

PATIENT INFORMATION

TESAMORELIN

Treatment Guide • CPSA 7 mg and 14 mg presentations

PRESCRIBED ADULT USE This information sheet is intended for adult patients who have been medically assessed and prescribed Tesamorelin. It does not replace individual medical advice.

What is Tesamorelin?

Tesamorelin is a synthetic analogue of growth hormone-releasing hormone (GHRH). It stimulates the pituitary gland to increase the body's own pulsatile release of growth hormone (GH), which in turn raises IGF-1.

Its best-established clinical effect is reduction of visceral adipose tissue - the deeper abdominal fat surrounding the internal organs. Tesamorelin should not be regarded simply as a weight-loss injection: clinical studies show reductions in visceral fat with relatively little change in total body weight.

Potential Benefits

- Reduction in visceral abdominal fat and waist circumference.
- Improvement in body composition, with possible preservation or increase of lean body mass.
- Potential metabolic benefit associated with reducing excess visceral adiposity.
- Possible reduction in liver fat has been reported in selected research populations; this remains an area of ongoing study.

EVIDENCE NOTE The strongest clinical evidence is in adults with HIV-associated lipodystrophy. Use for other metabolic or body-composition indications is off-label/investigational and requires individual medical assessment.

CPSA Pack & Dosing Overview

Each pack contains four unreconstituted Tesamorelin vials and four accompanying bacteriostatic-water vials. Each Tesamorelin vial provides approximately 7 days of treatment; one pack provides 28 days.

Vial	Diluent	Final concentration	Daily dose	Daily volume
7 mg	3.5 mL	2 mg/mL	1 mg daily	0.5 mL
14 mg	3.5 mL	4 mg/mL	2 mg daily	0.5 mL

SYRINGE REFERENCE If a U-100 insulin syringe is specifically prescribed, 0.5 mL corresponds to 50 units on that syringe. Always follow the dose and syringe specified by the prescribing clinician.

Reconstitution - Once Weekly

Prepare only one Tesamorelin vial at a time. Use only the bacteriostatic water supplied or specifically directed for the CPSA product.

1	Use clean technique and prepare the vial on a clean surface.
2	Add 3.5 mL of bacteriostatic water gently to one Tesamorelin vial.
3	Gently swirl until the powder has completely dissolved. Do not vigorously shake.
4	Inspect before use. The solution should be clear and free of visible particles.
5	Label the vial with the date of reconstitution and follow the CPSA-specific storage and beyond-use instructions.

IMPORTANT STORAGE POINT The branded Tesamorelin products have formulation-specific reconstitution and storage requirements. Do not automatically apply another brand's storage instructions to this CPSA presentation. Follow the written CPSA temperature and 7-day in-use guidance supplied for these vials.

Daily Administration

Tesamorelin is administered as a once-daily subcutaneous injection. The abdomen is generally the preferred injection area. Rotate injection sites regularly and avoid the navel, bruised areas, scar tissue or areas of active skin irritation.

Presentation	Once-daily prescribed dose	Volume to administer
7 mg vial	1 mg	0.5 mL
14 mg vial	2 mg	0.5 mL

What is the Best Time to Inject?

There is no good clinical evidence showing that morning or evening administration produces superior results. The most important principle is consistency: administer Tesamorelin at approximately the same time each day.

Evening or bedtime administration is sometimes selected because endogenous growth-hormone secretion is naturally associated with sleep, but this physiological rationale has not been shown to make bedtime dosing clinically superior. Choose a time that supports reliable daily administration.

How Long Should Treatment Continue?

Tesamorelin is better regarded as a medically monitored course of treatment than as a short peptide 'cycle'. The pivotal clinical studies assessed continuous daily treatment for approximately 26 weeks, with extension data to 52 weeks.

A practical medical review at approximately 8-12 weeks can assess clinical response, tolerability, glucose metabolism and IGF-1 where appropriate. There is no established evidence-based requirement to routinely take one month off after every 2-3 months of treatment. Visceral fat may reaccumulate after Tesamorelin is discontinued.

TREATMENT DURATION Continuation, adjustment or discontinuation should be individualised according to treatment response, indication, laboratory monitoring and adverse effects.

Possible Side Effects

Tesamorelin is generally well tolerated, but adverse effects can occur. These may include:

- Redness, itching, discomfort, swelling or bruising at the injection site.
- Headache, muscle aches, joint discomfort or stiffness.
- Tingling or altered sensation in the hands or extremities.
- Fluid retention or peripheral swelling; occasionally carpal-tunnel-type symptoms.
- Increase in blood glucose or worsening glucose tolerance.
- Increased IGF-1 levels.
- Skin rash or hypersensitivity reactions.

SEEK MEDICAL ATTENTION A significant allergic or hypersensitivity reaction requires prompt medical assessment and discontinuation of treatment unless otherwise directed by the treating clinician.

Who Should Not Use Tesamorelin?

Tesamorelin is contraindicated or unsuitable in certain situations. It should not be used without specific specialist assessment in patients with:

- Pregnancy.
- Active malignancy.
- Significant disruption of the hypothalamic-pituitary axis.
- Known hypersensitivity to Tesamorelin or a component of the preparation.

A history of treated malignancy requires careful individual risk-benefit assessment because Tesamorelin increases endogenous GH and IGF-1. Tesamorelin is not intended for paediatric use.

Medical Monitoring

- Medical history and clinical examination before treatment.
- Fasting glucose and/or HbA1c before and periodically during treatment.
- IGF-1 before and during therapy where clinically appropriate.
- Waist circumference or other objective measures of treatment response.
- Review for fluid retention, joint symptoms, injection-site reactions and medication interactions.

Patients with diabetes or impaired glucose tolerance may require closer glucose monitoring.

Important

MEDICALLY SUPERVISED CARE Tesamorelin is a prescription treatment. Its effects relate to growth-hormone signalling and visceral adipose tissue, and treatment should form part of an overall medically supervised plan that considers nutrition, movement, sleep and underlying health conditions.

Clinical references

FDA. EGRIFTA WR (tesamorelin) Prescribing Information, revised March 2025. Falutz J et al. Randomised clinical studies of tesamorelin in HIV-associated abdominal fat accumulation.

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