REBEL MED NW · PATIENT GUIDE

Tesamorelin Therapy

A patient guide to Tesamorelin, a growth-hormone-releasing hormone (GHRH) analog — subcutaneous self-injection

This guide is for patients who have been **prescribed Tesamorelin by a Rebel Med NW physician**. It explains what tesamorelin is, what the research shows, its benefits and risks, how it's dosed, and how to inject it safely. It does not replace your physician's instructions.

> **⚠ Read this first — important context**
>
> Tesamorelin **is an FDA-approved prescription drug** (EGRIFTA®) — but it is approved **only** to reduce excess abdominal fat in adults with **HIV-associated lipodystrophy**. It is **not approved for general weight loss, body composition, anti-aging, or cognitive support** — so unless you're being treated for that specific condition, your use is **off-label**. Off-label prescribing by a licensed physician is legal and common, but it means the FDA has not evaluated this use. Additionally, if your prescription is filled as **compounded tesamorelin** (including blends with other peptides such as ipamorelin), that compounded version is **not the FDA-approved product** and is not reviewed by FDA for safety, effectiveness, or quality. Because an FDA-approved tesamorelin product exists, pharmacies may compound versions of it only in limited circumstances, and compounded availability may change. Use it **only as prescribed to you.**

What Is Tesamorelin?

Tesamorelin is a synthetic, stabilized version of your body's own **growth-hormone-releasing hormone (GHRH)** — the signal your hypothalamus sends to tell the pituitary gland to release growth hormone (GH). A small chemical modification protects it from rapid breakdown, so it acts longer than natural GHRH. Like sermorelin (a shorter GHRH fragment), it belongs to the "work-with-your-body" class: rather than giving you growth hormone directly, it prompts your **own pituitary** to release GH in its natural, pulsing rhythm, preserving the body's feedback controls.

How It Works

Tesamorelin stimulates GHRH receptors in the pituitary → your pituitary releases GH in natural pulses → your liver produces **IGF-1**, which carries out many of GH's effects. The best-documented downstream effect is **increased breakdown of visceral fat** — the metabolically active fat stored deep in the abdomen around the organs.

What the Research Shows — Honestly

Tesamorelin has the **strongest human evidence of any peptide we use** — with an important caveat: nearly all of it comes from people with HIV.

Finding	Evidence
Visceral fat reduction	Large phase 3 randomized trials (HIV-associated lipodystrophy): ~15–18% reduction in visceral abdominal fat over 6–12 months, with triglyceride improvement and *without* loss of the healthy fat under the skin. Effects reverse after stopping.
Liver fat	A randomized trial in HIV-associated fatty liver disease: ~37% relative reduction in liver fat over 12 months and less progression of fibrosis. Not yet replicated in non-HIV fatty liver.
Cognition	One 20-week randomized trial in older adults (healthy and with mild cognitive impairment) found improved executive function. Small, short, and hypothesis-generating — not proof.
Bottom line	Strong evidence in its approved population; **off-label use in generally healthy adults is an extrapolation** — reasonable to discuss, but not established by trials in people like you unless you match the studied groups.

Potential Benefits

Depending on your goals, hoped-for — *not guaranteed* — benefits include:

- **Visceral (deep abdominal) fat reduction** — the best-documented effect.
- **Body composition support** — GH/IGF-1 support lean tissue while targeting visceral fat.
- **Metabolic and liver-fat support** — based on the HIV-population liver data.
- **Sleep quality and recovery** — commonly reported with GH-axis therapies, less formally studied.

> **An honest word on expectations:** In trials, benefits took **3–6+ months** of consistent use, and visceral fat returned when therapy stopped. Tesamorelin supports — but cannot replace — nutrition, strength training, and sleep. We'll measure, not guess: labs and body-composition tracking tell us whether it's working for you.

Who Should NOT Use Tesamorelin

Do not use tesamorelin, and tell your provider, if any of these apply (from the FDA label):

- **Pituitary problems** — a pituitary tumor, prior pituitary surgery or radiation, head irradiation, or significant head trauma (disruption of the hypothalamic–pituitary axis).
- **Active cancer** — GH and IGF-1 can influence cell growth; tesamorelin is contraindicated in active malignancy, and any cancer history requires a careful discussion first.
- **Pregnancy** — contraindicated; also avoid while breastfeeding.
- **Known allergy** to tesamorelin or mannitol.

Use extra caution — and make sure we know — if you have **diabetes or prediabetes** (tesamorelin can raise blood sugar), diabetic eye disease, fluid-retention issues, or take **corticosteroids** (dose adjustments can be needed). Share all medications and supplements with us.

Athletes & service members

Tesamorelin is **explicitly named on the WADA Prohibited List** (S2.2, growth-hormone-releasing factors) — **prohibited at all times**, in and out of competition. If you compete in tested sport at any level, do not use it. Check **GlobalDRO.com** or ask us.

Possible Side Effects

From clinical trials of the approved product:

- **Injection-site reactions** — redness, itching, pain, or bruising (the most common; affected roughly 1 in 5 patients).
- **Joint aches (arthralgia), muscle aches, swelling of hands/feet (fluid retention), tingling or numbness, carpal-tunnel symptoms** — hallmarks of increased GH activity; usually dose-related and reversible. Tell us if these appear.
- **Elevated blood sugar** — tesamorelin can cause glucose intolerance and increased the risk of developing diabetes in trials. We monitor glucose/HbA1c.
- **Allergic reactions** — including rare serious hypersensitivity.
- **IGF-1 elevation** — expected with therapy; we keep it in a safe range with lab monitoring (persistently high IGF-1 is a reason to reduce or stop).

