# GLP2-T

PEPTIDES

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IMPORTANT: Read This Before Proceeding With Dosing Go to the Prep & Injection Guide for proper reconstitution, syringe sizing, and injection protocols. Mistakes here can compromise your research. the Prep & Injection Guide GLP2-T was originally developed to treat Type-2 diabetes but has since become a leading anti-obesity medication. It is a dual agonist of the GLP-1 and GIP receptors — meaning it activates two distinct hormonal pathways to reduce appetite, improve metabolic rate, and support sustained weight loss. Unlike its predecessor GLP1-S (which only targets GLP-1), GLP2-T showed 5–7% more weight loss in clinical trials. Compared to GLP3-R, a triple agonist, GLP2-T accomplished nearly the same weight loss but over a longer period (72 weeks vs. 48). MECHANISM OF ACTION GLP-1 : Suppresses appetite and increases feelings of fullness after eating. GIP : Promotes insulin secretion and supports energy balance through receptors in the hypothalamus. BENEFITS Average weight loss of 24.7% after 72 weeks Reduces appetite and cravings Enhances satiety and energy balance Supports fat oxidation and metabolism Improves insulin sensitivity and blood sugar control POSSIBLE SIDE EFFECTS (often mild and temporary; affected only ~25% in trials) Injection site reaction (redness, swelling, itching) Nausea Vomiting Diarrhea Constipation Decreased appetite Fatigue Dyspepsia (indigestion) Abdominal pain Burping (may have sulfur smell) Hair loss RARE BUT SERIOUS RISKS Thyroid C-Cell Tumors Pancreatitis Gastroparesis (stomach paralysis) Hypoglycemia (if used with insulin) Gallbladder disease Kidney issues (linked to dehydration) Pulmonary aspiration under anesthesia – ALWAYS disclose GLP2-T use to surgical teams INTERACTIONS Insulin and Insulin-stimulating drugs: includes all forms of insulin, sulfonylureas (glipizide, glyburide, glimepiride), and glinides (repaglinide), due to the increased risk of hypglycemia Oral medications: GLP2-T may interfere the absorption of oral medications Oral birth control medications: increases the likelihood of additive GI effects, may lead to excessive appetite suppression, and increases the risk of hypoglycemia Growth hormone/GH analogs: interactions have been reported with Somatropin, Lonapegsomatropin, Somapacitan Alcohol: increases the risk of hypoglycemia and worsens nausea and dehydration Dehydration risk: dehydration places excessive stress on the kidneys, and may lead to kidney damage; this risk increases with concurrent use with ACE inhibitors, diuretics, ARB’s, and heart failure regimens Berberine/Metformin: increased risk of hypoglycemia Chromium/Insulin Sensitizers: increased risk of hypoglycemia Appetite suppressants: added risk of eating disorder/anorexia Stimulants: excessively diminished appetite and GI intolerance overlap Large, greasy meals: increases the likelihood of nausea PEPTIDE INTERACTIONS SEVERE Other GLP peptides: Receptor redundancy and desensitization Tesamorelin: Elevated glucose levels IGF-1 LR3/DES and strong ghrelin agonists (e.g. GHRP 2 and 6): may oppose or significantly

amplifyGLP2–T’s metabolic signaling MODERATE IGF-1 LR3 and IGF-1 DES: Risk of hypoglycemia and rapid glucose uptake CJC WITH DAC: Blunts GLP metabolic benefit GHRP-2, GHRP-6, Hexarelin: Can counter appetite suppression BAM-15: Watch appetite suppression and fatigue LL-37: May worsen nausea and inflammation Oxytocin: Monitor excessive appetite loss CONTRAINDICATIONS Do not use if pregnant or breastfeeding Do not use with a personal or family history of Medullary Thyroid Carcinoma or MEN 2 (Multiple Endocrine Neoplasia) Do not use if you have Type-1 diabetes, diabetic retinopathy, or severe GI disease Do not use if you are allergic or hypersensitive to GLP2-T If you have never taken ANY GLP : Your starting dose is 2.5mg * If you have previously taken any GLP for at least one month at the standard starter/adaptive dose, no matter how much time has elapsed since: Your starting dose is 5mg RECONSTITUTION, DOSING, & RELATED INFO GLP2-T: 10MG RECONSTITUTION Mix with 0.5mL (50 units) of BAC water Dose once per week (every 7 days), always on the same day of the week You must remain on each dose for a minimum of 4 weeks before moving to the next dose May be taken at any time of day/night It is not necessary to be in a fasted state to dose 2.5mg = 12 units 5 mg = 25 units 7.5mg = 36 units 10mg = 50 units GLP2-T: 30MG RECONSTITUTION Mix with 1.5mL (150 units) of BAC water Dose once per week (every 7 days), always on the same day of the week You must remain on each dose for a minimum of 4 weeks before moving to the next dose May be taken at any time of day/night It is not necessary to be in a fasted state to dose Subcutaneous Administration 2.5mg = 12 units 5 mg = 25 units 7.5mg = 36 units 10mg = 50 units 12.5mg = 62 units 15mg = 75 units GLP2-T: 60MG RECONSTITUTION 60MG Mix with 2.5mL (250 units) of BAC water Dose once per week (every 7 days), always on the same day of the week You must remain on each dose for a minimum of 4 weeks before moving to the next dose May be taken at any time of day/night It is not necessary to be in a fasted state to dose Subcutaneous Administration 2.5mg = 10 units 5 mg = 21 units 7.5mg = 31 units 10mg = 42 units 12.5mg = 52 units 15mg = 62 units STACKING SUGGESTIONS AOD-9604 – enhances fat breakdown and further accelerates weight loss alongside appetite suppression Tesamorelin – synergistic for fat reduction, especially visceral fat and metabolic regulation Semax or Selank – manage mood and cognitive function while adjusting to appetite changes NAD+ or MOTS-C – support energy, mitochondrial efficiency, and metabolism while on a caloric deficit BPC-157 – beneficial for gut repair if experiencing nausea, indigestion, or stomach discomfort CJC-1295 / Ipamorelin – for muscle maintenance and enhanced metabolic recovery while losing fat