CLEAN PEPTIDES

PT-141 (Bremelanotide) Dosage Guide

Gender-specific protocols — FDA-approved dosing for women, off-label protocols for men, reconstitution, frequency limits and safety.

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What Is PT-141?

PT-141 (Bremelanotide) is FDA-approved for hypoactive sexual desire disorder (HSDD) in premenopausal women, marketed as Vyleesi. Unlike PDE5 inhibitors (Viagra, Cialis) that act on blood flow, PT-141 works centrally in the brain through melanocortin-4 receptors (MC4R) in the hypothalamus to enhance sexual desire and arousal. It is a cyclic heptapeptide analog of alpha-MSH. Dosing is gender-specific with strict frequency limits (max 8 doses/month).

Dosing derives from published research and community protocols.

Key Characteristics

- **Central mechanism** — works in the brain, not on blood vessels.
- **MC4R agonist** — enhances sexual desire and arousal.
- **Both genders** — FDA-approved only for premenopausal women with HSDD.
- **As-needed dosing** — 45+ minutes before anticipated activity.
- **Frequency limit** — max 8 doses/month, no more than 1 per 24 hours.
- **Derived from Melanotan II** — modified to focus on sexual function with reduced tanning.

Clinical trials: RECONNECT (two Phase 3 trials, n=1,247 women) — 1.75 mg SubQ significantly improved desire. Male ED Phase 2 trials — efficacy at 1–2 mg, including sildenafil non-responders.

Dosage: Women (FDA-Approved)

Parameter	Protocol
Dose	1.75 mg SubQ
Timing	≥45 minutes before anticipated activity
Maximum per day	1 dose per 24 hours
Monthly limit	8 doses per month
Onset	45–60 minutes
Duration	4–6+ hours

Vyleesi is a pre-filled auto-injector; the 1.75 mg dose is the only FDA-approved dose for this indication.

Dosage: Men (Off-Label)

Parameter	Protocol
Dose	1.0–2.0 mg SubQ
Timing	1–2 hours before anticipated activity
Maximum per day	1 dose per 24 hours
Monthly limit	8–10 doses per month
Onset	1–2 hours (slower than women)
Duration	4–6+ hours

Start at 1.0 mg to assess tolerance (nausea can be significant at higher doses); increase to 1.5–2.0 mg if needed. Male use is entirely off-label.

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 — PT-141

Vial (Clean Peptides)	Concentration	1 mg	1.75 mg	2 mg
10 mg	3.33 mg/mL	30 u	52.5 u	60 u

Injection Guide

1. Wash hands & prepare.
2. Swab the vial stopper; air-dry.
3. Draw your dose; tap out bubbles.

4. Choose the lower abdomen, ≥2 in (5 cm) from the navel; rotate sites.
5. Clean the site; air-dry.
6. Inject into a pinched fold at 45°.
7. Dispose in a sharps container.

Timing: women ≥45 min before activity; men 1–2 h before. Do not re-dose within 24 hours regardless of perceived effect.

Why Frequency Limits?

- **Blood pressure** — PT-141 causes transient increases; frequent dosing raises cumulative cardiovascular burden.
- **Nausea** — affects ~40% of users; too-frequent dosing worsens severity.
- **MC receptor desensitization** — repeated MC4R activation reduces efficacy; spacing preserves responsiveness.
- **Hyperpigmentation** — residual MC1R activity; frequent use risks focal darkening.

The 8-dose monthly limit is a safety boundary, not a target. Many find 2–4 doses/month sufficient.

Stacking Protocols

PT-141 + PDE5 inhibitors (men) — central + peripheral: PT-141 1.0–2.0 mg SubQ (central desire) + sildenafil 25–50 mg oral (peripheral blood flow). Both affect blood pressure — monitor closely, use reduced PDE5 doses, medical supervision only.

PT-141 is as-needed with strict frequency limits and does not meaningfully stack with healing peptides, GH secretagogues or cosmetic peptides. Best used standalone.

Safety, Side Effects & Contraindications

Well-characterized from trials (>1,200 participants).

Very common (>10%): nausea (~40%, peaks 1–2 h, decreases with use), flushing (~20%), headache (~11%). **Common (1–10%):** injection-site reactions, hot flash. **Less common (<1%):** transient BP elevation, hyperpigmentation.

Managing nausea: light snack before injection; ondansetron 4–8 mg 30 min prior; start at a lower dose; nausea decreases with repeated use.

Contraindications: uncontrolled hypertension; cardiovascular disease; pregnancy (Category X); hepatic impairment.

Interactions: naltrexone (contraindicated — reduces efficacy); BP medications; PDE5 inhibitors (medical supervision, reduced doses). FDA-approved (Vyleesi); NOT on the WADA Prohibited List.

Common Mistakes

- Using it daily like a regular medication (strictly as-needed, max 8/month).
- Not allowing enough onset time.
- Exceeding 8 doses per month.
- Starting at 2.0 mg without testing tolerance.
- Using it as a replacement for addressing underlying issues.
- Ignoring blood-pressure monitoring.

Key Takeaways

- FDA-approved (Vyleesi) for premenopausal women with HSDD.
- Standard dose 1.75 mg SubQ, ≥45 min before activity. Max 8 doses/month.
- Works centrally through MC4R — different from Viagra/Cialis.
- ~40% nausea rate; manage with a snack, lower dose, or ondansetron.
- Not a daily peptide; contraindicated with naltrexone, uncontrolled hypertension and pregnancy.

References

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5. Molinoff PB, et al. "PT-141: a melanocortin agonist for sexual dysfunction." *Ann N Y Acad Sci.* 2003;994:96-102.