Hormonaly

Clinical pocket reference · for licensed clinicians

The Peptide Pocket Guide

House-graded evidence, dated regulatory status and a dosing reference that identifies the source of each dose, for the peptides your patients ask about.

Second edition · October 2026



Fady Hannah-Shmouni, MD FRCPC

Faculty and medical reviewer

Hormonaly ACADEMY | built on Perceptors AI

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The Peptide Pocket Guide

Second edition · October 2026

A clinical pocket reference for physicians, nurse practitioners and physician associates, nurses and pharmacists.

137 entries in 14 parts. Every entry carries a house evidence grade, A to D (adapted from GRADE; see How strong is the evidence?), for the use named beside it, the regulator and month behind every status line, and label doses for approved drugs. A separate dosing chapter names the source of each dose: label, trial, nomination, or no documented source. Status is as of 30 October 2026.

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Educational content for licensed clinicians. It does not replace clinical judgment, specialist input or formal guidelines.

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The Peptide Pocket Guide

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Quick access: urgent actions and clinical topics

Where to turn first. Page numbers lead to the start of each chapter; the detailed protocol and its sources are there.

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This page points to the protocols; it does not replace them. Treat suspected anaphylaxis first and read later.

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Before you start

How to use this guide

What each entry contains, how the book is ordered, and what the shaded box on every page is for.

This second edition has 137 entries in 14 parts. An entry is a reader route, not a count of distinct molecules. Most entries are single peptides of 2 to 50 amino acids, with insulin (51 residues) as the stated boundary case. Others are peptide analogues and conjugates whose active part is a peptide (fatty-acid acylated incretins, the copper complex GHK-Cu, the pegylated peptides pegcetacoplan and palopegteriparatide), fixed combinations (CagriSema) and cosmetic blends (Matrixyl 3000), and animal tissue extracts of undefined composition (Cortexin, Retinalamin, Thymalin, Cerebrolysin). A few are marketed products whose identity rests on the seller's description. Bremelanotide and PT-141 are the same molecule under two names. The bremelanotide entry covers the approved subcutaneous product; the PT-141 entry covers the intranasal and compounded forms and their separate trials, so the two grades rate different uses and products, not different molecules. Small molecules and proteins that patients group with peptides, such as orforglipron, MK-677, creatine, somatropin and hCG, are graded in one comparator table at the back. Approved drugs sit beside investigational, compounded and research-only agents, because patients arrive taking all of them.

Every entry follows one template, so the same field sits in the same place on every page.

READING AN ENTRY

Evidence grade	A to D, on a house evidence scale adapted from GRADE. It rates the clinical evidence for the use named under it, not legality or popularity. An approved drug can carry a low grade for a use it is marketed for. See How strong is the evidence?
Hedge chip	Appears beside a D. Mechanism only, Cell data, Ex vivo human tissue, Mouse data, Rodent data or Animal data mark non-human evidence; Limited human data marks small human reports at high risk of bias.
Class label	The pharmacologic class.
Sequence and size	One-letter sequence or a structural description, never truncated.
Indications	Approved indications first, then investigational uses, off-label uses of approved drugs, and unapproved uses of unapproved substances, each marked as such.