

What PT-141 is

Bremelanotide: a seven-amino-acid ring derived from the tanning peptide Melanotan II after its volunteers reported erections. It acts on the brain's melanocortin-4 receptor, the circuit for sexual motivation, not on blood flow.

BRAND	Vyleesi, approved 2019: 1.75 mg autoinjector, US only
APPROVED FOR	Low sexual desire with distress in premenopausal women. Nothing else.
FORMS	Autoinjector by prescription; compounded vials and sprays, mostly to men; research vials, which are unapproved drugs
ANTI-DOPING	Not on the WADA list

APPROVED FOR HER, SOLD TO HIM

The label is for women with a diagnosis. The market is men. The men's trials exist and stopped in 2008 over blood pressure.

This pamphlet is for adults using or being offered PT-141 for desire or erectile function. It is a summary of the label and the trials, not medical advice.

Before using PT-141, ask

- ☐ Autoinjector, compounded, or research vial? Who made it?
- ☐ What is my blood pressure, and do I have heart disease?
- ☐ If I am a man: do I know the approval is for women, at one dose?
- ☐ Desire or erection? The PDE5 drugs are approved, trialed, and cheap for the second.
- ☐ Am I inside the label's cap of eight doses a month?
- ☐ Any darkening of skin or gums?

SOURCES

- Vyleesi (bremelanotide injection) prescribing information. Cosette Pharmaceuticals, current revision.
- Hadley ME, Dorr RT. Melanocortin peptide therapeutics: historical milestones, clinical studies and commercialization. *Peptides*. 2006;27(4):921-930.
- Kingsberg SA, et al. Bremelanotide for the treatment of hypoactive sexual desire disorder: two randomized phase 3 trials. *Obstet Gynecol*. 2019;134(5):899-908.
- Simon JA, et al. Long-term safety and efficacy of bremelanotide for HSDD (RECONNECT extension). *Obstet Gynecol*. 2019;134(5):909-917.
- Diamond LE, et al. Intranasal PT-141 in healthy males and men with mild-to-moderate erectile dysfunction: a placebo-controlled evaluation. *Int J Impot Res*. 2004;16(1):51-59.
- Rosen RC, et al. Subcutaneous PT-141 in healthy men and in patients with an inadequate response to sildenafil. *Int J Impot Res*. 2004;16(2):135-142.
- Safarinejad MR, Hosseini SY. Salvage of sildenafil failures with bremelanotide: a randomized, double-blind, placebo controlled study. *J Urol*. 2008;179(3):1066-1071.
- Palatin Technologies. Intranasal bremelanotide clinical hold and shift to subcutaneous development, 2007-2008.
- Representative PT-141 vial listings (10 mg) and dosing instructions from research-chemical vendors and telehealth clinics, September 2026.
- U.S. Food and Drug Administration. Warning letter to Royal Peptides LLC, August 24, 2026 (unapproved drugs including PT-141 sold as research chemicals).
- U.S. Food and Drug Administration. Compounded drug products that are essentially copies of a commercially available drug product under section 503A. Guidance, 2018.
- Palatin Technologies. Update on clinical programs, strategic priorities, and anticipated milestones (bremelanotide co-formulated with a PDE5 inhibitor for erectile dysfunction). Press release, September 9, 2024.

This guide is an educational summary of published sources and is not medical advice. Bremelanotide is approved only as Vyleesi for hypoactive sexual desire disorder in premenopausal women; use in men and every other use described here is off-label or unstudied. Research-chemical vials of PT-141 are unapproved drugs, named as such in FDA warning letters. The prescribing information and the prescriber override anything in this guide. Status statements are current as of the edition date.

