RonanRx
PERSONALIZED MEDICINE

CLINICAL MONOGRAPH · GROWTH-HORMONE AXIS (UNDER FDA REVIEW)

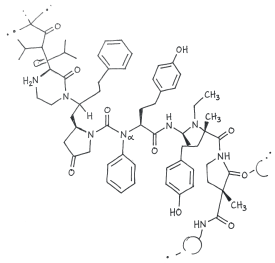
CJC-1295

Long-acting GHRH analog with case-by-case pharmacy review

CJC-1295 is a synthetic peptide designed in the early 2000s to release growth hormone over a long duration [jette2005; teichman2006]. It is a modified version of the first 29 amino acids of growth-hormone-releasing hormone (GHRH), the natural signal the brain sends to the pituitary gland. CJC-1295 has never been approved by the FDA, and human drug development was discontinued by its original sponsor (ConjuChem) in the late 2000s after a cardiovascular safety signal appeared during an HIV-lipodystrophy program.

There are two variants in the literature. The DAC (drug affinity complex) version permanently attaches to a blood protein called albumin after injection, extending its half-life to roughly one to two weeks. The non-DAC version, sometimes called 'mod-GRF 1-29' or 'modified GHRH,' lacks this albumin linker and is cleared in about half an hour. Both are widely advertised in gray-market anti-aging and bodybuilding channels, RonanRx flags this honestly and does NOT participate in that market.

CJC-1295 has no FDA approval in the United States. This ingredient is part of an evolving FDA review process. Physicians may submit patient-specific prescription requests for pharmacy review. Availability is determined case by case, and availability may change after FDA review, PCAC discussion, final agency action, or state-board guidance.



EVIDENCE POSTURE EMERGING PRECLINICAL

REVIEWED **2026-05-11**

State-licensed 503A | Pharmacist reviewed | Doctor led | Cold-chain ready | Patient choice preserved

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FOR CLINICIANS

CJC-1295 is a long-acting synthetic analog of human GHRH(1-29) with four amino-acid substitutions (D-Ala2, Gln8, Ala15, Leu27) conferring resistance to dipeptidyl peptidase-IV (DPP-IV) and serum protease degradation [fda_503a_lists]. The DAC variant additionally carries a maleimidopropionyl group on Lys30 that forms an irreversible thioether bond with Cys34 of circulating albumin, producing a bioconjugate with an apparent terminal half-life of approximately 5.8 to 8.1 days in healthy adults [teichman2006]. The non-DAC variant retains only the tetra-substitution and is cleared in roughly 30 minutes, biologically closer to sermorelin in pharmacokinetic behavior.

Mechanistically, CJC-1295 acts as a full agonist at the GHRH receptor on anterior pituitary somatotrophs, elevating cAMP and stimulating pulsatile growth hormone (GH) release with downstream elevation of IGF-1 [fda_503a_lists] [esposito2019_screen; drugtest2021_review]. Jetté and colleagues demonstrated GHRH receptor activation by the hGRF(1-29)-albumin bioconjugate in 2005 [jette2005]; Alba and colleagues showed once-daily CJC-1295 normalized growth in GHRH-deficient mice [alba2006]; Ionescu and Frohman confirmed in healthy adults that continuous stimulation by CJC-1295 does not abolish the natural pulsatile GH pattern [ionescu2006]. Sackmann-Sala et al. (2009) characterized downstream serum protein changes consistent with sustained GH/IGF-1 axis activation [sackmannsala2009] [peptides_review_2026_jspmpf; peptides_review_2026_ajsm].

Phase 1/2 human evidence is limited to small healthy-volunteer pharmacokinetic and pharmacodynamic studies sponsored by ConjuChem in the mid-2000s [teichman2006, ionescu2006] [fda_503a_lists]. Clinical development was halted after a cardiovascular safety signal during a phase 2 HIV-associated lipodystrophy program, and no FDA marketing application was ever submitted. The post-discontinuation literature is dominated by analytical chemistry methods for detecting CJC-1295 in doping control samples and qualitative studies of gray-market use [brennan2016, brennan2016_forum] [henninge2010]. There are no randomized placebo-controlled efficacy or long-term safety trials in any clinical indication [peptides_review_2026_sports].

CJC-1295 has no FDA approval in the United States. This ingredient is part of an evolving FDA review process. Physicians may submit patient-specific prescription requests for pharmacy review. Availability is determined case by case, and availability may change after FDA review, PCAC discussion, final agency action, or state-board guidance.

Why Personalized CJC-1295

The evidence base for CJC-1295 includes human endocrine studies and a discontinued clinical development program. The long-acting albumin-binding design raises different safety questions from short-acting GHRH analogs, including sustained GH and IGF-1 axis exposure.

Physicians may submit patient-specific prescription requests for CJC-1295 for pharmacy review. Certain preparations may be available now when clinically appropriate, lawfully prescribed, supported by patient-specific documentation, and approved by the dispensing pharmacy. Availability is determined case by case. This is not a consumer access promise; it is a clinical, sourcing, formulation, and regulatory review process. This ingredient remains part of an evolving FDA review process after prior Pharmacy Compounding Advisory Committee consideration.

The regulated route is not a CJC-1295 and ipamorelin stack sold as a wellness protocol. It is a prescriber-submitted request for one patient, reviewed against the safety record, the formulation, and the legal status at the time of review.

Quick Facts About CJC-1295

Category: Modified GHRH(1-29) analog; long-acting growth-hormone-releasing peptide

Active ingredient: Tetrasubstituted GHRH(1-29), substitutions at D-Ala2, Gln8, Ala15, Leu27 confer DPP-IV resistance and extended plasma stability. The DAC variant adds a maleimidopropionyl-Lys30 linker that covalently binds plasma albumin via Cys34, extending half-life from hours to days; the non-DAC variant (sometimes labeled 'modified GHRH' or 'mod-GRF 1-29') retains only the tetra-substitution and has a half-life of approximately 30 minutes

FDA-approval status: Category 2, evolving FDA review process. Valid patient-specific prescription required; supporting clinical rationale may be requested.

503A bulk substances status: Category 2, evolving FDA review process. Valid patient-specific prescription required; supporting clinical rationale may be requested.

WADA status: Category 2, evolving FDA review process. Valid patient-specific prescription required; supporting clinical rationale may be requested.

RonanRx availability: Physicians may submit patient-specific prescription requests for pharmacy review. Availability is determined case by case.

SPECIALS: PATIENT-SPECIFIC PRESCRIPTION ONLY

Physicians may submit patient-specific prescription requests for CJC-1295 for pharmacy review. Certain preparations may be available now when clinically appropriate, lawfully prescribed, and approved by the dispensing pharmacy. Availability is determined case by case.

- **Made to order, not off a shelf.** No batch sits in a warehouse waiting for buyers. Your prescription triggers the prep.
- **Named-patient label.** The bottle carries one patient's name. The batch records carry one prescription.
- **Dose, strength, and route chosen for the patient.** A prescriber decides what gets compounded, not a manufacturer who set the strength for a trial population.
- **Licensed pharmacist on the hook.** A real person, with a license that can be pulled, signs off on every prep. State inspectors check the facility.
- **Compounded drugs are not FDA-approved.** They should not be evaluated using branded-drug trial data alone. Availability varies by state and prescribed medication.

