

Melanotan II (10 mg Vial) Comprehensive Dosing Guide

I. Overview

Melanotan II is a synthetic analog of α -melanocyte-stimulating hormone, studied for its ability to increase skin pigmentation and noted for its side-effect of inducing erectile activity[1]. Early human trials identified an effective daily dosing range of 1-2 mg for tanning; conservative protocols commence at lower doses to minimize side-effects such as nausea and flushing[2][3]. This educational protocol presents a once-daily subcutaneous-injection titration method with a practical dilution ratio for clear measurement using insulin syringes. This guideline applies to 10mg vial specifications.

Background Research: For evidence regarding mechanism of action, human and pre-clinical studies, limitations and safety, refer to Melanotan II peptide-related reviews.

II. Dosing & Reconstitution Guidelines

10 mg Specification

Reconstitution: Add 3.0 mL bacteriostatic water → final concentration 3.33 mg/mL

Typical daily dosage range: 250–1000 mcg once daily (gradual titration over 8-12 weeks)

U-100 insulin syringe conversion: 1 unit = 0.01 mL $\approx$ 33.3 mcg

Post-reconstitution shelf-life: Use within 1-2 weeks under refrigeration (2-8°C)[7]

Standard / Gradual Titration Protocol (Once-daily, Subcutaneous Injection)

Weeks / Phase	Daily Dose	Injection Volume (mL)	Syringe Units
Week 1	250 mcg (0.25 mg)	0.075 mL	7.5 units
Week 2	500 mcg (0.5 mg)	0.15 mL	15 units
Week 3	750 mcg (0.75 mg)	0.225 mL	22.5 units
Weeks 4-8	1000 mcg (1 mg)	0.30 mL	30 units
Post-Week 8 (Maintenance)	500-1000 mcg	0.15-0.30 mL	15-30 units

Frequency: Once-daily subcutaneous injection throughout the initial 8-week tanning phase; thereafter switch to 1-2 maintenance injections per week to preserve pigmentation[3].

Syringe recommendation: For delivery volumes ≤ 10 units (≤ 0.10 mL), consider 30-unit or 50-unit insulin syringes for improved reading accuracy.

III. Reconstitution Procedure

- Withdraw 3.0 mL bacteriostatic water using a sterile syringe.
- Inject slowly along the vial wall to prevent foaming; do not shake vigorously.
- Gently roll or swirl the vial until powder is fully dissolved.
- Label with reconstitution date, store refrigerated at 2-8°C (35.6-46.4°F), protected from light.

IV. Required Supplies

Planning is based on an 8-16-week daily-dosing protocol with gradual dose adjustment, including transition to maintenance doses.

Peptide vials (Melanotan II, 10 mg per vial):

8 weeks $\approx$ 5 vials (~45-50 mg total)

12 weeks $\approx$ 8 vials (~70-75 mg total)

16 weeks $\approx$ 10 vials (~95-100 mg total)

Insulin syringes (U-100, 1 mL):

Weekly (daily dosing): 7 syringes

8 weeks: 56 syringes

12 weeks: 84 syringes

16 weeks: 112 syringes

Bacteriostatic water (10 mL vials): 3.0 mL used for reconstitution per peptide vial.

8 weeks (5 vials): 15 mL → 2 $\times$ 10 mL vials

12 weeks (8 vials): 24 mL → 3 $\times$ 10 mL vials

16 weeks (10 vials): 30 mL → 3 $\times$ 10 mL vials

This dosage reference is for informational and research purposes only.

It does not replace professional medical advice and is not for human consumption.

Alcohol swabs: One for vial stopper, one for injection site each day.
Weekly: 14 swabs (2 per day)
8 weeks: 112 swabs → recommended: 2 boxes × 100-count
12 weeks: 168 swabs → recommended: 2 boxes × 100-count
16 weeks: 224 swabs → recommended: 3 boxes × 100-count

V. Protocol Summary

Brief summary:

Goal: Increase skin pigmentation (tanning) via melanocortin-receptor activation[1].

Timing: Daily subcutaneous injections during loading phase for 6-8 weeks; thereafter switch to 1-2 weekly maintenance doses[3].

Dose range: 250-1000 mcg per day, titrated gradually to minimize adverse effects.

Reconstitution: 3.0 mL diluent per 10 mg vial (3.33 mg/mL) to facilitate precise measurement.

