

PT-141

ACTIVE Bremelanotide (PT-141)
FORM Form and strength confirmed only during clinician review



01 / TREATMENT OVERVIEW

The clinical and commercial fit

Clinically demonstrated improvement in sexual-desire scores and distress related to low desire for appropriately selected premenopausal women with acquired, generalized HSDD. Some patients may notice greater desire, arousal, or responsiveness within hours of dosing. Provides a non-hormonal option that works through central melanocortin pathways.

WHY PRACTITIONERS CONSIDER IT

Clinically demonstrated improvement in sexual-desire scores and distress related to low desire for appropriately selected premenopausal women with acquired, generalized HSDD.

Provides a non-hormonal option that works through central melanocortin pathways.

02 / TREATMENT FEATURES

01 Administration Catalog format: Form and strength confirmed only during clinician review. The prescribing clinician and dispensing pharmacy confirm the exact preparation, concentration, handling, and administration technique.	02 Typical frequency As needed, at least 45 minutes before anticipated sexual activity; no more than one dose in 24 hours and no more than eight doses per month.
03 Expected duration Discontinue after eight weeks if symptoms have not improved. Duration of effect after each dose and the optimal administration window are not fully characterized.	04 Practical advantages Provides a non-hormonal option that works through central melanocortin pathways.

03 / PATIENT BENEFITS

Why suitable patients may consider it

POTENTIAL PATIENT BENEFITS

What suitable patients may value

- Clinically demonstrated improvement in sexual-desire scores and distress related to low desire for appropriately selected premenopausal women with acquired, generalized HSDD.
- Some patients may notice greater desire, arousal, or responsiveness within hours of dosing.
- As-needed self-administration allows treatment to be timed around anticipated intimacy.

ADDITIONAL PATIENT VALUE

Experience and care goals

- Provides a non-hormonal option that works through central melanocortin pathways.
- Can support a broader sexual-health plan addressing relationship, medication, hormonal, pain, and mental-health factors.

Approved benefits apply to the labeled HSDD population and dosing. Response varies, satisfying sexual events may not increase, and use outside the label requires separate clinical judgment.

04 / IDEAL CLIENT PROFILE

Who is most likely to be a fit

BEST-FIT PATIENT

Qualification profile

- A carefully screened adult whose goals align with the potential benefits above and who understands that individual response varies.
- A patient willing to complete clinician-directed baseline review, monitoring, and an outcome-based follow-up plan.

CLINICAL CONTEXT

Qualification notes

- Provides a non-hormonal option that works through central melanocortin pathways.
- Strongest fit occurs when the exact formulation, route, source, contraindications, and measurable goals can be clearly documented.

05 / POTENTIAL SIDE EFFECTS

The safety information patients need

COMMON OR TEMPORARY

Expected tolerability issues

- Nausea occurred in 40% of label-trial patients, required anti-nausea treatment in 13%, and led 8% to stop early. Flushing, injection-site reactions, headache, and vomiting are also common.
- Nausea often improves after the first dose but can remain treatment-limiting.

SERIOUS OR IMPORTANT

Risks that change the decision

- Each dose transiently increases blood pressure and reduces heart rate; label averages peaked around 6 mmHg systolic and 3 mmHg diastolic and usually returned to baseline within 12 hours.
- Focal darkening of the face, gums, or breasts occurred in about 1% with intermittent labeled-frequency use; it is more likely with darker skin and frequent dosing and may not fully resolve.
- Because gastric emptying is slowed, absorption of some oral medicines may be affected; interaction with oral naltrexone is specifically relevant.

06 / CONTRAINDICATIONS

Who may not be a suitable candidate

AVOID OR USE SPECIALIST INPUT

Suitability limits

- Uncontrolled hypertension or known cardiovascular disease, which are labeled contraindications.
- Pregnancy or breastfeeding without explicit medical review, unexplained sexual symptoms, daily or high-frequency use, or a product that does not match the approved dose and delivery system.

Side effects and suitability notes are not exhaustive. The exact product, patient history, dosing, monitoring, and emergency guidance require review by an appropriately licensed clinician.

What to check before treatment

BEFORE TREATMENT

Screening checklist

- Confirm acquired generalized HSDD with distress; review blood pressure and cardiovascular risk, menopausal and pregnancy status, skin pigmentation concerns, nausea history, medicines including oral naltrexone and time-sensitive oral drugs, mood, trauma, relationship context, pain, and endocrine or gynecologic causes.
- Reassess symptom improvement by eight weeks and track dose frequency and adverse effects.

ESCALATION

When to refer

- Chest pain, severe headache, markedly elevated blood pressure, fainting, persistent vomiting, significant pigmentation change, pregnancy, suicidality, pelvic pain, or suspected endocrine or gynecologic disease requires appropriate medical assessment.

Screening and referral decisions are patient-specific. This summary does not replace diagnosis, prescribing information, informed consent, or local clinical requirements.

What the strongest public sources support

CURRENT STATUS

Approved as standardized subcutaneous Vyleesi for acquired, generalized HSDD in premenopausal women. Other populations, claims, doses, or formulations are off-label or unsupported.

- The two 24-week RECONNECT trials randomized 1,267 women and showed statistically significant but modest desire and distress improvements. The label limits dosing, requires cardiovascular screening, and recommends stopping after eight weeks without benefit.

KEY CLINICAL SOURCES

Primary or official source: VYLEESI prescribing information, DailyMed, November 2025

Primary or official source: Bremelanotide RECONNECT phase 3 trials, 2019

Evidence and regulatory status can change. Confirm the current label, formulation, route, dose, pharmacy source, jurisdiction, and intended use before offering treatment.

How the research maps to this exact product

Two large phase 3 trials found small but statistically clear improvements in desire and distress in premenopausal women with acquired generalized low desire.

STUDY 01 Primary human finding Two identical 24-week randomized double-blind placebo-controlled phase 3 trials; 1,267 premenopausal women randomized; bremelanotide 1.75 mg under the skin as needed. Desire scores rose and distress fell modestly more than placebo. Nausea, flushing, and headache each affected at least 10%.	STUDY 02 Supporting context Evidence is strongest for that exact group and injection dose. Data for men, postmenopausal women, daily use, or an unspecified formulation are weaker.
--	--

Research on a related ingredient, route, dose, or population may not predict the outcome of the exact product offered. Potential benefits remain patient-specific and are not guaranteed.

What people report and how the evidence matches

REAL-WORLD REPORTS

What people describe

- About 14 detailed accounts were sampled. Many described increased desire or genital response within 30 minutes to several hours. Others had no effect. Nausea, vomiting, flushing, headache, darkened spots, and blood-pressure concern were frequent reasons not to repeat it.

TIMING AND MATCH

When changes are reported

- Often 45 minutes to several hours in reports and studied as-needed use.
- The catalog does not state the studied dose or patient group.

SOURCE NOTES

Direct links are included for verification. Public personal accounts are unverified and cannot show how common an outcome is. Evidence for one ingredient, route, or dose does not automatically validate a different compounded or blended product.

Product listing: Lennox catalog page; accessed Aug 26, 2026

User-reported evidence: Reddit PT-141 experience search

PRACTICE NOTE

This report supports informed discussion; it does not tell anyone to start, stop, or dose a treatment. Verify the exact ingredients, concentration, route, dispensing source, storage, beyond-use date, contraindications, and monitoring plan.