How This Differs from a Research-Use-Only Website

A research-use-only website ships a vial from a warehouse. There is no prescription, no pharmacist, no facility inspection, and no way to recall the product if something is wrong with it. If the vial is mislabeled, contaminated, or under-potent, there is nobody whose license is at stake.

A 503A compounding pharmacy is the other thing. The doctor writes the prescription. A licensed pharmacist, whose name is on the label, prepares the medicine in a facility the state inspects. If something goes wrong, there is a person and a license on the hook, and a documented chain of custody on every lot. That accountability is what makes it safe.

What is CJC-1295?

CJC-1295 is a synthetic peptide based on the N-terminal 29 amino acids of human growth-hormone-releasing hormone (GHRH 1-29), the biologically active fragment of the 44-amino-acid hypothalamic hormone [alba2006]. The parent GHRH(1-29) sequence is the same scaffold used by sermorelin (FDA-approved as Geref in 1997 and withdrawn from the U.S. market in 2008) and the FDA-approved HIV-lipodystrophy product tesamorelin (Egrifta, 2010).

CJC-1295 incorporates four amino-acid substitutions designed to confer enzymatic stability against dipeptidyl peptidase-IV (DPP-IV) and serum endopeptidases: D-alanine at position 2 (the canonical DPP-IV cleavage site), glutamine at position 8, alanine at position 15, and leucine at position 27. These substitutions extend the in vivo half-life of the unmodified peptide from approximately 7 minutes (native GHRH) to roughly 30 minutes, the basis for the non-DAC variant sometimes labeled 'mod-GRF 1-29' or 'modified GHRH(1-29)' in research and gray-market literature [alba2006].

The DAC (drug affinity complex) variant additionally appends a maleimidopropionyl (MPA) reactive group to an added Lys30 residue [alba2006]. After subcutaneous injection, the MPA group forms an irreversible

thioether bond with the free thiol of Cys34 of circulating human serum albumin, generating a covalent peptide-albumin bioconjugate. This bioconjugation slows renal clearance and proteolytic degradation, producing a circulating depot with a terminal half-life on the order of one to two weeks [jette2005, teichman2006]. The DAC variant is the molecule originally developed by ConjuChem under the designation CJC-1295; the non-DAC variant is a derivative used in research and in the gray market under the looser label 'CJC-1295 without DAC.'

There is no FDA-approved CJC-1295 product [alba2006]. Clinical development by ConjuChem proceeded to small phase 1/2 trials in healthy adults [teichman2006, ionescu2006] and a phase 2 program in HIV-associated lipodystrophy. The HIV-lipodystrophy program was discontinued after an emerging cardiovascular safety signal, and no New Drug Application was filed.

How CJC-1295 Works

CJC-1295 binds and activates the GHRH receptor, a class B G-protein-coupled receptor expressed on somatotroph cells in the anterior pituitary [jette2005]. Receptor activation elevates intracellular cAMP, drives PKA-mediated phosphorylation of CREB, and triggers pulsatile growth hormone (GH) release into systemic circulation. GH in turn stimulates hepatic and peripheral production of insulin-like growth factor 1 (IGF-1), which mediates most of the anabolic and growth-promoting downstream effects of the GH axis.

Unlike growth-hormone secretagogues acting at the ghrelin (GHS-R1a) receptor (ipamorelin, GHRP-2, GHRP-6, hexarelin, MK-677), CJC-1295 acts only at the GHRH receptor and therefore preserves the physiologic feedback architecture mediated by somatostatin and by GH/IGF-1 negative feedback. Ionescu and Frohman (2006) demonstrated that pulsatile GH secretion is preserved during continuous CJC-1295 exposure in healthy adults [ionescu2006], a pharmacodynamic distinction from recombinant human growth hormone (rhGH), which delivers a flat exogenous GH exposure [jette2005].

The DAC modification does not change the receptor pharmacology; it changes only the pharmacokinetic profile. Bound to albumin, the bioconjugate continues to engage the GHRH receptor over days to weeks, producing sustained elevation of serum GH and IGF-1 [teichman2006, sackmannsala2009] [jette2005].

Biological Role of CJC-1295

GHRH is the hypothalamic neuropeptide that drives somatotroph proliferation and GH secretion from the anterior pituitary. The GH/IGF-1 axis regulates linear growth in childhood and, in adults, modulates body composition (lean mass vs adiposity), insulin sensitivity, bone turnover, and several aspects of metabolic homeostasis [teichman2006]. GH secretion is pulsatile, dominated by overnight slow-wave-sleep-associated bursts, and declines progressively from young adulthood onward, the basis of the contested 'somatopause' construct.

Pharmacologic agents that act on the GH axis fall into three categories: (1) recombinant human GH itself (somatropin), which delivers exogenous GH directly; (2) GHRH receptor agonists (sermorelin, tesamorelin, CJC-1295), which act upstream on the pituitary somatotroph; and (3) ghrelin receptor (GHS-R1a) agonists (ipamorelin, GHRP-2/6, hexarelin, MK-677), which act through a parallel receptor system. The GHRH-receptor agonists preserve the pulsatile architecture of GH secretion and the somatostatin negative-feedback loop, which is the pharmacological rationale that distinguishes them from exogenous rhGH [ionescu2006]. CJC-1295 is the longest-acting GHRH receptor agonist designed for clinical use to date [teichman2006].

Detailed Mechanism of CJC-1295

Native GHRH(1-44) is rapidly inactivated in plasma by DPP-IV-mediated cleavage of the N-terminal Tyr-Ala dipeptide, yielding GHRH(3-44), which lacks receptor agonism [ionescu2006]. Substitution of D-alanine for L-alanine at position 2 of GHRH(1-29) renders this bond DPP-IV-resistant. The additional substitutions at positions 8 (Gln for Asp), 15 (Ala for Gly), and 27 (Leu for Met) stabilize the peptide against trypsin-like serum endopeptidases and against methionine oxidation. The resulting tetrasubstituted GHRH(1-29), the non-DAC variant, retains full GHRH receptor agonism with an extended plasma half-life of approximately 30 minutes [jette2005].

The DAC technology developed at ConjuChem appends a maleimidopropionyl (MPA) chemoselective linker to the C-terminus of the tetrasubstituted GHRH(1-29) scaffold. The MPA group is selective for free thiols at physiologic pH; after subcutaneous administration the linker reacts preferentially with the unique free cysteine at position 34 of human serum albumin, generating a 1:1 albumin-peptide bioconjugate. Jetté and colleagues (Endocrinology 2005) demonstrated that the resulting bioconjugate retains GHRH receptor agonism on rat anterior pituitary somatotrophs in vitro and in vivo [jette2005]. Teichman and colleagues (J Clin Endocrinol Metab 2006) reported in 36 healthy adults that a single subcutaneous dose of CJC-1295 produced a 2- to 10-fold elevation in mean serum GH over 6 days and a 1.5- to 3-fold elevation in IGF-1 over 9 to 11 days, with an apparent terminal half-life of the bioconjugate of approximately 5.8 to 8.1 days [teichman2006] [ionescu2006].

