

The Convenience of One Shot: Exploring the Stability of Multi-Peptide Formulations

Compiled by Goodkitty/FamousAmos

For decades, injectable medications have relied on single-peptide formulations. While effective, this approach often necessitates multiple injections, increasing discomfort and potentially leading to patient non-compliance. However, recent research suggests a promising alternative: combining multiple peptides into a single vial or syringe for injection. This document will explore the stability of such multi-peptide formulations, highlighting their advantages, potential challenges, and the ongoing research efforts to ensure their safe and effective use.

Multi-peptide formulations offer a convenient and potentially superior method for injectable medications, but thorough stability testing and careful formulation design are crucial to guarantee their efficacy and safety over time.

The potential benefits of multi-peptide formulations are undeniable. Firstly, they significantly reduce injection frequency which means fewer potential injection sites, which may reduce discomfort or tissue damage over time, enhancing patient comfort and potentially improving treatment adherence. Secondly, combining peptides in a single vial simplifies storage and transportation, particularly beneficial in resource-limited settings and when traveling. Notably, research in the development of peptide-based vaccines demonstrates the feasibility of multi-peptide mixtures remaining stable for extended periods of 5+ years post-vialing ^[2]. This stability is particularly advantageous for therapies requiring long-term administration. This study was, of course, specific to the peptides tested for that study, but provides opportunities for evaluation of other peptide mixtures.

However, ensuring the stability of multiple peptides within the same container presents unique challenges. Peptides can interact with each other, potentially leading to degradation or aggregation, which can reduce their potency or even generate harmful side effects. Additionally, factors like storage temperature, pH, and excipients (inactive ingredients) can significantly impact stability.

Fortunately, advancements in formulation science offer promising solutions. Careful selection of excipients can create an environment that minimizes peptide-peptide interactions and optimizes long-term stability ^[1]. Lyophilization, a process of removing water while preserving the peptide structure, further enhances stability and simplifies storage, particularly for formulations destined for global distribution.

The Path Forward

Despite the encouraging research, further investigation is necessary for the widespread adoption of multi-peptide formulations. Rigorous stability testing, including studies on potential degradation products and potential interactions, is paramount. Additionally, establishing clear guidelines for storage and handling is crucial to ensure safe and effective use.

Mixing Peptides for Injection: Anecdotal Evidence and Potential Risks

While the potential benefits of combining peptides in a single injection are significant, it's important to address the current practice and the associated risks. Online forums and anecdotal reports reveal a common practice of mixing peptides in the same syringe or vial for convenience [3, 4, 5, 6, 7, 8, 9, 10]. However, these practices are concerning due to the lack of scientific evidence on compatibility and stability.

Potential Issues with Mixing Peptides:

- **Compatibility:** Not all peptides are compatible. Mixing incompatible peptides can lead to degradation, reduced efficacy, or precipitation [3, 8, 9].
- **Stability:** Some peptides may become unstable when mixed with others, potentially losing potency over time [4, 6, 9].
- **Interactions:** Unknown interactions between peptides could affect their effectiveness or safety [3, 5].
- **Dosing Accuracy:** Combining peptides can make it difficult to ensure accurate dosing, particularly for those with different concentrations [3].
- **Sterility:** Mixing peptides increases the risk of contamination if proper aseptic technique is not followed [3].
- **Cost:** Some peptides may be expensive, and combining them into a single injection may result in wastage if not all of the mixed solution is used.

Safety and Efficacy Considerations

The anecdotal evidence presented highlights a gap between the potential benefits of multi-peptide injections and the current practices informed by convenience rather than scientific data. While some users report no issues with mixing peptides, others mention encountering problems like cloudiness or precipitation in the mixtures [3, 8, 9]. These observations underscore the need for robust research to determine compatibility and stability of specific peptide combinations.

Which Peptides are Commonly Combined?

There isn't much official data on which peptides are stable when combined. Information about combined peptides is mostly anecdotal and hasn't been thoroughly studied for effectiveness or

safety. The combinations discussed below are presented without recommendations. Researchers must carefully study the literature and chemical properties of each peptide and consult with their healthcare provider before deciding to combine peptides.

How Many Peptides can be Mixed Together?

There's limited research on the safety and effectiveness of combining few or many peptides. One study mentioned previously looked at mixtures of up to 12 specific peptides for vaccine purposes^[2]. However, there's a lack of studies on the regular use of the more "popular" peptides widely used in health and wellness. The list below is based on information gathered from online resources of some health and wellness clinics and from a review of online forum anecdotal evidence. Researchers should consult with their healthcare professional when interpreting this information.

