

PT-141 (10 mg Specification) Comprehensive Dosing Guide

I. Overview

PT-141 (bremelanotide) is a synthetic cyclic heptapeptide and non-selective melanocortin receptor agonist (MC3R/MC4R), derived as an active metabolite of Melanotan II [1]. It received FDA approval in 2019 for the treatment of hypoactive sexual desire disorder (HSDD) in pre-menopausal women [2]. Bremelanotide enhances sexual desire by activating MC4R within brain reward and arousal pathways, increasing dopamine release in the nucleus accumbens and medial preoptic area [3]. This educational protocol provides a once-daily subcutaneous-injection method with gradual dose titration, using a practical dilution ratio for clear measurement with insulin syringes. This guideline covers dosing protocols for the 10 mg vial specification.

Research Background: Refer to relevant PT-141 peptide reviews for evidence regarding mechanism of action, human and pre-clinical studies, limitations and safety.

II. Dosing & Reconstitution Guidelines

10 mg

Specification Reconstitution: Add 3.0 mL bacteriostatic water → concentration approx.

3.33 mg/mL Typical daily dose range: 500-1500 mcg once-daily (gradual titration over 16 weeks)

U-100 insulin syringe conversion: 1 unit = 0.01 mL ≈ 33.3 mcg Post-reconstitution shelf-life: Use within approximately 30 days under refrigeration (2-8°C); avoid freeze-thaw cycles [9]

Standard / Progressive Protocol (Once-Daily, Subcutaneous Injection)

Weeks	Daily Dose (mcg)	Injection Volume (mL)	Units
Weeks 1-8	500 mcg (0.5 mg)	0.15 mL	15 units
Weeks 9-12	1000 mcg (1.0 mg)	0.30 mL	30 units
Weeks 13-16	1500 mcg (1.5 mg)	0.45 mL	45 units

Frequency: Once-daily subcutaneous injection (abdomen or thigh).

Protocol Note: The subcutaneous route delivers approximately 100% bioavailability and demonstrates better tolerability compared with intranasal administration [3]. The FDA-approved on-demand regimen is 1.75 mg subcutaneously prior to sexual intercourse (maximum 8 times per month) [3]; however, a daily 2.5 mg regimen has been investigated in obese women for appetite and weight loss [4], indicating tolerability for daily use. This protocol employs conservative titration starting below the FDA on-demand dose.

III. Reconstitution Procedure

- Withdraw 3.0 mL bacteriostatic water using a sterile syringe.
- Inject slowly along the vial wall to avoid foam formation.
- Gently swirl / roll vial until fully dissolved (do not shake).
- Label with concentration and date, store refrigerated at 2-8°C (35.6-46.4°F), protected from light.

IV. Required Supplies

Peptide vials (PT-141, 10 mg per vial):

8 weeks (56 days × 500 mcg = 28 mg) ≈ 3 vials

12 weeks (56 × 500 + 28 × 1000 = 56 mg) ≈ 6 vials

16 weeks (56 × 500 + 28 × 1000 + 28 × 1500 = 98 mg) ≈ 10 vials

Insulin syringes (U-100):

Weekly: 7 syringes (1 per day)

8 weeks: 56 syringes

12 weeks: 84 syringes

16 weeks: 112 syringes

This dosage reference is for informational and research purposes only.
It does not replace professional medical advice and is not for human consumption.

Bacteriostatic water (10 mL vials): ~3.0 mL required per vial for reconstitution.

8 weeks (3 vials): 9 mL → 1 × 10 mL vial

12 weeks (6 vials): 18 mL → 2 × 10 mL vials

16 weeks (10 vials): 30 mL → 3 × 10 mL vials

Alcohol swabs: One swab 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:

Objective: Support sexual desire and arousal through central melanocortin-receptor activation [3].

Timing: Daily subcutaneous injection for 8-12 weeks (extendable to 16 weeks as needed).

Dose Range: 500-1500 mcg daily with gradual titration.

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

Storage: Lyophilized powder stored frozen; reconstituted solution refrigerated; avoid repeated freeze-thaw cycles.

VI. Dosing Protocol

Starting Dose: 500 mcg daily for the first 8 weeks to assess tolerability.

Dose Escalation: Increase to 1000 mcg daily during Weeks 9-12.

Target Dose: Advance to 1500 mcg daily during Weeks 13-16 if well-tolerated.

Frequency: Once-daily subcutaneous injection.

Injection Time: Consistent fixed time each day; rotate injection sites between abdomen and thighs.

VII. Storage Instructions

Proper storage preserves peptide quality.

Lyophilized Powder: Store under dry, dark conditions at -20°C (-4°F); minimise moisture exposure [9].

Post-Reconstitution: Refrigerate at 2-8°C (35.6-46.4°F); use within approximately 30 days and avoid freeze-thaw cycles.

Before Use: Allow vial to reach room temperature to minimise condensation uptake.

VIII. Important Considerations

Practical points for consistency and safety.

Use a new sterile insulin syringe (27-30 G, 5/8-inch needle) for every injection; discard into an approved sharps container [7]. Rotate injection sites (abdomen, thighs) on different days to avoid lipodystrophy or local irritation [6]. Inject slowly; wait several seconds prior to needle withdrawal. Nausea is the most common and usually transient side-effect; flushing and headache may also occur [3]. Document daily dose and site rotation for consistency.

IX. Potential Benefits & Adverse-Effect Profile

Observations derived from clinical-trial data and peer-reviewed literature.

Clinical trials in pre-menopausal women with HSDD: Significant improvements in sexual-desire scores (FSFI-Desire) and reductions in distress (FSDS-DAO) compared to placebo [3].

Early studies: Also suggest potential benefits for men; intranasal PT-141 improved erectile response, and enhanced arousal indices in women [1].

Adverse Events: Generally mild and transient; most frequent are nausea (~40%), flushing, headache and local injection-site reactions [3][5].

Blood-Pressure Effects: Transient blood-pressure elevations have been reported; Bremelanotide is not recommended for patients with uncontrolled hypertension or cardiovascular disease [5][10].

Skin Darkening: Repeated administration may produce reversible skin pigmentation due to peripheral MC1R activation [3].

X. Injection Technique

General subcutaneous-injection guidance sourced from clinical best-practice resources [11].

Supplies: U-100 insulin syringe (1 mL), 27-30 G needles, alcohol swabs, sharps-disposal container.

Site Selection: Prefer abdomen and thighs; systematically rotate injection locations.

Injection Procedure: Wipe vial rubber stopper and skin with alcohol swab; allow to air-dry [7]. Pinch up skin fold; insert needle into subcutaneous tissue at 45-90° angle [7][8]. Aspiration is not required for subcutaneous injection; inject slowly and steadily [7]. Withdraw needle at matching

insertion angle after delivery; apply light pressure for bleeding, do not rub. Immediately dispose of used needle-syringe assembly into approved sharps container after each use [7].

Important Disclaimer: This document serves educational purposes only and does not constitute medical advice, diagnosis or treatment. PT- 141 is intended for research- use only. Always consult a qualified healthcare professional before commencing any peptide- based protocol. Individual responses may vary, and appropriate medical oversight is essential for safety- and- efficacy monitoring.

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