Alba and colleagues (Am J Physiol Endocrinol Metab 2006) demonstrated in GHRH-deficient little (lit/lit) mice that once-daily CJC-1295 normalized linear growth and IGF-1 levels with sustained exposure, validating the long-acting GHRH agonism phenotype in a defined genetic model [alba2006]. Sackmann-Sala and colleagues (Growth Horm IGF Res 2009) characterized serum protein profile changes in normal adult subjects receiving CJC-1295 and reported a coordinated GH/IGF-1-axis-activated proteomic signature consistent with sustained somatotropic stimulation [sackmannsala2009] [ionescu2006].

Pharmacodynamic consequences of sustained GH/IGF-1 elevation include the canonical GH effects on lipolysis, hepatic gluconeogenesis, insulin resistance, sodium retention, and IGF-1-mediated mitogenesis in cartilage and other peripheral tissues [ionescu2006]. The duration of GH/IGF-1 elevation in the DAC

variant is on the order of weeks per dose, distinct from sermorelin (half-life ~10-20 minutes) and tesamorelin (half-life ~26-38 minutes in healthy subjects), both of which produce short, sermorelin-like or GHRH-like exposure pulses rather than sustained agonism.

CJC-1295 Research History

CJC-1295 was developed by ConjuChem Inc. (Montreal) in the early 2000s using the company's proprietary DAC platform for covalent albumin bioconjugation. The discovery and receptor-activation chemistry was reported by Jetté and colleagues in Endocrinology in 2005 [jette2005]. Initial phase 1 single-ascending-dose and multiple-ascending-dose studies in healthy adults were reported by Teichman and colleagues (J Clin Endocrinol Metab 2006) [teichman2006] and Ionescu and Frohman (J Clin Endocrinol Metab 2006) [ionescu2006], establishing the once-weekly to once-every-two-weeks subcutaneous dosing interval and confirming preservation of pulsatile GH secretion [peptides_review_2026_gerontology]. Alba and colleagues (Am J Physiol Endocrinol Metab 2006) provided the corresponding preclinical efficacy data in GHRH-deficient mice [alba2006] [peptides_review_2026_sports]. Sackmann-Sala and colleagues (Growth Horm IGF Res 2009) characterized downstream serum protein changes [sackmannsala2009] [peptides_review_2026_ajsm; drugtest2021_review].

ConjuChem advanced CJC-1295 into phase 2 development for HIV-associated lipodystrophy, an indication where tesamorelin (a different short-acting GHRH analog) would later receive FDA approval as Egrifta (2010). The CJC-1295 HIV-lipodystrophy program was discontinued after an emerging cardiovascular safety signal, the specific event profile has not been published in the peer-reviewed literature, but the discontinuation is acknowledged in subsequent regulatory and review documents. ConjuChem ceased clinical development of CJC-1295 and no New Drug Application was filed [henninge2010].

Following discontinuation, the published literature on CJC-1295 is dominated by analytical chemistry: development of immuno-affinity, immuno-PCR, LC-MS/MS, and high-resolution mass spectrometric methods for detecting CJC-1295 and related GHRH analogs in human and equine plasma and urine at picogram-per-milliliter sensitivity [esposito2019_plasma; esposito2019_screen]. Qualitative social-science work has documented the gray-market use of CJC-1295 in bodybuilding and anti-aging communities [brennan2016, brennan2016_forum], and recent review articles in sports-medicine and orthopaedic journals catalog the unapproved-peptide therapy landscape including CJC-1295 [peptides_review_2026_jspmpf].

FDA's Pharmacy Compounding Advisory Committee (PCAC) reviewed CJC-1295 in 2023 as part of the broader bulk-substances-for-503A-compounding nomination review and recommended against placement on the Category 1 (503A-eligible) list, citing absence of an adequate human safety database and concerns about uncontrolled long-acting GH/IGF-1 axis stimulation [fda_pcac_2023]. CJC-1295 remains on the Category 2 list and is part of an evolving FDA review process [fda_503a_lists].

CJC-1295 Timeline

2005 • Jetté et al [jette2005]. (Endocrinology), hGRF(1-29)-albumin bioconjugates activate the GHRH receptor on rat anterior pituitary; establishes the DAC platform for CJC-1295

2006 • Teichman et al [teichman2006]. (J Clin Endocrinol Metab), phase 1 single- and multiple-ascending-dose study of CJC-1295 in 36 healthy adults; demonstrates sustained GH and IGF-1 elevation with terminal half-life ~5.8-8.1 days

2006 • Ionescu and Frohman (J Clin Endocrinol Metab), pulsatile GH secretion preserved during continuous CJC-1295 exposure in healthy adults [ionescu2006]

2006 • Alba et al [alba2006]. (Am J Physiol Endocrinol Metab), once-daily CJC-1295 normalizes growth in GHRH-deficient (lit/lit) mice

2009 • Sackmann-Sala et al [sackmannsala2009]. (Growth Horm IGF Res), CJC-1295 produces a coordinated GH/IGF-1-axis serum protein signature in normal adult subjects

late 2000s • ConjuChem discontinues phase 2 development of CJC-1295 for HIV-associated lipodystrophy after a cardiovascular safety signal; no New Drug Application filed

2010 • Henninge et al [henninge2010]. (Drug Test Anal), analytical identification of CJC-1295 in an unknown pharmaceutical preparation seized from the gray market

2016 • Brennan et al [brennan2016; brennan2016_forum]. (Subst Use Misuse; Forensic Sci Int), netnographic and forum-based studies of gray-market CJC-1295 use in bodybuilding and female anti-aging communities

2019 • Esposito et al [esposito2019_plasma; esposito2019_screen]. (Drug Test Anal), LC-MS/MS confirmation and immuno-PCR screening methods for CJC-1295 in equine plasma at pg/mL sensitivity

2021 • Drug Testing and Analysis review, advances in detection of GHRH releasing-hormone synthetic analogs including CJC-1295 in doping control [drugtest2021_review]

2023 • FDA Pharmacy Compounding Advisory Committee (PCAC) reviews CJC-1295 and recommends against placement on the Category 1 (503A-eligible) bulk substances list; CJC-1295 remains on Category 2 and is part of an evolving FDA review process for 503A compounding [fda_pcac_2023; fda_503a_lists]

2026 • Multiple review articles in sports-medicine, orthopaedic-medicine, and gerontology journals catalog CJC-1295 within the unapproved-peptide therapy landscape and document widespread gray-market availability outside the regulated supply chain [peptides_review_2026_sports; peptides_review_2026_jspmpf; peptides_review_2026_ajsm; peptides_review_2026_gerontology]

Clinical Contexts for CJC-1295

Adult growth hormone deficiency (replacement therapy) PRECLINICAL

Hypothesized indication based on pharmacology; no published randomized controlled trials of CJC-1295 in adult GHD. Sermorelin (short-acting) was previously studied in this space; tesamorelin carries an FDA approval in a related indication (HIV-lipodystrophy).

