

PRESCRIPTION MONOGRAPH

Compounded Active Ingredients: CJC-1295/Ipamorelin

Form: Sublingual Rapid Dissolve Tablet

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^{1,2}: 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 any medication allergies before you take this compounded preparation. Let your healthcare provider know if you have any liver or kidney problems. Let your healthcare provider know of all supplements you are currently taking.

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: Let your Healthcare provider know if you experience any adverse side effects

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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PRESCRIPTION MONOGRAPH

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

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).

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.

Storage:

- Store in original container at room temperature (up to 30°C or 86°F)
- Store in a cool dry place away from heat, sunlight, and moisture.

How to Use: This compounded preparation is in the form of a sublingual rapid dissolve tablet. Place tablet under tongue to dissolve completely. Do not chew or crush the tablet. Once the tablet has fully dissolved, do not rinse mouth, brush teeth, or consume food or beverages for at least five minutes to allow absorption. If you miss a dose, take as soon as you remember, but not at the time for the next dose. The desired results may take up to several weeks.

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. Accessed November 18, 2025.