

What tesamorelin is

A stabilized synthetic copy of growth hormone-releasing hormone. It prompts the pituitary to release a pulse of growth hormone, which raises IGF-1. The approved version of the idea behind sermorelin and CJC-1295.

BRAND	Egrifta (2010), Egrifta SV (2019), Egrifta WR (2025); Theratechnologies, owned by Future Pak since September 2025
APPROVED FOR	Excess abdominal fat in adults with HIV and lipodystrophy. Nothing else.
FORMS	Brand kits by prescription; limited compounding; research vials, which are unapproved drugs
ANTI-DOPING	Banned by WADA at all times

APPROVED DOES NOT MEAN APPROVED FOR YOU

The trials and the label describe one condition. Prescribing for anything else is legal; the evidence a buyer is shown comes from a population most buyers are not in.

This pamphlet is for adults using or being offered tesamorelin for abdominal fat, body composition, liver fat, or cognition. It is a summary of the label and the trials, not medical advice.

Before using tesamorelin, ask

- ☐ Brand, compounded copy, or research vial? If compounded, what is the patient-specific reason?
- ☐ What were my baseline IGF-1 and HbA1c, and when are they rechecked?
- ☐ What is being measured to decide whether it works?
- ☐ Do I have a cancer history, diabetes, or a pituitary condition? Am I pregnant?
- ☐ Am I subject to anti-doping rules?
- ☐ The fat returns when it stops. Indefinite use, or a course with an endpoint?

SOURCES

1. Falutz J, et al. Metabolic effects of a growth hormone-releasing factor in patients with HIV. *N Engl J Med*. 2007;357(23):2359-2370.
2. Falutz J, et al. Effects of tesamorelin in HIV-infected patients with excess abdominal fat: pooled analysis of two phase 3 trials. *J Clin Endocrinol Metab*. 2010;95(9):4291-4304.
3. EGRIFTA WR (tesamorelin for injection) prescribing information. Theratechnologies, 2025; and EGRIFTA SV prescribing information, 2019.
4. Theratechnologies. FDA approval of EGRIFTA WR (tesamorelin F8), March 25, 2025; availability, September 5, 2025.
5. Makimura H, et al. Metabolic effects of a growth hormone-releasing factor in obese subjects with reduced growth hormone secretion: a randomized controlled trial. *J Clin Endocrinol Metab*. 2012;97(12):4769-4779.
6. Baker LD, et al. Effects of growth hormone-releasing hormone on cognitive function in adults with mild cognitive impairment and healthy older adults. *Arch Neurol*. 2012;69(11):1420-1429.
7. Stanley TL, et al. Effect of tesamorelin on visceral fat and liver fat in HIV-infected patients with abdominal fat accumulation: a randomized clinical trial. *JAMA*. 2014;312(4):380-389.
8. Stanley TL, et al. Effects of tesamorelin on non-alcoholic fatty liver disease in HIV: a randomised trial. *Lancet HIV*. 2019;6(12):e821-e830.
9. U.S. Food and Drug Administration. Warning letter to Royal Peptides LLC, August 24, 2026.
10. U.S. Food and Drug Administration. Compounded drug products that are essentially copies of a commercially available drug product under section 503A. Guidance for industry, 2018.
11. World Anti-Doping Agency. The Prohibited List 2026: S2, growth hormone-releasing factors, including tesamorelin.
12. Liu H, et al. Systematic review: the safety and efficacy of growth hormone in the healthy elderly. *Ann Intern Med*. 2007;146(2):104-115.

