CJC-1295 (No DAC) 5 mg

Modified GRF 1-29

Short-Acting Pulsatile GHRH Support | Physician Reference

Overview

CJC-1295 without DAC, also known as Modified GRF 1-29, is a tetra-substituted analog of GHRH(1-29). The four amino acid substitutions protect the peptide from enzymatic degradation, while the absence of the Drug Affinity Complex (DAC) keeps its half-life short. The result is a GHRH analog that produces discrete, pulsatile growth hormone release.

The distinction from the DAC version is central. CJC-1295 with DAC binds albumin and elevates GH and IGF-1 over days, producing a sustained bleed, whereas the No DAC form acts over minutes and preserves pulsatility. This document covers the No DAC form, which is the classic GHRH partner for ipamorelin.

Mechanism at a Glance

Attribute	Description
Peptide class	Modified GRF 1-29, a tetra-substituted GHRH(1-29) analog without DAC
Primary target	GHRH receptor on pituitary somatotrophs
Core mechanism	Stimulation of endogenous GH release; downstream IGF-1 elevation
Substitutions	D-Ala2, Gln8, Ala15, Leu27 confer resistance to DPP-4 and enzymatic cleavage
No DAC distinction	Short half-life and pulsatile release, versus the sustained elevation of the DAC form
Administration	Subcutaneous injection; frequently co-administered with ipamorelin
Regulatory status	Not FDA-approved; available compounded; not DEA-scheduled

Mechanism of Action

CJC-1295 (No DAC) / Modified GRF 1-29

CJC-1295 (No DAC) binds the GHRH receptor on pituitary somatotrophs to stimulate growth hormone release. The four amino acid substitutions relative to native GHRH(1-29) protect it from dipeptidyl

peptidase-4 and other proteases, improving stability without extending the half-life into the multi-day range.

Because it lacks the albumin-binding Drug Affinity Complex, the molecule clears within minutes and produces a discrete GH pulse rather than a continuous elevation. This pulsatile profile is why it is typically paired with a GHRP such as ipamorelin, which amplifies the same pulse through a separate receptor.

Clinical Application Matrix

The table summarizes the role CJC-1295 (No DAC) plays across common clinical goals. Primary indicates a principal effect; Supporting indicates a meaningful but secondary role.

Clinical Application	Role	Mechanistic Basis
GH and IGF-1 pulse generation	Primary	GHRH-receptor stimulation with short half-life
Synergy with a GHRP	Primary	Dual-receptor GH release with ipamorelin
Body composition and lean mass	Supporting	GH-mediated shift in fat-to-lean ratio
Recovery and sleep quality	Supporting	IGF-1-mediated tissue and metabolic effects

Ideal Patient Candidate Profile

CJC-1295 (No DAC) is most appropriate for consideration in patients presenting with one or more of the following:

- GH-axis support goals where preserved, pulsatile secretion is preferred over sustained elevation
- Use as the GHRH component of a combination protocol with a GHRP such as ipamorelin
- Body-composition, recovery, or sleep objectives
- Preference for stimulation of endogenous GH over exogenous GH
- Intact pituitary function

Injection-site reactions, mild water retention, and flushing are the most common effects. IGF-1 should be monitored, and it is contraindicated in active malignancy given GH-mediated growth signaling. Confirm the No DAC form is intended, as the DAC version has a materially different pharmacokinetic and monitoring profile.

Clinical and Compounding Context

- **Formulation** Compounded subcutaneous injection is the standard route; frequently co-formulated or co-administered with ipamorelin.
- **Quality assurance** Physician should verify USP compliance and sterility testing at the sourcing compounding pharmacy.
- **Informed consent** Recommended for all patients; documentation should reflect investigational or off-label status, the available level of human trial data, and an individual risk-benefit discussion.
- **Monitoring** No universally established clinical monitoring protocol; practitioner discretion based on patient profile and treatment goals.
- **Regulatory** Not FDA-approved and not DEA-scheduled; available compounded through licensed 503A pharmacies, with the usual quality and purity considerations.

- **Formulation confirmation** Verify the No DAC (Modified GRF 1-29) form specifically, given the distinct profile of the DAC version.

Giovane Medical works with physicians to facilitate access to properly sourced, compounded peptide formulations and to support evidence-based protocol development.

For prescribing or physician partnership programs, contact the Giovane Medical clinical team.

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