

# PRESCRIPTION MONOGRAPH

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**Compounded Active Ingredients:** CJC-1295/Ipamorelin

**Form:** Injection

**Drug Class:**

- CJC-1295: Synthetic growth hormone–releasing hormone (GHRH) analog (peptide).
  - Ipamorelin: Growth hormone secretagogue (selective ghrelin mimetic, GHSR agonist)
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**Mechanism of Action**<sup>1,2</sup>: CJC-1295/Ipamorelin, when compounded together, can act together to increase Human Growth Hormone by acting on two different families of receptors. It is intended to

- Bind to pituitary receptors to increase GH secretion.
  - Amplify GH pulses to activate ghrelin (GHSR) receptors, synergistically boosting GH release without significantly affecting cortisol, ghrelin, or prolactin.
  - Improve weight loss and maintenance of muscle mass.
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**Indications Commonly Prescribed For:**

- Growth hormone deficiency: Explored as an alternative to recombinant GH.
  - Inflammatory conditions
  - Age-related hormone decline/ “anti-aging”: for improved energy, body composition, and recovery.
  - Athletic performance and muscle mass: Used in bodybuilding for anabolic potential.
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**Before Use:** Let your healthcare provider know if you have had any allergic reactions to injections in the past. Let your healthcare provider know if you are pregnant or breast feeding. Let your healthcare provider know of all supplements you are currently taking, especially corticosteroids and thyroid medications.

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**Contraindications:**

- Active malignancy (theoretical concern of GH/IGF-1 stimulating tumor growth).
  - Hypersensitivity to peptide or components.
  - Caution in patients with diabetes, severe cardiovascular disease, or uncontrolled hypertension.
  - CJC-1295 and Ipamorelin are banned by WADA (World Anti-Doping Agency) for use in sports.
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**Cautions:** Take care when injecting the compounded preparation into only specified areas from your healthcare provider. Check the vial for any cloudiness or discoloration before use.

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**Warnings and Precautions:**

- Theoretical cancer risk: IGF-1 elevation could promote tumor growth in susceptible individuals.
  - Fluid balance: May cause mild fluid retention or edema in sensitive patients.
  - GH Axis stimulation can worsen insulin resistance.
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**Adverse Reactions:** If you experience any side effects or adverse reactions, including those not listed, please contact your healthcare provider. Seek emergency care if symptoms are severe.

## Common:

- Injection site reaction
- Transient flushing,
- Headache, lightheadedness
- Water retention
- Carpal tunnel-like symptoms
- Fatigue
- Joint and Muscle Pain

## Serious, but Rare:

- Gynecomastia
- Insulin resistance
- Edema

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## Interactions:

- Theoretical additive risk when combined with insulin, GH, or IGF-1 therapy.
- May blunt efficacy of somatostatin analogs (octreotide, lanreotide) that inhibit GH release.
- Glucose-lowering meds (insulin/orals): dosing may need adjustment as insulin sensitivity shifts.
- Systemic corticosteroids: can blunt GH axis benefits and worsen metabolic profile.
- Thyroid hormone: GH axis changes can unmask hypothyroid symptoms (recheck thyroid function if fatigue persists).

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## Use in Specific Populations:

- Pregnancy/Lactation: Not recommended; insufficient safety data.
- Pediatrics: Not approved; safety unknown.
- Older adults: start lower and titrate slowly; monitor glucose/edema symptoms.
- Cancer patients: Avoid unless under strict research protocol.

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## Storage:

- Refrigerate at 2°C to 8°C (36°F to 46°F)
- Can be stored at room temperature (up to 30°C or 86°F) for up to 48hrs
- Do not freeze

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**How to Use This Medication:** This medication is a subcutaneous injection and is delivered in a premixed liquid form. Wash your hands with soap and water before giving the injection. Wipe the rubber stopper of the vial with an alcohol swab. Take a syringe and pull the plunger down to the necessary prescribed amount. This is achieved when the plunger reaches the line for the amount prescribed. Push the needle through the rubber stopper of the vial. Push the plunger down to put air into the vial. Invert the vial and then slowly pull the plunger down past the prescribed dose. If there are bubbles in the syringe, tap the syringe to allow the air bubbles to rise to the top. Slowly push the plunger up until the tip reaches the line for the prescribed dose and removes the bubble of air. Pull the syringe out of the vials rubber stopper. Inject at predetermined injection site as instructed by healthcare practitioner. Discard any remainder from punctured vial after 28 days.

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### Monitoring Parameters:

- IGF-1 levels (to track biological effect).
  - Fasting glucose, HbA1c (screen for insulin resistance).
  - Lipids and blood pressure.
  - Periodic cancer screening appropriate to age/risk.
  - Clinical outcomes: sleep quality, body composition, recovery, adverse effects.
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### Citations:

1. Raun K, Hansen BS, Johansen NL, et al. Ipamorelin, the first selective growth hormone secretagogue. *Eur J Endocrinol*. 1998;139(5):552-561. doi:10.1530/eje.0.1390552
2. Sackmann-Sala L, Ding J, Frohman LA, Kopchick JJ. Activation of the GH/IGF-1 axis by CJC-1295, a long-acting GHRH analog, results in serum protein profile changes in normal adult subjects. *Growth Horm IGF Res*. 2009;19(6):471-477. doi:10.1016/j.ghir.2009.03.001
3. U.S. Food and Drug Administration. *CJC 1295 (Modified GRF [1–29]; CJC 1295 + DAC; CJC 1295 w/out DAC + Ipamorelin) Growth Hormone Releasing Hormone (GHRH) Peptide*. Docket No. FDA-2024-N-4777; Attachment 7. 2024. Available from: [https://downloads.regulations.gov/FDA-2024-N-4777-0002/attachment\\_7.pdf](https://downloads.regulations.gov/FDA-2024-N-4777-0002/attachment_7.pdf). Accessed November 18, 2025.