime, fasted. Top stack: Tesamorelin + Ipamorelin.
- Cancer screening required; monitor IGF-1; do not combine with HGH.

References

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