How Long can Peptides be Mixed Together Before Significant Degradation?

There's no available data to determine how quickly the more popular "health and wellness" peptides degrade when mixed for any period of time, whether minutes or weeks. Researchers should work with their healthcare practitioner to make a decision based on the information available. One analytical laboratory, used by a testing group for testing peptides, was asked if it would be an issue to mix CJC, Ipamorelin, BPC-157, and TB500 in a vial to be used over a period of weeks. The answer indicated that those peptides had been tested in mixes and no problems were seen.

Health and Wellness Clinic "Protocols"

Many health and wellness clinics offer customized peptide programs to target specific health issues or goals. These programs involve specific combinations of peptides, but most clinics keep the details confidential. However, some clinics offer glimpses into their programs, allowing us to infer which peptides they might be using. Interestingly, many patients receive these pre-mixed solutions in syringes or vials on a monthly basis. This suggests that the peptides are likely combined and stored together for at least a month.

Combinations available at these clinics^[11,12] include:

- BPC-157, Thymosin Alpha 1, GHK-Cu (provided in 30 syringes as a 1-month supply)
- BPC-157, GHK-Cu, KPV (20 syringes as a 1-month supply)
- BPC-157, CJC/Ipamorelin, Epithalon (Epitalon), Thymalin (provided in 20 syringes as a 1-month supply)
- Humanin, MOTsC, NAD+ (provided in 1 vial of 20 injections for a 1-month supply)
- BPC-157, CJC/Ipamorelin, Tesamorelin (provided in 20 syringes as a 1-month supply)
- CJC 1295/GHRP-6, MGF, N-Acetyl Semax (provided in 20 syringes for a 1-month supply)

- CJC 1295/Hexarelin (am dosing), BPC-157, CJC 1295/Ipamorelin, Epithalon (Epitalon), Pinealon (pm dosing) (provided in 40 syringes for a 1-month supply)
- BPC-157, GHK-Cu, TB-500 (Supplied in 20 syringes for a 1-month supply)
- Kisspeptin, Pinealon, PT-141 (20 syringes for a 1-month supply)
- BPC-157, CJC-1295/Ipamorelin, Epithalon (Epitalon), PE-22-28 (Supplied in 20 syringes for a 1-month supply)
- GHRP-2, PT141, Epithalon, Semax (once daily dosing)
- Hexarelin, MGF, BPC-157, Semax, GHRP-6 (25 units in am); Epithalon, Pinealon, BPC-157, Thymosin Alpha-1, Thymalin, TB-500, Selank, CJC-1295/Ipamorelin (40 units in pm) (Supplied in 40 syringes for 1-month supply)
- Selank, TB-500, LL 37, Thymosin Alpha 1 (Supplied in 20 syringes for 1-month supply)
- BPC-157, TB 500, Thymosin alpha-1 (Supplied in 20 syringes for a 1-month supply)
- CJC-1295/Ipamorelin, BPC-157 (Supplied in 20 syringes for a 1-month supply)

Online Forums

A compilation of the information gathered from several online forums and some personal messages from researchers is listed below. It's important to note that these are anecdotal sources discussing and providing information on unverified processes and results and have not been verified through scientific studies or clinical trials. These peptides and their uses have not been approved by the FDA for any condition, are not intended to diagnose, treat, cure, or prevent any disease and are not recommended for human use. The following information is for informational purposes only and does not imply directions for use, usage instructions, suggestions for treatment of any diagnoses, or permission to use. It is imperative to consult with a qualified healthcare professional before undertaking any new treatment or using any new substance.

Combinations that researchers have indicated they mix together for multiple dosing in either vials or pen cartridges are:

- BPC-157, TB500
- BPC-157, GHKCu, TB500
- BPC-157, CJC, Ipamorelin, and TB500
- BPC-157, CJC with DAC, KPV
- BPC-157, Epitalon, Tesamorelin, Thymosin Alpha-1
- BPC-157, CJC no DAC, Ipamorelin, Tesamorelin,
- AOD, BPC-157, Ipamorelin, Tesamorelin
- DSIP, Epithalon, Selank, Semax
- BPC-157, CJC no DAC, HGH Frag176, IG1 LR3
- HCG, HGH
- HGH Frag 176-191, AOD9604

- BPC-157, CJC DAC, HCG
- P21, Selank, Semax
- CJC, Ipamorelin
- GHK-Cu "with many other peptides that aren't blue"

Peptides noted to have problems if combined with other types of peptides

- GLP-1s, GIPs, and GCGRs - Researchers have had success combining peptides from this category with each other, but describe the thickening and clouding of these peptides if mixed with other categories of peptides.
- HGH + CJC-1295 DAC = no bueno (white crystals/powder/precipitation in the barrel/vial).
- MOTS-C – Researchers have noted cloudiness if this is mixed with other peptides.
- AOD - secondary to reconstitution problems there are researchers who indicate this should not be mixed with other peptides.
- NAD+- secondary to reconstitution problems there are researchers who indicate this should not be mixed with other peptides.
- ARA-290 - secondary to reconstitution problems there are researchers who indicate this should not be mixed with other peptides.

