

Tesamorelin

ACTIVE Tesamorelin
FORM Form and strength confirmed only during clinician review



01 / TREATMENT OVERVIEW

The clinical and commercial fit

Clinically demonstrated reduction in visceral abdominal fat for adults with HIV-associated lipodystrophy. Potential reduction in waist or abdominal-fat burden while overall body weight may remain relatively stable. Offers a targeted option for a specific, difficult-to-treat fat-distribution problem.

WHY PRACTITIONERS CONSIDER IT

Clinically demonstrated reduction in visceral abdominal fat for adults with HIV-associated lipodystrophy.

Offers a targeted option for a specific, difficult-to-treat fat-distribution problem.

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 The current EGRIFTA WR label specifies 1.28 mg once daily. Product-specific concentration and reconstitution instructions matter.
03 Expected duration Treatment is reassessed over months using visceral-fat or waist outcomes, metabolic safety, IGF-1, and ongoing clinical need. Fat can return after discontinuation.	04 Practical advantages Offers a targeted option for a specific, difficult-to-treat fat-distribution problem.

03 / PATIENT BENEFITS

Why suitable patients may consider it

POTENTIAL PATIENT BENEFITS

What suitable patients may value

- Clinically demonstrated reduction in visceral abdominal fat for adults with HIV-associated lipodystrophy.
- Potential reduction in waist or abdominal-fat burden while overall body weight may remain relatively stable.
- May improve selected triglyceride and body-composition measures in appropriately selected patients.

ADDITIONAL PATIENT VALUE

Experience and care goals

- Offers a targeted option for a specific, difficult-to-treat fat-distribution problem.
- Provides measurable follow-up through waist, imaging, glucose, IGF-1, and patient-reported function.

Approved benefits apply to the labeled HIV-associated lipodystrophy population and formulation. Results vary, are not guaranteed, and broader weight-loss or wellness use requires separate evidence.

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

- Offers a targeted option for a specific, difficult-to-treat fat-distribution problem.
- 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

- Arthralgia, injection-site redness or itching, limb pain, peripheral edema, and muscle pain occur in more than 5% of treated patients in label data.
- Fluid retention may produce swelling, joint discomfort, or carpal-tunnel-type symptoms.

SERIOUS OR IMPORTANT

Risks that change the decision

- Tesamorelin can raise IGF-1 and may cause or worsen glucose intolerance or diabetes.
- Serious hypersensitivity can occur. Active malignancy is a contraindication, and recurrence risk requires careful review because growth-hormone signaling is increased.
- Long-term cardiovascular safety is not established.

06 / CONTRAINDICATIONS

Who may not be a suitable candidate

AVOID OR USE SPECIALIST INPUT

Suitability limits

- Pregnancy, active malignancy, serious hypersensitivity to tesamorelin or excipients, or disruption of the hypothalamic-pituitary axis from tumor, surgery, radiation, trauma, hypophysectomy, or hypopituitarism.
- General weight-loss treatment or use in children and adolescents outside specialist care.

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 HIV status, lipodystrophy phenotype, medicines and antiretroviral plan, cancer history, pituitary history, pregnancy status, fasting glucose or A1c, retinal disease when diabetes is present, and baseline IGF-1.
- Document waist or imaging-based visceral-fat measures when clinically appropriate and monitor IGF-1, glucose, edema, joint or nerve symptoms, and injection sites.

ESCALATION

When to refer

- HIV management should remain coordinated with an HIV specialist. Abnormal IGF-1, active or recurrent cancer, pituitary disease, worsening glucose, visual symptoms, or serious allergy requires appropriate specialist or urgent medical care.

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 for reduction of excess abdominal fat in HIV-infected adults with lipodystrophy. It is explicitly not indicated for weight-loss management.

- Randomized clinical programs support visceral-fat reduction in the labeled population. The current EGRIFTA WR label specifies 1.28 mg subcutaneously daily, monitoring of IGF-1 and glucose, and important cancer, pituitary, and pregnancy exclusions.

KEY CLINICAL SOURCES

Primary or official source: EGRIFTA WR prescribing information, DailyMed, July 2026

Primary or official source: Randomized tesamorelin visceral-fat trial, 2010

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

Several randomized trials show less deep belly fat in people with HIV-associated lipodystrophy. This is not proof for general weight loss or anti-aging.

STUDY 01

Primary human finding

- Randomized placebo-controlled trial; 404 adults with HIV and excess abdominal fat; tesamorelin 2 mg under the skin daily for 6 months, then extension to 12 months. Visceral fat fell 10.9% vs 0.6% placebo at 6 months; about 18% with continued treatment at 12 months. Fat returned after stopping.

STUDY 02

Supporting context

- A separate 410-person phase 3/extension program found sustained visceral-fat and triglyceride reductions over 52 weeks. Glucose was similar overall, but monitoring remained important.

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 eight detailed accounts were sampled, mostly from body-composition communities rather than HIV care. Users described waist change after 1-3 months; others saw no loss. Swelling, joint pain, tingling, injection reactions, and higher glucose were common concerns.

TIMING AND MATCH

When changes are reported

- Trial changes were measured over 3-6 months. Users often claim 4-12 weeks.
- The catalog does not state the studied 2 mg daily injection or HIV indication.

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

Clinical evidence: 52-week safety/extension trial, 2008

User-reported evidence: User experience summary thread, Reddit 2025

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.