Evidence should be interpreted in context for CJC-1295. Any patient-specific request requires prescriber rationale and pharmacy review; availability is determined case by case.

HIV-associated lipodystrophy / excess visceral adipose tissue PRECLINICAL

Phase 2 program was conducted and discontinued. Tesamorelin is the FDA-approved GHRH-analog in this indication; CJC-1295 is not FDA-approved.

ConjuChem advanced CJC-1295 into phase 2 development for HIV-associated lipodystrophy in the mid-to-late 2000s. The program was discontinued following an emerging cardiovascular safety signal, and no peer-reviewed efficacy or safety results were published. Tesamorelin (Egrifta), a non-DAC, short-acting GHRH(1-44) analog, subsequently received FDA approval in 2010 for HIV-associated lipodystrophy. CJC-1295 has no published evidence base in this or any other patient population [fda_pcac_2023].

Age-related GH/IGF-1 decline ('somatopause') in healthy adults PRECLINICAL

Widely marketed in gray-market anti-aging and wellness channels. No FDA-approved indication. The premise that pharmacologically restoring younger-adult GH/IGF-1 levels improves long-term outcomes in healthy older adults is not established by randomized controlled trial evidence for any GH-axis agent.

There are no randomized controlled trials of CJC-1295 in healthy aging adults for any clinical outcome [peptides_review_2026_gerontology]. The molecule is widely marketed outside the regulated pharmacy framework, in anti-aging clinics, telehealth gray-market vendors, and direct-to-consumer peptide retailers, for body-composition, sleep, and 'wellness' indications [peptides_review_2026_jspmpf; peptides_review_2026_ajsm]. Qualitative research [brennan2016, brennan2016_forum] documents this use pattern but provides no controlled efficacy data. Reviews of the broader unapproved-peptide landscape catalog CJC-1295 within this category and flag the absence of regulated-pathway safety data [peptides_review_2026_sports]. RonanRx does not participate in this market.

Athletic performance, body composition, and physique modification PRECLINICAL

Prohibited at all times under WADA S2. No legitimate clinical role.

CJC-1295 is on the WADA prohibited list under section S2 (peptide hormones, growth factors, related substances and mimetics) at all times in and out of competition [wada_prohibited_list] [henninge2010; drugtest2021_review]. A substantial analytical-chemistry literature exists for detecting CJC-1295 in human and equine doping-control samples [esposito2019_plasma; esposito2019_screen]. There is no published controlled trial evidence supporting use of CJC-1295 for athletic performance, body composition, or physique modification, and the regulatory framework does not permit it [peptides_review_2026_sports; peptides_review_2026_jspmpf].

Off-Label Uses of CJC-1295

Gray-market 'anti-aging' and wellness use outside the regulated pharmacy framework PRECLINICAL

Evidence should be interpreted in context for CJC-1295. Any patient-specific request requires prescriber rationale and pharmacy review; availability is determined case by case.

Evidence should be interpreted in context for CJC-1295. Any patient-specific request requires prescriber rationale and pharmacy review; availability is determined case by case.

FDA-Approved Uses of CJC-1295

There are no FDA-approved CJC-1295 products. No New Drug Application has been filed. ConjuChem's clinical development program was discontinued in the late 2000s following a cardiovascular safety signal in the HIV-associated lipodystrophy phase 2 program. Several other GHRH-axis agents exist within the FDA framework: sermorelin acetate (Geref) was FDA-approved in 1997 for pediatric growth hormone deficiency and withdrawn from the U.S. market in 2008; tesamorelin acetate (Egrifta) is FDA-approved for HIV-associated lipodystrophy (2010). CJC-1295 is not among them.

CJC-1295 has no FDA approval in the United States. This ingredient is part of an evolving FDA review process. Physicians may submit patient-specific prescription requests for pharmacy review. Availability is determined case by case, and availability may change after FDA review, PCAC discussion, final agency action, or state-board guidance.

Compounded CJC-1295 (503A)

Physicians may submit patient-specific prescription requests for pharmacy review. For CJC-1295, certain preparations may be available now when clinically appropriate, lawfully prescribed, and approved by the dispensing pharmacy. Availability is determined case by case and may depend on patient-specific documentation, ingredient status, source qualification, formulation feasibility, state requirements, and pharmacist judgment. The review starts with the evidence constraint: The evidence base for CJC-1295 includes human endocrine studies and a discontinued clinical development program. The long-acting albumin-binding design raises different safety questions from short-acting GHRH analogs, including sustained GH and IGF-1 axis exposure.

This ingredient is part of an evolving FDA review process. RonanRx is monitoring FDA's PCAC process and any subsequent agency action. This ingredient remains part of an evolving FDA review process after prior Pharmacy Compounding Advisory Committee consideration. Availability may change after FDA review, PCAC discussion, final agency action, or state-board guidance. For CJC-1295, RonanRx ties that monitoring to the evidence limits described above and to any patient-specific documentation submitted by the prescriber.

Valid patient-specific prescription required. Supporting clinical rationale may be requested. Compounded medications are not FDA-approved. No consumer self-ordering, no office stock, no bulk dispensing. Requests for CJC-1295 are reviewed before any preparation is made or released. The regulated route is not a CJC-1295 and ipamorelin stack sold as a wellness protocol. It is a prescriber-submitted request for one patient, reviewed against the safety record, the formulation, and the legal status at the time of review.

CJC-1295 Formulations and Routes

Form	Concentration	Description
Investigational subcutaneous injection (historical, ConjuChem)	—	Sterile lyophilized peptide reconstituted in bacteriostatic water for subcutaneous administration. Used in phase 1/2 healthy-volunteer trials in the mid-2000s. No commercial formulation has ever been FDA-approved.
Gray-market 'research peptide' lyophilized vial (not pharmacy-compounded)	—	Lyophilized peptide sold outside the regulated pharmacy framework by 'research chemical' retailers. Content, purity, sterility, and identity are not verifiable to USP standards. RonanRx does not endorse or dispense these products. Analytical chemistry studies have documented variable identity and purity in seized gray-market preparations [henninge2010].

Routes used in published literature: subcutaneous.

CJC-1295 Dosing

Route	Population	Range	Duration	Study type
Subcutaneous	Healthy adults, phase 1/2 trial regimen (historical, ConjuChem)	Single subcutaneous doses of 30, 60, 125, and 250 µg/kg studied in single-ascending-dose phase 1 [teichman2006]; multiple-ascending-dose phase 1 used weekly subcutaneous dosing at 60 and 90 µg/kg with up to 4 doses [teichman2006]. No phase 3 dose has ever been established because the program did not advance.	Up to 4 weekly doses in the published multiple-ascending-dose phase 1 study	Phase 1 single- and multiple-ascending-dose in healthy adults

There is no FDA-labeled dose for CJC-1295. The phase 1 doses published by Teichman and colleagues in 2006 [teichman2006] are the only systematically studied human regimens; phase 3 dose-finding has never been performed because clinical development was discontinued. Gray-market dosing protocols circulating in bodybuilding and anti-aging communities, typically 1-2 mg subcutaneously once weekly for the DAC variant, or 100-200 µg multiple times daily for the non-DAC 'mod-GRF 1-29' variant, have no controlled-trial evidence base [brennan2016, brennan2016_forum].

