

Tesamorelin 20 mg Vial | Dosage & Mixing Guide

GHRH Analog (Egrifta) • Visceral Fat Reduction • Once-Daily Subcutaneous Administration (Evening Preferred) • For Research Purposes Only

📍 @pepalpha.tides

QUICKSTART HIGHLIGHTS

- Reconstitute:** Add 3.0 mL bacteriostatic water → ~6.67 mg/mL concentration
- Standard Dose:** 2 mg (2000 mcg) once daily SC - 30 units, FDA-approved for HIV lipodystrophy
- Vial Yield:** ~10 daily doses during Weeks 1-2 titration (1 mg); ~5 daily doses at standard 2 mg dose
- Storage:** Refrigerate at 2-8°C (35-46°F). Use within 7 days after reconstitution. Do NOT freeze.

DOSING CHART (3.0 ML RECONSTITUTION = 6.67 MG/ML PROTOCOL)

WEEK	DAILY DOSE	VOLUME (mL)	UNITS (U-100)	DOSES/ VIAL	NOTES
Weeks 1-2 (Titration)	1 mg / 1000 mcg	0.15 mL	15 units	~20	Tolerance check
Weeks 3-12+	2 mg / 2000 mcg	0.30 mL	30 units	~6.67	Standard therapeutic dose
Extended (52 wk)	2 mg / 2000 mcg	0.30 mL	30 units	~6.67	With medical supervision

KEY: 1 unit = 0.01 mL = 66.7 mcg on U-100 syringe | Evening dosing aligns with natural GH pulse | Cycle: 12-26 weeks

RECONSTITUTION STEPS

- Allow refrigerated Tesamorelin vial to reach room temperature before opening (reduces condensation).
- Remove flip-off cap. Wipe rubber stopper with an alcohol swab and allow to air dry.
- Using a 3 mL sterile mixing syringe, draw 3.0 mL of bacteriostatic water from the BAC water vial.
- Insert needle at 45-degree angle into Tesamorelin vial stopper. Inject water SLOWLY down inside wall - avoid foaming.
- Gently swirl until fully dissolved. Do NOT shake - mechanical stress denatures peptides.
- Inspect solution - should be clear and colorless. Discard if cloudy or contains particles.

INJECTION TECHNIQUE

- Needle:** 29-31 gauge, 1/2 inch insulin syringe (U-100)
- Route:** Subcutaneous (under the skin) - typically into abdominal fat
- Sites:** Abdomen (2+ in. from navel), outer thigh, back of upper arm. Rotate sites daily.
- Timing:** Evening administration preferred - aligns with natural nocturnal GH secretion in deep sleep.
- Injection Procedure:**
- Wash hands. Clean vial stopper and injection site with alcohol. Let dry completely.

7. Label with reconstitution date. Mark 7-day expiration (use within 7 days for best potency).
 8. Refrigerate immediately at 2-8°C (35-46°F). Protect from light. Do NOT freeze reconstituted solution.
2. Using a fresh U-100 insulin syringe, draw prescribed volume (15 units for Weeks 1-2 titration, 30 units for standard 2 mg dose).
 3. Pinch skin fold. Insert needle at 90 degree angle (if adequate fat) or 45 degree (if lean). Do NOT aspirate.
 4. Inject slowly and steadily. Depress plunger completely.
 5. Wait 2-3 seconds before withdrawing needle at same angle. Apply gentle pressure with gauze.
 6. Dispose of syringe immediately in a sharps container. Never recap needles.

SUPPLIES NEEDED

- Tesamorelin 20 mg lyophilized vial (synthetic 44-amino-acid GHRH analog)
- Bacteriostatic water vial (3.0 mL needed for reconstitution)
- 3 mL sterile mixing syringe with needle (for reconstitution only)
- U-100 insulin syringes (29-31g, 1/2 in.) - 1 per daily dose
- Alcohol swabs (2 per injection: vial stopper + injection site)
- Sharps disposal container
- Dosage guide insert

STORAGE INSTRUCTIONS

Lyophilized (powder): Refrigerate at 2-8°C (35-46°F) in dry, dark conditions. Newer Egrifta SV stable at 20-25°C pre-reconstitution.

Reconstituted solution: Refrigerate at 2-8°C (35-46°F). Use within 7 days for best potency. Protect from light.

Important: Do NOT freeze reconstituted solution - freezing destroys peptide structure. Allow vial to reach room temp before drawing dose.