Some anecdotal information had the following statements regarding mixing of peptides:

- "The only ones that should be premixed are those that are going to be dosed on the same cycle and measurements need to be accurate."
- "All peptides will mix, as long as its water soluble."
- "All water-based compounds can mix in one syringe. All oil-based compounds mix."
- "I put multiple compounds in 1 load and throw it in!! I do the same with peptides, 3 or 4 different peptides in one load and throw it in."
- "I mix my peptides all the time. I never noticed them working any less effectively."
- "Would say you're good to go. That said, every now and then, you see issues."
- "Why wouldn't you? If not since I pin 3 compounds daily that would be 21 different injection sites a week vs 7."
- "You can mix all peptides, HGH HCG in same syringe as you can mix all oils with no problem"
- "There is no issue combining most peptides/polypeptides prior to administration, HCG + Melanotan 2 = good to go"
- "I don't see a problem with this, although whenever you combine several compounds into one mixture then you won't be able to isolate which one is a cause of a bad reaction. In terms of degrading, it's unlikely that these peptides will break down any faster with the presence of other peptides in the vial. The only thing I could see a

problem with is dosing, not problem per say - but it could make dosing a bit more tricky."

- "The one I seem to hear the most about is IGF-1. Some people say never to mix it in a syringe with HGH or GHRP (or anything else) and others say it's okay. Of course, no one seems to have any concrete evidence as to why it wouldn't be okay."
- "I would not reconstitute peptides and then combine them in the same vial. But I'd still say you're most likely good to go combining them in the same syringe each time. You also don't risk losing an entire vial of product."
- "They'll be just fine premixed at room temp for several hours with negligible degradation. Probably 8-10 hrs."
- "Mixing the day's doses should be fine. Mixing entire vials that will be stored for a few weeks not so fine."
- "Yes, peptides shouldn't be mixed in the same syringe for long but I believe that up to a day they are fine so nothing will happen to them if they are mixed together for 20 seconds."

- "Peptides are very sensitive, so never mix it, remember HGH is too expensive to lose its potency by mixing it"
- "Peptides are very sensitive especially HGH, you need to split them into separate syringes. Do not mix any together because they have different pH levels. My company deals with a lab in California that produces blends of peptides, they call them Amino GF-2, Amino GF-3 and Amino GF-4. They use a special buffer technique to mix the blends."
- "My guess is (based on some peptides I've encountered) that such a mixture would degrade fast, which is why I wouldn't recommend it."
- "Chemist here: It depends. On what? Time and temperature. They won't interact, it is equivalent to mixing beef and chicken together; however, left in a liquid solution for an extended period they will degrade."
- "I've read a fair amount on particular peptides, so I'm assuming this applies to all peptides, and it was recommended to not mix them for prolonged periods of time due to degradation."
- "You can, but like all things when mixed it might downgrade some of the effects of either. I don't know from experience with these particular things, but that's what happens with other substances."

One question asked in a forum was: "Could I pull 100mcg GHRP-2 into the same syringe as 100mcg of CJC no DAC and then pin it without wrecking the peptides"? Answers provided were:

- "Yes absolutely"
- "Just don't store them together. For immediate use only."
- "You can store them together fine if you leave an air bubble between the two peps."

As you can see, the anecdotal information varies widely, ranging from affirmative to negative responses. Table 1 illustrates this data.

Conclusion

The one study^[2] conducted showed multi-peptide formulations have the potential to revolutionize injectable medications by improving patient experience and simplifying treatment logistics. While stability concerns exist, ongoing research in formulation science and robust testing protocols are paving the way for a future where a single shot can deliver the therapeutic power of multiple peptides. As research progresses, the convenience and efficacy of multi-peptide injections can become a reality for a wider range of patients and treatment regimens. However, it is crucial to prioritize patient safety and avoid unsupported practices like mixing peptides based solely on anecdotal evidence. Future research should focus on compatibility testing of specific peptide combinations to inform safe and effective multi-peptide formulations.