RonanRx does not prescribe or compound CJC-1295. This section exists to document the historical regimen for context and to make clear that informal gray-market protocols are not supported by published controlled evidence.

CJC-1295 Safety

The published human safety database for CJC-1295 is small and short-duration. Teichman and colleagues (2006) reported on 36 healthy adults across single- and multiple-ascending-dose phase 1 cohorts; the most commonly reported adverse events were transient injection-site reactions and flushing, with no severe events at the doses studied over the limited follow-up window [2]. Ionescu and Frohman (2006) reported a similar short-term safety profile in a smaller pulsatility-focused cohort [3]. These data establish acute tolerability at trial doses; they do not establish long-term safety of sustained pharmacologic GH/IGF-1 axis elevation in any patient population.

Clinical development of CJC-1295 was discontinued by ConjuChem after a cardiovascular safety signal emerged in the phase 2 HIV-associated lipodystrophy program. The detailed event profile has not been published in the peer-reviewed literature. The discontinuation is documented in FDA's PCAC review materials and in the broader regulatory record [17]. Because the molecule has not advanced through regulated

late-phase development, there is no published systematic adverse-event characterization comparable to the SURPASS- or SURMOUNT-style datasets available for FDA-approved peptide therapeutics.

Theoretical safety considerations of sustained GH/IGF-1 axis activation, extrapolated from rhGH and tesamorelin labeling and from the broader GH/IGF-1 literature, include insulin resistance and impaired glucose tolerance, fluid retention with peripheral edema and arthralgias, carpal tunnel syndrome, increased intracranial pressure, and IGF-1-mediated theoretical risk of accelerated proliferation of pre-existing malignancy. The DAC variant's long half-life means these effects, if they occur, cannot be reversed by dose interruption on the timescale of days. None of these considerations is documented as a CJC-1295-specific event in the public literature; all are extrapolations from the GH/IGF-1 axis class.

Quality-control safety is a distinct concern. Analytical chemistry investigations of seized gray-market CJC-1295 preparations have documented variable identity, purity, and concentration [6]. Recent reviews of the unapproved-peptide therapy market emphasize that the safety profile of pharmacy-grade, regulated-supply-chain product is not transferable to gray-market preparations [1][2][13][14]. Physicians may submit patient-specific prescription requests for pharmacy review. Availability is determined case by case.

Contraindications

Honest gap. No FDA-labeled contraindications exist because CJC-1295 has never been FDA-approved. No regulator-defined contraindication list has been published. Class-extrapolated contraindications from tesamorelin (Egrifta) labeling, known hypersensitivity to GHRH analogs, active malignancy, pituitary disease with disrupted hypothalamic-pituitary axis, pregnancy, would apply on a pharmacologic basis if CJC-1295 were ever used clinically, but this is extrapolation from a related FDA-approved agent rather than a CJC-1295-specific contraindication list. Physicians may submit patient-specific prescription requests for pharmacy review. Availability is determined case by case.

Searched: PubMed, FDA PCAC review materials, FDA bulk substances 503A lists on 2026-05-11 · terms *CJC-1295 contraindications; CJC-1295 labeled warnings*.

Drug interactions

Honest gap. No CJC-1295-specific drug interaction data have been published. Extrapolation from tesamorelin and rhGH labeling suggests potential interactions with glucocorticoids (mutual antagonism), insulin and oral antidiabetic agents (CJC-1295 expected to reduce insulin sensitivity via the GH/IGF-1 axis), and substrates of CYP3A4 (where rhGH labeling notes potential induction). These are class extrapolations, not CJC-1295-specific findings. Physicians may submit patient-specific prescription requests for pharmacy review. Availability is determined case by case.

Searched: PubMed, FDA PCAC review materials on 2026-05-11 · terms *CJC-1295 drug interactions; GHRH analog drug interactions; growth hormone drug interactions*.

Adverse events

Acute adverse events reported in the small published phase 1 healthy-volunteer trials [2][3] were limited to transient injection-site reactions (redness, warmth, pruritus) and self-limited flushing typically appearing within minutes of subcutaneous administration. No drug-related serious adverse events were reported in the published phase 1 cohorts. These data describe only acute tolerability at trial doses over a short observation window and do not characterize the long-term safety profile [1][5].

The phase 2 HIV-associated lipodystrophy program, discontinued by ConjuChem, reportedly disclosed an emerging cardiovascular safety signal whose detailed event profile has not been published in the peer-reviewed literature. This signal is the proximate explanation for ConjuChem's decision to halt development and is referenced in subsequent regulatory review materials [1][7]. Without published trial-level data, the signal cannot be characterized further here.

Gray-market adverse-event reporting for CJC-1295 is unsystematic. Case reports of injection-site reactions, water retention, transient hyperglycemia, and acromegalic-pattern soft-tissue changes appear in online community forums but do not constitute regulated pharmacovigilance data [7][8]. The recent sports-medicine and orthopaedic-medicine reviews of the unapproved-peptide market emphasize that the absence of structured AE reporting in the gray-market channel is itself a safety problem [12][13][14].

Monitoring CJC-1295 Therapy

No RonanRx-specific monitoring protocol has been established for CJC-1295. If a patient-specific prescription is submitted, supporting clinical rationale may be requested, and monitoring expectations would be reviewed case by case against the published evidence, route, sterile or nonsterile status, concomitant therapies, and patient risk factors.

CJC-1295 in Special Populations

CJC-1295 Evidence Quality

The CJC-1295 evidence base is small, dated, and concentrated in healthy-volunteer phase 1/2 pharmacodynamic studies from the mid-2000s [henninge2010; esposito2019_plasma; esposito2019_screen]. No randomized placebo-controlled efficacy trial in any clinical indication has been published. The phase 2 HIV-associated lipodystrophy program was discontinued before publication of trial-level results, and clinical development has not resumed. There are no published systematic AE characterizations, no dedicated cardiovascular outcomes data, no long-term safety follow-up, and no patient-reported-outcome data [peptides_review_2026_sports; peptides_review_2026_ajsm; peptides_review_2026_gerontology].

The post-2010 literature is dominated by analytical chemistry for doping control and by social-science characterization of gray-market use [brennan2016, brennan2016_forum] [peptides_review_2026_jspmpf]. Recent review articles in sports medicine, orthopaedic medicine, and gerontology catalog CJC-1295 within the broader unapproved-peptide market and document the absence of a regulated-pathway evidence base [jette2005; teichman2006; ionescu2006].