This guide is an educational summary of published sources and is not medical advice. Tesamorelin is approved only to reduce excess abdominal fat in adults with HIV and lipodystrophy; every other use described here is off-label or unstudied. Research-chemical vials of tesamorelin are unapproved drugs. 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/TESAMORELIN
FIRST EDITION · SEPTEMBER 2026 · REVISED
SEPTEMBER 23, 2026

Tesamorelin

A guide to the only approved growth hormone releaser: what the label says, what the trials measured, and why the prescription is legal when the vial usually is not

Tesamorelin is the one growth hormone-releasing peptide with an FDA approval, two Phase 3 trials, and a label. It was approved in 2010 to reduce excess abdominal fat in people with HIV whose antiretroviral therapy had redistributed it, and in that population it reliably shrinks visceral fat by about a sixth while it is taken. Clinics now prescribe it off-label for belly fat, body composition, liver fat, and cognition, and research vendors sell it by the vial. This guide separates the approved use from the off-label claims, gives the label's own warnings, and explains which routes to the drug are lawful.

What the trials showed

-15%²

Visceral fat at 26 weeks in about 800 adults with HIV, versus +2% on placebo; -18% at 52 weeks if continued

O

Change in body weight or subcutaneous fat. Fat returned toward baseline within six months of stopping

5% VS 1%³

Patients reaching the diabetic HbA1c range by week 26

OFF-LABEL: EVERY RANDOMIZED TRIAL POPULATION

POPULATION	RESULT
60 obese adults with low GH output, 12 months	Visceral fat down; not tested with normal GH
137 older adults, 20 weeks, 1 mg	Better executive function; never replicated
48 and 61 adults with HIV and liver fat	Liver fat down; less fibrosis progression

No trial in healthy adults for body composition, muscle, recovery, sleep, or aging. Growth hormone itself, in healthy older adults: small lean-mass gain, no functional gain, more side effects.

WHAT WOULD COUNT

A placebo-controlled trial in adults without HIV and without low growth hormone, measuring visceral fat, glucose, and an outcome over a year. None exists.

How it is used, and where the FDA stands

CLINIC PROTOCOL FOR A 10 MG VIAL + 2 ML WATER (5 MG/ML). OFF-LABEL. BEDTIME, 5 NIGHTS ON, 2 OFF.

WEEKS	NIGHTLY DOSE	UNITS	PER 4 WK
1-2	1 mg	20	20 mg
3-12	2 mg	40	40 mg
Label	2 mg daily (1.28 mg WR)	40	56 mg

After 12 Measure; stop if no change

Needs a 0.5 or 1 mL syringe. The label's rule: check IGF-1, and stop if abdominal fat has not fallen.

BRAND, PRESCRIBED	Approved. Off-label use lawful; rarely covered by insurance
COMPOUNDED COPY	Restricted to a documented patient-specific need; FDA has sent warning letters over routine copies
RESEARCH VIAL	Unapproved drug. FDA's August 2026 warning letter names tesamorelin sold "research use only" with a dosing guide

THE APPROVAL BELONGS TO THE BRAND, NOT THE POWDER

A vial from a chemical supplier is no more approved than BPC-157 is. Sermorelin has been sold as tesamorelin; a certificate of analysis should confirm identity by mass spectrometry.

Dose arithmetic, and safety

UNITS = (MG ÷ MG/ML) × 100

A 10 mg vial with 2 mL is 5 mg/mL. 2 mg is 0.4 mL, or 40 units; 1 mg is 20 units. Doses are in milligrams: an ipamorelin protocol in micrograms applied here is off by a thousand.

10 MG VIAL, ILLUSTRATION ONLY

WATER	1 MG	2 MG
1 mL	10 units	20 units
2 mL	20 units	40 units
3 mL	30 units	60 units

- Common: joint pain, injection-site redness and itching, limb pain, swelling, muscle pain.
- Glucose intolerance is a labeled warning; IGF-1 must be monitored and its long-term effects are unknown.
- Do not use in pregnancy, with an active cancer, or with a disrupted pituitary axis.
- Reconstituted tesamorelin degrades faster than most peptides; the brand was reconstituted daily until 2025.
- Athletes: banned at all times; detection is routine.

WHAT DOES HAVE EVIDENCE FOR VISCERAL FAT

Caloric deficit with resistance training; and for obesity, the GLP-1 medicines, which have outcome trials. Tesamorelin's trials were run for patients who could not lose the fat any other way.