Footnotes

¹ Brytan, W., & Padrela, L. (2023). Structural modifications for the conversion of proteins and peptides into stable dried powder formulations: A review. *Journal of Drug Delivery Science and Technology*, 89, 104992. <https://doi.org/10.1016/j.jddst.2023.104992>

² Chianese-Bullock KA, Lewis ST, Sherman NE, Shannon JD, Slingsluff CL Jr. Multi-peptide vaccines vialled as peptide mixtures can be stable reagents for use in peptide-based immune therapies. *Vaccine*. 2009 Mar 10;27(11):1764-70. doi: 10.1016/j.vaccine.2009.01.018. Epub 2009 Feb 8. PMID: 19185050; PMCID: PMC2733525.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7527307/>

Anecdotal Sources:

³ Reddit posts:

- https://www.reddit.com/r/Peptides/comments/s1nlt1/putting_multiple_peptides_in_the_same_syringe/
- https://www.reddit.com/r/Peptides/comments/15yhWed/mixing_peptides_in_same_syringe/

- https://www.reddit.com/r/Nootropics/comments/2v9td6/is_it_ok_to_mix_one_or_more_peptides_into_one_vial/

⁴ Steroid Forum

- <https://forums.steroid.com/igf-1-lr3-hgh-insulin-questions/530499-peptides-safe-mix-same-syringe.html>

⁵ Evolutionary Forum

- <https://www.evolutionary.org/forums/threads/can-you-mix-hgh-and-bpc-157-in-one-syringe.78706/>

⁶ Professional Muscle Forum

- <https://www.professionalmuscle.com/forums/index.php?threads/mixing-peptides-in-same-syringe.127917/>

⁷ Anabolic Steroid Forum

- <https://www.anabolicsteroidforums.com/threads/mixing-peptides-in-the-same-syringe.122570/>

⁸ Think Steroids Forum

- <https://thinksteroids.com/community/threads/mix-hgh-and-bpc-tb-in-one-syringe.134408629/>
- <https://thinksteroids.com/community/threads/goodlyfe-anabolics-gh.134402904/page-350#post-3226523>

⁹ Think Melanotan Peptide Forum

- <http://112.196.20.91/forum/6337-injections-day-multiple-peptides.html>
- <http://112.196.20.91/forum/4804-multiple-peptides-syringe.html?s=d4b4bbd57246c0397b8f433784a5f2d2>

¹⁰ Discord Server (web address hidden)

Online Health and Wellness Clinics

¹¹Lyv the Wellness Space. (n.d.). Peptide Protocols. Retrieved from <https://lyv-wellness.com/peptide-protocols/>

¹²Biohack Vanity. (n.d.). Peptides Protocols. Retrieved from <https://be-vaein.com/peptides-protocols/>

Table 1 – Charted data from the anecdotal information. These are not recommendations. These are provided for convenience. Researchers should verify and validate all information prior to use. This table should be used WITH the Accompanying Document. It is not meant to be used by itself! This is provided courtesy of the Peppys Community.

	AOD 9604	ARA-290	BPC 157	CJC (no DAC presumed)	CJC with DAC	DSIP	Epithalon	GHK-Cu	GHRP-2	GHRP-6	GLP1/GIP/GCGR	HCG	Hexarelin	HGH	HGH Frag 176 - 191	Humanin	IG1 LR3	Ipa	Kisspeptin	KPV	LL37	Melanotan	MGF	MOTsC	NAD+	Pinealon	PT-141	P21	PE-22-28	Selank	Semax	TA1	TB-500	Tesamorelin	Thymalin				
AOD	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			
ARA-290	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
BPC	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
CJC No D	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
CJC Dac	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		
DSIP	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Epithalon	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
GHK-Cu	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
GHRP-2	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
GHRP-6	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
GLP1/GIP/GCGR	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
HCG	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Hexarelin	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
HGH	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
HGH Frag 176 - 191	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Humanin	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
IG1 LR3	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Ipa	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Kisspeptin	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
KPV	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
LL37	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Melanotan	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
MGF	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
MOTsC	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
NAD+	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Pinealon	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PT-141	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
P21	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PE-22-28	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Selank	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Semax	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
TA1	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
TB-500	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tesamorelin	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Thymalin	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

● Combinations used in Health/Wellness Clinics ● Anecdotal (Specific) can mix, not included in Clinic lists ● Anecdotal (Specific) don't mix ● "Commonly known" don't mix

**Any comments of "all can be mixed" or "don't mix any" or similar language are not in the chart