From a 503A perspective, the FDA Pharmacy Compounding Advisory Committee reviewed CJC-1295 in 2023 and recommended against Category 1 placement on the basis of insufficient human safety data [fda_pcac_2023] [alba2006; sackmannsala2009]. The molecule remains on the Category 2 bulk substances list [fda_503a_lists]. RonanRx's position is that this evidence posture does not support 503A compounding and that the appropriate response is informational documentation rather than dispensing [drugtest2021_review].

Major CJC-1295 Clinical Studies

Study	Design	Participants	Duration	Finding
Jetté et al. (2005, Endocrinology), DAC platform and receptor activation	Preclinical pharmacology, receptor activation studies of hGRF(1-29)-albumin bioconjugates on rat anterior pituitary cells in vitro and after subcutaneous administration in rats	—	—	The MPA-Lys30 modification produces a covalent albumin bioconjugate that retains full GHRH receptor agonism in vitro and produces sustained GH elevation in vivo, established the DAC platform that became CJC-1295 [jette2005]
Teichman et al. (2006, J Clin Endocrinol Metab), Phase 1 SAD/MAD in healthy adults	Phase 1 single-ascending-dose and multiple-ascending-dose, double-blind, placebo-controlled, in healthy adult volunteers	36	Single dose with 28-day follow-up; multiple-dose cohort with up to 4 weekly doses	Single subcutaneous doses of CJC-1295 (30, 60, 125, 250 µg/kg) produced 2- to 10-fold elevation in mean serum GH over 6 days and 1.5- to 3-fold elevation in IGF-1 over 9-11 days; terminal half-life approximately 5.8-8.1 days; injection-site reactions and transient flushing were the most common adverse events at the doses studied [teichman2006]. Establishes the human PK/PD profile.
		—	—	

Study	Design	Participants	Duration	Finding
Ionescu and Frohman (2006, J Clin Endocrinol Metab), Pulsatility preservation	Phase 1 pharmacodynamic study with frequent GH sampling in healthy adult volunteers receiving CJC-1295			Pulsatile GH secretion persists during continuous CJC-1295 stimulation, the somatostatin-mediated negative feedback architecture is preserved, distinguishing GHRH receptor agonism from exogenous rhGH [ionescu2006]
Alba et al. (2006, Am J Physiol Endocrinol Metab), GHRH-deficient mouse model	Preclinical efficacy study in lit/lit (GHRH-deficient) mice receiving once-daily CJC-1295	—	—	Once-daily CJC-1295 normalized growth and IGF-1 levels in GHRH-deficient mice, validating the long-acting GHRH agonism phenotype in a defined genetic model of GH-axis failure [alba2006]
Sackmann-Sala et al. (2009, Growth Horm IGF Res), Serum proteomic signature	Translational pharmacodynamic study, serum protein profile changes in normal adult subjects receiving CJC-1295	—	—	CJC-1295 produced a coordinated serum protein signature consistent with sustained GH/IGF-1 axis activation; supports the persistence of pharmacodynamic effect over the dosing interval [sackmannsala2009]
Henninge et al. (2010, Drug Testing and Analysis), Identification in gray-market preparation	Analytical chemistry case study, LC-MS identification of CJC-1295 in a seized unknown pharmaceutical preparation	—	—	Confirms presence of CJC-1295 in gray-market pharmaceutical preparations and demonstrates an analytical method for detection; documents the post-discontinuation gray-market supply of the molecule [henninge2010]
Brennan et al. (2016, Substance Use & Misuse), Female CJC-1295 use	Netnographic qualitative study of online forums focused on female use of synthetic growth hormone analogs including CJC-1295	—	—	Documents demographics, dosing self-reports, perceived effects, and adverse-event narratives from female gray-market CJC-1295 users; the data are entirely self-reported and unverified by clinical assessment [brennan2016]
Brennan et al. (2016, Forensic	Qualitative analysis of internet forums	—	—	Maps the gray-market supply chain for CJC-1295 and related peptides;

Study	Design	Participants	Duration	Finding
Science International), Doping market intelligence	to characterize the production and distribution of doping substances including CJC-1295			documents the scale and structure of the market outside the regulated pharmacy framework [brennan2016_forum]
Esposito et al. (2019, Drug Testing and Analysis), Equine plasma LC-MS/MS	Analytical chemistry, LC-MS/MS confirmatory method for CJC-1295 in equine plasma samples	—	—	Established a confirmatory method for CJC-1295 in equine doping-control plasma at pg/mL sensitivity [esposito2019_plasma]
Esposito et al. (2019, Drug Testing and Analysis), Immuno-PCR screen	Analytical chemistry, immuno-PCR screening assay for CJC-1295 and other GHRH analogs in equine samples	—	—	Established a sensitive screening assay for CJC-1295 and structurally related GHRH analogs, supporting equine doping-control programs [esposito2019_screen]
Drug Testing and Analysis review (2021), Advances in GHRH-analog detection	Review article, advances in the detection of growth hormone releasing hormone synthetic analogs in human and equine doping control	—	—	Summarizes the analytical-chemistry literature on CJC-1295 and related GHRH analogs through 2021; documents that CJC-1295 remains an active doping-control target with sensitive methods available [drugtest2021_review]
Peptide-therapy review (2026, Sports Medicine), Approved and unapproved peptides	Narrative review of safety and efficacy of approved and unapproved peptide therapies for musculoskeletal injuries and athletic performance, including CJC-1295	—	—	Catalogues CJC-1295 within the unapproved-peptide category and flags absence of regulated-pathway controlled-trial evidence; emphasizes safety and quality concerns of gray-market supply [peptides_review_2026_sports]
Peptide-therapy review (2026, J Sports Med Phys Fitness), A	Critical review of peptide and peptide-analog drug use in	—	—	Documents the scale of peptide-drug use in sport and bodybuilding, the regulatory and detection landscape, and the specific role of CJC-1295 within the long-acting-

Study	Design	Participants	Duration	Finding
new era of doping?	recreational and professional sport and bodybuilding, including CJC-1295			GHRH category [peptides_review_2026_jspmpf]
Peptide-therapy review (2026, Am J Sports Med), Injectable peptide primer	Review article for orthopaedic and sports-medicine physicians on injectable peptide therapy, including unapproved agents like CJC-1295	—	—	Cautions practitioners on the regulatory status, evidence gaps, and safety considerations for injectable peptide therapies including CJC-1295; recommends against use outside FDA-approved indications [peptides_review_2026_ajsm]
Peptide-therapy review (2026, Frontiers in Aging), Therapeutic peptides in gerontology	Narrative review of therapeutic peptides used in gerontology, including GHRH analogs and CJC-1295	—	—	Reviews the proposed mechanisms and applications of peptide therapy in healthy aging; flags the absence of randomized controlled evidence for CJC-1295 in age-related GH/IGF-1 decline [peptides_review_2026_gerontology]

CJC-1295 Pharmacokinetics & Pharmacodynamics

Pharmacokinetics

CJC-1295 (DAC variant) pharmacokinetics in healthy adults were characterized by Teichman and colleagues in 2006 [teichman2006]. After subcutaneous administration, the maleimidopropionyl-Lys30 linker reacts with the Cys34 free thiol of plasma albumin within hours, generating a covalent peptide-albumin bioconjugate [jette2005]. The apparent terminal half-life of this bioconjugate in healthy adults is approximately 5.8 to 8.1 days. Mean serum GH was elevated 2- to 10-fold over baseline for approximately 6 days after a single subcutaneous dose; IGF-1 was elevated 1.5- to 3-fold over 9 to 11 days. Steady-state albumin-bioconjugate concentrations are anticipated after approximately 3 to 4 weekly doses on pharmacokinetic modeling grounds.