When to stop and call us

Stop and contact your provider (or seek urgent care for severe symptoms) for signs of an allergic reaction — **trouble breathing, swelling of the face/lips/throat, hives, rapid heartbeat** — symptoms of high blood sugar (unusual thirst, frequent urination), significant swelling or joint pain, or any reaction that worries you. **Call 911 for any emergency.**

Dosing

Your physician will prescribe your exact dose. For reference:

Context	Dose	Notes
FDA-approved product (EGRIFTA WR / SV)	1.28 mg – 1.4 mg SC once daily (earlier formulation: 2 mg daily)	Label dosing for HIV-associated lipodystrophy.
Common off-label / compounded practice	1–2 mg SC daily, or 5 days on / 2 days off	Typically at **bedtime**, on an empty stomach (avoid food ~1–2 hours before/after — carbohydrates blunt the GH pulse). Common practice, not label-established.

Important — how much to draw up or click: Your dose is prescribed in **milligrams (mg)**, but you'll measure it in **units on an insulin syringe or clicks on a dosing pen** — and that conversion depends entirely on the concentration your pharmacy prepared (blends with ipamorelin have their own conversions). **Use the exact number of units or clicks your provider or pharmacy gives you — do not estimate.** If you're unsure, call us before injecting.

How to Give a Subcutaneous Injection

Tesamorelin is injected into the fatty layer just under the skin using a small **insulin syringe** or dosing pen. If your medication came as a powder, your provider will show you how to reconstitute it — follow those specific instructions.

You'll need

- Your tesamorelin vial or pen (stored per your pharmacy's label)
- A sterile insulin syringe (U-100) with a fine, short needle — or your pen needle
- Alcohol swabs and a sharps disposal container

Step by step

1. **Wash your hands** thoroughly with soap and water.

2. **Inspect the vial or pen.** The liquid should be clear. Don't use it if it's cloudy, discolored, has particles, or is past its discard date.
3. **Clean the vial top** (or pen septum) with an alcohol swab and let it dry.
4. **Draw up or dial your exact prescribed dose** (units or clicks, as instructed).
5. **Choose and clean your site.** The abdomen is standard for tesamorelin — at least 2 inches from your belly button. Wipe with an alcohol swab and let it dry. *Rotate sites* each time.
6. **Pinch a fold of skin** gently between your thumb and finger.
7. **Insert the needle** all the way at a 45–90° angle in one smooth motion.
8. **Inject slowly**, then release the pinch.
9. **Withdraw the needle** and apply gentle pressure with clean gauze (don't rub). A tiny bit of bleeding is normal.
10. **Dispose** of the syringe or pen needle immediately in your sharps container — never recap or reuse. Wash your hands.

Storage & sharps

- **Follow your pharmacy's storage label.** Reconstituted compounded tesamorelin is typically refrigerated (do not freeze) and protected from light.
- **Never reuse or share** needles, pens, or vials. Dispose of all needles in an approved **sharps container.**

Monitoring & Follow-Up

Tesamorelin therapy is **monitored therapy.** Expect periodic labs — typically **IGF-1** (to confirm response and keep levels in a safe range) and **fasting glucose or HbA1c** (because of the blood-sugar effect) — plus tracking of waist measurement or body composition. We'll review at follow-ups whether it's earning its place in your plan, and adjust or stop if IGF-1 runs high, glucose rises, or side effects outweigh benefits.

Questions?

Your Rebel Med NW care team is here to help. If anything about your dose, schedule, or injections is unclear — **call us before your next dose.**

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Medical disclaimer: This guide is educational, for patients prescribed tesamorelin by a Rebel Med NW physician; it is not medical advice for the general public. **Tesamorelin (EGRIFTA®) is FDA-approved only to reduce excess abdominal fat in adults with HIV-associated lipodystrophy. Other uses are off-label and have not been FDA evaluated. Compounded tesamorelin, including peptide blends, is not the FDA-approved product and is not reviewed by FDA for safety, effectiveness, or quality.** Benefits are not guaranteed and individual results vary. Always follow the specific instructions from your provider and pharmacy. Report suspected side effects to us, and — if you wish — to FDA MedWatch (1-800-FDA-1088 · fda.gov/medwatch). In an emergency, call 911.

Key references: Falutz J, et al. Tesamorelin in HIV lipodystrophy (phase 3). N Engl J Med. 2007;357:2359–70. PMID 18057338. · Falutz

J, et al. Pooled phase 3 analysis. J Clin Endocrinol Metab. 2010;95:4291–304. PMID 20554713. · Stanley TL, et al. Tesamorelin and liver fat (RCT). Lancet HIV. 2019;6:e821–30. PMID 31611038. · Baker LD, et al. GHRH and cognition (RCT). Arch Neurol. 2012;69:1420–9. PMID 22869065. · EGRIFTA SV/WR Prescribing Information (accessdata.fda.gov). · WADA Prohibited List 2026, S2.2.
Educational summary only.