Storage: Lyophilized powder frozen at -20°C (-4°F); reconstituted solution refrigerated at 2-8°C (35.6-46.4°F); use within 1-2 weeks[7].

VI. Dosing Protocol

Starting dose: 200-250 mcg daily; increase in increments of 100-250 mcg every 1-2 weeks based on tolerance[2].

Target dose: Reach 500-1000 mcg daily during weeks 4-8 (research-validated effective range: 1-2 mg daily)[1].

Frequency: Once-daily subcutaneous injection throughout loading phase.

Cycle length: Initial tanning phase 6-8 weeks, then transition to maintenance dosing.

Maintenance dose: 500-1000 mcg, 1-2 times weekly, to sustain pigmentation[3].

Injection timing: Consistent time each day; rotate injection sites to reduce irritation.

VII. Storage Instructions

Proper storage preserves peptide stability and potency.

Lyophilized powder: Store at -20°C (-4°F) or colder under dry, dark conditions; minimize moisture exposure[7].

Post-reconstitution: Refrigerate at 2-8°C (35.6-46.4°F); bacteriostatic-water preservatives permit use for 1-2 weeks[7].

Freeze-thaw avoidance: Do not refreeze reconstituted solution; aliquot into smaller vials before freezing for longer-term storage.

Before use: Allow vial to reach room temperature to reduce condensation.

VIII. Important Notes

Practical considerations for consistency and safety.

Use a new sterile insulin syringe for every injection; immediately discard into sharps container[9].

Systematically rotate injection sites (abdomen, thighs, upper arms) to reduce local irritation and scarring[10].

Wipe vial stopper and injection-site skin with alcohol swab before each use; allow full air-drying[11].

Inject slowly and steadily; wait several seconds prior to needle withdrawal.

Log daily dose, injection site and any adverse effects for consistency and tolerance tracking.

Safety warning: Do not exceed 2 mg per day; case reports demonstrate megadoses (6 mg) may cause severe systemic toxicity and rhabdomyolysis[4].

IX. Potential Benefits & Adverse Effects

Observations derived from clinical trials and case reports.

Potential Benefits

Increased skin pigmentation (tanning) without ultraviolet-light exposure[1][2].

Visible tanning response observed in most individuals after 5-10 daily injections[1].

Spontaneous penile erection (MC4R activation) noted as a side-effect in males[3][5].

Sustained pigmentation via maintenance dosing (1-2 times weekly) following initial loading phase[3].

Common Adverse Effects

Nausea (dose-dependent; most prevalent at higher doses)[1][2].

Facial flushing and cutaneous warmth[3].

Reduced appetite and mild fatigue[1].

Spontaneous erection or increased libido in males[5].

Local injection-site reactions (erythema, mild stinging)[9].

Serious Risks & Warnings

Not FDA-approved: Melanotan II is not an approved pharmaceutical agent; usage carries regulatory and safety risks[6].

Dose-limited toxicity: Severe sympathomimetic symptoms and rhabdomyolysis reported at 6 mg dosage[4].

Nevus changes: Pigmentation shifts in existing moles may occur; theoretical melanoma risk warrants caution[6].

Cardiovascular effects: Tachycardia and transient blood-pressure elevation may occur at higher dosages[3].

X. Injection Technique

Subcutaneous-injection guidance sourced from clinical best-practice references[9][11].

Clean vial rubber stopper and injection-site skin with alcohol swab; allow both to air-dry completely[11].

Use 1 mL insulin syringe (29-31 G, ½-inch needle) for subcutaneous delivery[9].

Pinch approximately 1-inch skin fold at injection site (preferred site: abdomen, minimum 2-inches away from umbilicus)[10].

Insert needle at 45-90° angle according to body composition; release skin fold after insertion[10].

Aspiration is unnecessary for subcutaneous injection; deliver dose slowly and steadily[11].

Withdraw needle at insertion angle; apply gentle pressure with clean gauze if bleeding occurs.

Systematically rotate injection sites to prevent lipohypertrophy and scarring[10].

Immediately dispose of used syringes inside appropriate sharps container; never reuse needles[9].

Important Disclaimer: This document is for educational reference only and does not constitute medical advice, diagnosis or treatment. Melanotan II is not approved as a drug by the FDA or other regulatory authorities. It is intended solely for research purposes and is not for human consumption. Any usage carries substantial risks including potential severe adverse events. Consult a qualified medical professional before considering any peptide- related research protocol. Individual responses vary; appropriate medical supervision is essential for safety- and- efficacy monitoring.