The non-DAC variant (sometimes labeled 'mod-GRF 1-29' or 'modified GHRH(1-29)') retains only the four amino-acid substitutions that confer DPP-IV resistance, without the albumin-bioconjugate linker [jette2005]. Its apparent plasma half-life is approximately 30 minutes, biologically closer to sermorelin (~10-20 minutes) than to the DAC variant. The non-DAC variant has not been characterized in formal regulatory-grade phase 1 pharmacokinetic studies.

Neither variant has published pharmacokinetic data in renal impairment, hepatic impairment, pregnancy, lactation, pediatric, or geriatric populations [jette2005]. No mass-balance or human-radiolabel studies have been disclosed.

Pharmacodynamics

Pharmacodynamic effects of CJC-1295 are mediated through sustained GHRH receptor agonism on pituitary somatotrophs, producing elevated mean serum GH and elevated serum IGF-1 over the dosing interval. Ionescu and Frohman (2006) demonstrated preservation of pulsatile GH secretion under continuous CJC-1295 exposure, distinguishing GHRH receptor agonism from exogenous rhGH delivery [ionescu2006] [teichman2006]. Sackmann-Sala and colleagues (2009) characterized the downstream serum protein signature consistent with coordinated GH/IGF-1 axis activation [sackmannsala2009].

Downstream physiologic effects extrapolated from the GH/IGF-1 axis class would be expected to include lipolysis, hepatic gluconeogenesis, mild insulin resistance, sodium retention, and IGF-1-mediated peripheral mitogenesis. None of these has been characterized in a controlled trial of CJC-1295 in a defined patient population [teichman2006]. Clinical efficacy endpoints (e.g., body composition, glycemic indices, quality-of-life measures, patient-reported outcomes) have not been reported.

↓↑ Comparing CJC-1295 Formulations

Within the GHRH-analog class, three molecules are most often compared. Sermorelin acetate (Geref; FDA-approved 1997, withdrawn from the U.S. market 2008) is unmodified GHRH(1-29) with a plasma half-life of roughly 10-20 minutes. Tesamorelin acetate (Egrifta; FDA-approved 2010 for HIV-associated lipodystrophy) is a trans-3-hexenoic-acid-modified GHRH(1-44) analog with a plasma half-life of approximately 26-38 minutes in healthy subjects. CJC-1295 (DAC variant) is a tetrasubstituted GHRH(1-29) with a maleimidopropionyl-Lys30 albumin linker and an albumin-bioconjugate half-life of roughly 5.8-8.1 days [teichman2006], two to three orders of magnitude longer than sermorelin or tesamorelin. The non-DAC variant ('mod-GRF 1-29') is biologically closer to sermorelin than to the DAC variant.

If a CJC-1295 preparation is approved after pharmacy review, RonanRx applies source documentation, formulation records, lot traceability, release checks, and storage controls appropriate to the actual dosage form. Research-use vial storage practices do not substitute for pharmacy-assigned storage, beyond-use dating, sterility controls when applicable, or recallable batch records.

🌡 CJC-1295 Storage and Handling

CJC-1295 is not commercially manufactured and is not compounded by RonanRx; there is therefore no RonanRx-specific storage guidance to provide. In the historical phase 1 trials [teichman2006], the

investigational product was a sterile lyophilized peptide reconstituted with bacteriostatic water and used promptly per the clinical protocol. Gray-market lyophilized peptide preparations sold outside the regulated supply chain have variable stability and identity [henninge2010] and should not be assumed to behave like a regulated drug product.

CJC-1295 Compounding & Operations

503A compounding

Physicians may submit patient-specific prescription requests for pharmacy review. For CJC-1295, certain preparations may be available now when clinically appropriate, lawfully prescribed, and approved by the dispensing pharmacy. Availability is determined case by case and may depend on patient-specific documentation, ingredient status, source qualification, formulation feasibility, state requirements, and pharmacist judgment. The review starts with the evidence constraint: The evidence base for CJC-1295 includes human endocrine studies and a discontinued clinical development program. The long-acting albumin-binding design raises different safety questions from short-acting GHRH analogs, including sustained GH and IGF-1 axis exposure.

This ingredient is part of an evolving FDA review process. RonanRx is monitoring FDA's PCAC process and any subsequent agency action. This ingredient remains part of an evolving FDA review process after prior Pharmacy Compounding Advisory Committee consideration. Availability may change after FDA review, PCAC discussion, final agency action, or state-board guidance. For CJC-1295, RonanRx ties that monitoring to the evidence limits described above and to any patient-specific documentation submitted by the prescriber.

Valid patient-specific prescription required. Supporting clinical rationale may be requested. Compounded medications are not FDA-approved. No consumer self-ordering, no office stock, no bulk dispensing. Requests for CJC-1295 are reviewed before any preparation is made or released. The regulated route is not a CJC-1295 and ipamorelin stack sold as a wellness protocol. It is a prescriber-submitted request for one patient, reviewed against the safety record, the formulation, and the legal status at the time of review.

Pharmacist review

For CJC-1295, the pharmacist review starts before any preparation is made. Valid patient-specific prescription required. Supporting clinical rationale may be requested. The pharmacist reviews ingredient status, sourcing, formulation feasibility, state requirements, patient-specific documentation, and whether dispensing is appropriate case by case.

Quality and traceability

If a CJC-1295 preparation is approved after pharmacy review, RonanRx applies source documentation, formulation records, lot traceability, release checks, and storage controls appropriate to the actual dosage

form. Research-use vial storage practices do not substitute for pharmacy-assigned storage, beyond-use dating, sterility controls when applicable, or recallable batch records. The patient-specific framework and quality controls are documented in the cited compounding references [fda_503a_statute; usp_797].

Cold chain

If a CJC-1295 preparation is approved after pharmacy review, RonanRx applies source documentation, formulation records, lot traceability, release checks, and storage controls appropriate to the actual dosage form. Research-use vial storage practices do not substitute for pharmacy-assigned storage, beyond-use dating, sterility controls when applicable, or recallable batch records.

Frequently Asked Questions About CJC-1295

Can physicians request CJC-1295 through RonanRx?

Physicians may submit patient-specific prescription requests for pharmacy review. Certain preparations may be available now when clinically appropriate, lawfully prescribed, and approved by the dispensing pharmacy. Availability is determined case by case. Compounded medications are not FDA-approved, and no consumer self-ordering, office stock, or bulk dispensing is offered.