Newport Peptide Society

NEWPORTPEPTIDESOCIETY.COM/GUIDES/PT-141

FIRST EDITION · SEPTEMBER 2026 · REVISED
SEPTEMBER 23, 2026

READER'S GUIDE

PT-141

A guide to bremelanotide: an approved drug for women's sexual desire, sold by the vial to men, with a modest effect, a lot of nausea, and a blood-pressure warning on its label

PT-141 is the research-market name for bremelanotide, a peptide that works on the brain's arousal circuits rather than on blood flow. It began life as a tanning compound's side effect, was developed for two decades as a sexual-function drug for both sexes, and was approved in 2019 as Vyleesi for low sexual desire in premenopausal women. Almost everyone buying it by the vial today is a man, using it for erections and libido, which is the use its developer dropped as a stand-alone drug; a combination with a PDE5 inhibitor was announced in 2024 and has reported nothing since. This guide covers what it is, what the trials in women and men showed, how it is dosed on the label and as sold, the nausea and blood-pressure problems that shaped its history, and why the prescription is lawful when the vial is not.

The trials in women, and in men

+0.35³

Desire score over placebo (scale 1.2 to 6) in ~1,200 women, two trials; significant and modest. Satisfying sexual events: no different from placebo

40%¹

Nausea; 8% quit over it. About 1% developed permanent skin darkening

THE MEN'S TRIALS

YEAR	STUDY	RESULT
2004	Nasal, 32 men, up to 20 mg	Erections above ~7 mg
2004	Injected, 25 sildenafil non-responders	Erections at higher doses
2008	Nasal 10 mg, 342 sildenafil failures	Better than placebo
2007	FDA hold: blood pressure	Men's program ends

Effect in men was shown at 7 to 10 mg nasally; the research-market 1 to 2 mg was never tested.

DESIGNED AROUND, NOT SOLVED

Injection raises blood pressure less than the spray did, hence a monthly cap instead of a hold. Larger or more frequent vial doses recreate what stopped the men's program.

How it is used, and where the FDA stands

DOSES AS USED, 10 MG VIAL + 2 ML (5 MG/ML). AS NEEDED, NOT DAILY.

DOSE	WHO	UNITS	PER VIAL
0.5 mg	Men, limiting nausea	10	20
1 mg	Common men's dose	20	10
1.75 mg	The label, women	35	5–6
2 mg	Upper men's dose	40	5

Label: at least 45 minutes before, no more than one dose in 24 hours or eight a month. Nausea is worst on the first dose.

VYLEESI, PRESCRIBED	Approved; off-label use in men lawful
COMPOUNDED VIAL OR SPRAY	Restricted to a documented patient-specific need
RESEARCH VIAL	Unapproved drug; named in FDA's August 2026 warning letter to a peptide seller

THE APPROVAL BELONGS TO THE AUTOINJECTOR

One product, one dose, one population. A vial for men at a forum dose borrows all three, and the inference stopped being tested in 2008.

Dose arithmetic, and safety

UNITS = (MG ÷ MG/ML) × 100

A 10 mg vial with 2 mL is 5 mg/mL. The 1.75 mg label dose is 0.35 mL, or 35 units; 1 mg is 20 units. Doses are in milligrams: a forum protocol in mcg would be a thousandfold error.

10 MG VIAL, ILLUSTRATION ONLY

WATER	1 MG	1.75 MG	2 MG
1 mL	10 units	17.5 units	20 units
2 mL	20 units	35 units	40 units
3 mL	30 units	52.5 units	60 units

- Common: nausea 40%, flushing, headache, vomiting, injection-site reactions.
- Blood pressure rises for hours after each dose; not for uncontrolled hypertension or heart disease.
- Skin and gum darkening in about 1%, sometimes permanent, more with frequent use.
- Slows the stomach: reduces absorption of oral drugs taken at the same time.
- Men: priapism reported with the parent compound; prolonged erection means seek care.
- The vial: all of the above at an unverified dose, no sterility, no pharmacist.

WHAT DOES HAVE EVIDENCE

Sildenafil and tadalafil for erections; Vyleesi and flibanserin, both modest, for women's desire; testosterone, sleep, mood, and medicines for men's desire, which explain most cases.