

Tesamorelin

Patient Education Guide — What It Does, Why a Physician Would Prescribe It, and What the Evidence Says

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Important Disclaimer

This information is not medical advice and is provided only to help begin your research. All clinical and dosing decisions must be made with a licensed, experienced physician and a licensed, experienced compounding pharmacist, supported by published clinical studies. This material was compiled using Artificial Intelligence, statements from videos and websites by apparent qualified professionals, and available published research. Anyone starting a medication they have never taken before should take an extremely conservative approach. We are not affiliated with any of the doctors whose videos are referenced below.

Tesamorelin

FDA-Approved

Off-Label for Visceral Fat

Brand: Egrifta

Category: GHRH Analog — Visceral Fat Reduction

How it works. Tesamorelin is a stabilized GHRH analog. Like sermorelin, it stimulates the pituitary to release growth hormone, which raises IGF-1 and drives downstream effects on fat metabolism. What sets tesamorelin apart is that it specifically targets visceral adipose tissue (VAT)—the dangerous fat that wraps around abdominal organs and drives insulin resistance, inflammation, and cardiovascular risk—without meaningfully reducing subcutaneous fat.

Why a physician prescribes it. Tesamorelin is FDA-approved as Egrifta for reduction of excess abdominal fat in HIV-associated lipodystrophy. That is the only approved indication. Off-label use for non-HIV visceral adiposity, metabolic syndrome, or cardiometabolic risk reduction requires a documented clinical rationale in the chart. The prescription is more defensible when the target is objectively measurable—elevated waist circumference, imaging-documented visceral fat, or measurable liver fat—rather than "patient wants a smaller belly." Because it has a real FDA-approved label and a known Phase 3 safety profile, tesamorelin sits on stronger regulatory ground than most other GH-axis peptides.

What to know before starting. Contraindications include active malignancy, pituitary disease, and pregnancy. Cautions include glucose intolerance, diabetes risk, edema, and joint pain. The most common side effects in the pivotal HIV trials were injection-site erythema and pruritus, rash, and flushing. IGF-1 elevation is expected and needs to be monitored so it does not exceed age-appropriate reference ranges. Patients expecting dramatic scale weight loss may be disappointed—tesamorelin can quietly shrink dangerous internal fat while the bathroom scale barely moves. Your prescriber should explain this distinction before you start.

Published Evidence: Two multicenter Phase III trials (n=806 HIV-infected patients with abdominal obesity) demonstrated that tesamorelin 2 mg daily reduced VAT by $\geq 8\%$ in the majority of responders. VAT responders also experienced significant reductions in liver enzymes (ALT -8.9 U/L, AST -3.8 U/L), suggesting hepatic benefit from visceral fat reduction. These improvements persisted after drug discontinuation in initial responders.

Key Study: Stanley TL, et al. "Visceral Fat Reduction with Tesamorelin Is Associated With Improved Liver Enzymes." *PMC*. 2018; analysis of Phase III registration data.

Recommended Videos (educational, independent sources)

► **Dr. Ashley Froese — This Is Not Covered** — Dr Amazed: Tesamorelin DECIMATES Visceral Fat and MORE
<https://www.youtube.com/watch?v=Ky5Hodz3-9A>

► **Regan Archibald** — What Is Tesamorelin Peptide
<https://www.youtube.com/watch?v=fqcosoFf-7E>

► **The Hunter Williams Podcast** — The Tesamorelin Masterclass | Complete Researcher's Guide (2026)
https://www.youtube.com/watch?v=V_Yd07NqXYM