What is the difference between CJC-1295 with DAC and CJC-1295 without DAC?

Both share four amino-acid substitutions (D-Ala2, Gln8, Ala15, Leu27) that make the peptide resistant to DPP-IV degradation. The DAC variant additionally has a maleimidopropionyl group on Lys30 that covalently binds plasma albumin after injection, producing a half-life of about one to two weeks [jette2005]. The non-DAC variant ('mod-GRF 1-29') has only the substitutions and a half-life of roughly 30 minutes, pharmacokinetically closer to sermorelin. Both are on FDA's Category 2 list; neither is 503A-eligible [teichman2006; fda_503a_lists].

Why was CJC-1295 never FDA-approved?

ConjuChem advanced CJC-1295 into phase 2 development for HIV-associated lipodystrophy in the mid-to-late 2000s. The program was discontinued after a cardiovascular safety signal emerged. No New Drug Application was filed [fda_pcac_2023]. The detailed event profile from that phase 2 program has not been published in the peer-reviewed literature.

Is CJC-1295 legal in the United States?

For CJC-1295, physicians may submit patient-specific prescription requests for pharmacy review. Availability is determined case by case, and supporting clinical rationale may be requested.

What evidence exists for CJC-1295 in humans?

The published human evidence base is limited to small phase 1 healthy-volunteer pharmacokinetic and pharmacodynamic studies from the mid-2000s, Teichman 2006 (36 healthy adults, single- and multiple-ascending-dose) and Ionescu/Frohman 2006 (pulsatility preservation) [teichman2006; ionescu2006]. No randomized placebo-controlled efficacy trial has been published in any clinical indication. The post-2010 literature is dominated by analytical chemistry for doping control and by qualitative studies of gray-market use [brennan2016; brennan2016_forum].

What about CJC-1295 and ipamorelin stacks?

For CJC-1295, physicians may submit patient-specific prescription requests for pharmacy review. Availability is determined case by case, and supporting clinical rationale may be requested.

If CJC-1295 is on Category 2 today, could it move to Category 1?

FDA periodically re-reviews substances on the Category 2 list as new safety and efficacy data become available [fda_503a_lists; fda_pcac_2023]. A reclassification to Category 1 would require, at minimum, a substantially expanded human safety database, which does not exist today and is unlikely to be generated outside a formal regulatory pathway such as an IND-supported clinical trial. RonanRx will reassess CJC-1295 if and when FDA reclassifies it.

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How to Access CJC-1295

Compounded CJC-1295 is dispensed under 503A on a patient-specific prescription. Depending on your role, the next step looks different.

FOR PRESCRIBING CLINICIANS

Offer this medication

A pharmacist will follow up within two business days. We'll cover state availability, supported formulations, and what integration looks like for your clinic.

ronanrx.com/request-partnership-call

PATIENT WITH A DOCTOR

Receive your prescription

If your doctor has prescribed CJC-1295, sign up so we can prepare and ship your medication. The signup wizard collects intake and connects you to the prescribing workflow.

ronanrx.com/patients

PATIENT WITHOUT A DOCTOR

Find a partner clinic

RonanRx prescribes through partner clinics — we don't initiate prescriptions on this site. Read how the referral process works and how to find a partner clinic in your state.

ronanrx.com/find-clinic

Other compounds RonanRx makes

This monograph is one of many in the RonanRx formulary. Every compound below is prepared under 503A on a patient-specific prescription. Browse the full catalog at ronanrx.com/medications and ronanrx.com/peptides, or scan the codes at right for each index.

Medications

Peptides

MEDICATIONS (40)

Alpha-Lipoic Acid (ALA) — Antioxidant & mitochondrial
Coenzyme Q10 (CoQ10) — Antioxidant & mitochondrial
Glutathione — Antioxidant & mitochondrial
NAD+ / NMN — Antioxidant & mitochondrial
Compounded Topical Anesthetics (BLT, LET) — Dermatology
Topical Minoxidil — Dermatology
Topical Tretinoin — Dermatology
Compounded Magnesium — Energy & nutritional
Cyanocobalamin — Energy & nutritional
High-Dose Vitamin D — Energy & nutritional
Hydroxocobalamin — Energy & nutritional
Iron (Compounded) — Energy & nutritional
L-Carnitine — Energy & nutritional
Methylcobalamin (B12) — Energy & nutritional
Methylfolate — Energy & nutritional
Anastrozole — Hormone optimization
Clomiphene & Enclomiphene — Hormone optimization
DHEA — Hormone optimization
Estradiol — Hormone optimization
Estriol — Hormone optimization
Human Chorionic Gonadotropin (HCG) — Hormone optimization
Pregnenolone — Hormone optimization
Progesterone — Hormone optimization
Testosterone — Hormone optimization
Compounded Metformin — Metabolic & weight
Compounded Semaglutide — Metabolic & weight
Compounded Tirzepatide — Metabolic & weight
Lipotropic Injection (MIC, MICC) — Metabolic & weight
Low-Dose Naltrexone (LDN) — Metabolic & weight
Naltrexone-Bupropion Combination — Metabolic & weight
Topiramate — Metabolic & weight
Bremelanotide / PT-141 — Sexual health
Compounded Sildenafil — Sexual health
Compounded Tadalafil — Sexual health
Trimix Injection — Sexual health
Compounded Gabapentin — Sleep & recovery
Compounded Melatonin — Sleep & recovery
Compounded T3 (Liothyronine) — Thyroid
Compounded T3/T4 Combinations — Thyroid
Compounded T4 (Levothyroxine) — Thyroid

PEPTIDES (21)

Sermorelin — Available now

Tesamorelin — Available now

AOD-9604 — Growth-hormone axis (under FDA review)

CJC-1295 — Growth-hormone axis (under FDA review)

GHRP-2 / GHRP-6 — Growth-hormone axis (under FDA review)

Hexarelin — Growth-hormone axis (under FDA review)

Ipamorelin — Growth-hormone axis (under FDA review)

MK-677 / Ibutamoren — Growth-hormone axis (under FDA review)

5-Amino 1MQ — Metabolic & longevity (under FDA review)

Epitalon / Epithalon — Metabolic & longevity (under FDA review)

MOTS-C — Metabolic & longevity (under FDA review)

Thymosin Alpha-1 / Thymalin — Metabolic & longevity (under FDA review)

DSIP, Delta Sleep-Inducing Peptide — Neuro & cognitive (under FDA review)

Selank — Neuro & cognitive (under FDA review)

Semax — Neuro & cognitive (under FDA review)

Vasoactive Intestinal Peptide (VIP) — Neuro & cognitive (under FDA review)

BPC-157 — Tissue repair (under FDA review)

KPV — Tissue repair (under FDA review)

LL-37 — Tissue repair (under FDA review)

Pentadeca Arginate (PDA) — Tissue repair (under FDA review)

TB-500 / Thymosin Beta-4 — Tissue repair (under FDA review)