thetrutides

TESAMORELIN

The one GHRH analogue with FDA approval behind it

Tesamorelin is the exception in this category: an approved drug with completed phase III trials and a specific licensed indication. That evidence base is real, and it is also narrower than how the compound is usually marketed.

In Plain English

Tesamorelin prompts your pituitary to release growth hormone, much as other GHRH analogues do. The difference is that it went through the full drug approval process and demonstrated a specific, measurable result in proper controlled trials: reducing the deep abdominal fat that sits around the organs. That is a real, verified effect — in the specific patient population that was studied.

What people use it for. Reducing deep abdominal fat, and general growth hormone support. It is the compound people move to when they want something with actual regulatory approval behind it.

What to know before you buy. Two things really matter here. First, the approval and the trials behind it were for a specific patient group with a specific condition — using it for general body composition is off-label and the trial results do not automatically transfer. Second, tesamorelin is one of the most counterfeited peptides on the market precisely because its approved status makes it attractive. Verify molecular weight on the COA. If IGF-1 does not move on a reasonable protocol, that tells you something about the material.

What It's Used For

GOAL	WHAT THAT RESTS ON
Visceral abdominal fat	Demonstrated in completed phase III randomised controlled trials — the strongest evidence in this range
Growth hormone support	Well-characterised, reliable effect on IGF-1
Regulatory standing	The only GHRH analogue here with a current FDA approval behind the molecule

The left column lists goals people commonly pursue with this compound; the right column states what that rests on. These are described uses and research findings, not proven outcomes or treatment claims. Individual results vary and no outcome is promised.

Pricing & Sizes

PRICING

10mg vial	$80

Bulk pricing: 2-3 vials −5% | 4-6 vials −10% | 7-9 vials −15% | 10+ vials −20%

Ships sealed and lyophilized — stable for years at room temperature, reconstitute before use, or ask and it will be reconstituted free at the volume shown below. **Free shipping on every order, no minimum.** Third-party COA available for every batch — HPLC purity and mass spec verification.

Reconstitution — bacteriostatic water: 10mg vial at 2mL = 5mg/mL, so 10 units on a 100-unit syringe draws 0.5mg. Concentrations are arithmetic from vial content and diluent volume, not a dosing recommendation.

At a Glance

CLASS	Synthetic growth hormone releasing factor analogue (GRF 1-44)
FDA STATUS	**Approved** as Egrifta, for reduction of excess visceral abdominal fat in HIV-infected patients with lipodystrophy
EVIDENCE	Completed phase III randomised controlled trials — the strongest evidence base of any compound in this range
DEMONSTRATED EFFECT	Meaningful reduction in visceral adipose tissue, with a well-characterised effect on IGF-1
IMPORTANT CAVEAT	Approval is specific to HIV-associated lipodystrophy. Use in healthy adults for body composition is off-label and not supported by the approval trials
COUNTERFEITING	Commonly counterfeited. COA verification of molecular weight is essential
FORMAT	10mg vial

FDA	Phase III	Visceral fat	Not reviewed
APPROVED (EGRIFTA)	COMPLETED RCTS	DEMONSTRATED ENDPOINT	JULY 2026 PCAC

REGULATORY STATUS — THE IMPORTANT DISTINCTION

Tesamorelin is an **FDA-approved drug** with a specific licensed indication. That makes it categorically different from every other compound in this range. However, the approval covers HIV-associated lipodystrophy — not general body composition, anti-ageing or performance use, none of which the approval trials studied. Research-grade material is not the approved product and carries none of its manufacturing controls. Tesamorelin was not on the July 2026 PCAC agenda.

What the Trials Actually Showed

The phase III programme demonstrated statistically significant reduction in visceral adipose tissue in HIV-infected patients with lipodystrophy, with corresponding IGF-1 elevation confirming pharmacological activity. Effects reversed on discontinuation, indicating continued administration is required to maintain them.

Two limits are worth stating plainly. First, the studied population had a specific metabolic pathology, and effect sizes in healthy adults cannot be assumed to match. Second, the endpoint was visceral fat specifically — not subcutaneous fat, not lean mass gain, and not the broad anti-ageing outcomes the compound is often marketed for.

Practical Notes

Counterfeiting

Tesamorelin is among the most frequently counterfeited peptides on the research market, largely because its approved-drug status makes it commercially attractive. Molecular weight verification on the certificate of analysis is not optional here. Treat any supply without a verifiable COA as unidentified material.

Monitoring

IGF-1 is the appropriate marker for confirming pharmacological activity. Because tesamorelin raises IGF-1 reliably, an unchanged IGF-1 on a reasonable protocol is a meaningful signal about the material itself.

THE BOTTOM LINE

The only compound in this range with completed phase III trials and an FDA approval. That evidence is genuine and worth weighting heavily — while recognising that it was earned in a specific clinical population for a specific endpoint, and that research-grade material is not the approved product.

Also in the Range

Compare with **Sermorelin** (former approval, much shorter acting) and **CJC-1295 + Ipamorelin** (two receptor pathways, but no approval behind either component).

 Sources: FDA prescribing information for Egrifta (tesamorelin); published phase III trial programme; FDA PCAC meeting materials, 23-24 July 2026 (not on agenda).