HOW TESAMORELIN WORKS

Tesamorelin is a synthetic 44-amino-acid peptide analog of human Growth Hormone-Releasing Hormone (GHRH). It is the only GHRH analog FDA-approved (as Egrifta SV) specifically for reducing visceral adipose tissue in HIV-associated lipodystrophy. The TH9507 designation reflects its development as a more stable GHRH analog with extended half-life.

Tesamorelin binds to GHRH receptors on the anterior pituitary, stimulating pulsatile endogenous growth hormone (GH) release. Unlike synthetic GH replacement, Tesamorelin amplifies the body's natural pulsatile GH rhythm - preserving physiological feedback loops. The downstream cascade includes elevated IGF-1 production from the liver, which drives lipolysis (fat breakdown), particularly targeting visceral adipose tissue (deep abdominal fat). Clinical trials show significant reductions in visceral adipose tissue measurable after 3-6 months at the 2 mg daily dose. Beyond its FDA indication, ongoing research explores Tesamorelin for non-alcoholic fatty liver disease (NAFLD), cognitive function in aging adults, and metabolic syndrome.

POTENTIAL BENEFITS

POTENTIAL SIDE EFFECTS

Observations from FDA registration trials and ongoing clinical research:

- **Significant reduction in visceral adipose tissue** (deep abdominal fat) - measurable after 3-6 months
- **Improved lipid profiles** (reduced triglycerides, improved HDL) in clinical trials
- Potential liver fat reduction in **NAFLD patients** (research ongoing)
- **Enhanced cognitive function** in older adults via restored GH/IGF-1 (research ongoing)
- Well-tolerated with maintained benefits during continuous use up to 52 weeks
- **Preserves natural pulsatile GH rhythm** - cleaner than direct GH replacement therapy

Generally mild, primarily related to GH elevation or injection technique:

- **Injection site reactions:** Mild redness, itching, pain, or bruising - rotate sites daily
- **Musculoskeletal:** Joint pain (arthralgia), muscle aches, mild peripheral edema
- **Carpal tunnel symptoms:** Occasional tingling/numbness in extremities - dose-dependent, reversible
- **Metabolic monitoring:** IGF-1 elevation - small HbA1c increases observed in some patients
- **Glucose intolerance:** Monitor blood sugar if pre-diabetic or diabetic
- Contraindicated in active malignancy, pregnancy, or known mannitol/tesamorelin hypersensitivity

LIFESTYLE FACTORS & IMPORTANT NOTES

Complementary strategies to maximize outcomes:

- **Diet:** Balanced, protein-forward diet (1.6-2.2 g/kg) supports GH/IGF-1 anabolic effects.
- **Training:** Combine resistance training + aerobic activity to maximize fat loss and metabolic benefits.
- **Sleep:** 7-9 hours quality sleep - aligns with natural GH pulsatility (peaks in deep sleep).
- **Stress:** Manage via mindfulness/relaxation - elevated cortisol blunts GH response.
- **Cycling:** 12-26 wks standard, up to 52 wks with monitoring; periodic IGF-1 + HbA1c checks recommended.

- Use new, sterile insulin syringes for each injection. Never reuse needles. Dispose in sharps container.
- Rotate injection sites systematically (left/right abdomen, thighs, upper arms) at least 1 inch apart.
- Evening dosing is preferred - aligns with natural nocturnal GH secretion in deep sleep.
- **Week 1-2 titration at 1 mg** may improve tolerability before advancing to full 2 mg dose.
- Reconstituted solution shelf life is SHORT (7 days refrigerated) - plan vial usage accordingly.
- Monitor IGF-1 levels periodically due to potent GH stimulation - especially during long cycles.
- Diabetic users: monitor fasting glucose and HbA1c - small increases observed in some patients.
- Keep a log of dose, timing, and observations to optimize protocol and track response.

DISCLAIMER: This content is for educational and research purposes only and does not constitute medical advice, diagnosis, or treatment. Tesamorelin is FDA-approved as Egrifta SV (Theratechnologies) for HIV-associated lipodystrophy; off-label use is not FDA-approved. Dosing protocols follow the FDA-approved 2 mg daily regimen with Week 1-2 titration. Always consult a qualified healthcare professional before beginning any peptide protocol, particularly if you have active malignancy, diabetes, retinopathy, pregnancy, severe illness, or are breastfeeding. Individual responses vary and proper medical supervision is strongly recommended.