



LVL UP RX · ELITE CLIENT SYSTEM

Protocol Blueprint

Luxury · Informational · Research-Driven

Standardized research protocols, dosing frameworks, timing principles, and stacking strategies for every compound in the LVL UP RX catalog.

FOR RESEARCH PURPOSES ONLY

Non-negotiable — these are force multipliers, not replacements

Before exploring advanced peptide research, the biological operating system must be optimized. Peptides amplify what is already functioning — they are not substitutes for the fundamentals that drive recovery, hormonal balance, and cellular health.



SLEEP

7–8 hours nightly. Primary driver of endogenous recovery hormones.



PROTEIN

0.8–1g per lb bodyweight. Building blocks for repair and adaptation.



HYDRATION

Daily electrolytes. Essential for cellular signaling and peptide transport.



TRAINING

Strategic resistance + daily movement. The stimulus peptides amplify.

General Timing Principles

When you administer matters — align with the body's natural rhythms

The timing of peptide administration significantly impacts both the magnitude and quality of response. Each category follows a different biological logic:

CATEGORY	BEST TIMING	BIOLOGICAL RATIONALE
GH Secretagogues (CJC-1295, Ipamorelin, Tesamorelin)	Nighttime or fasted (30–60 min before bed)	Insulin blunts GH release. Aligns with the natural nocturnal GH pulse.
Cognitive / Nootropics (Semax, Selank)	Morning (upon waking or 30 min after)	Aligns with circadian alertness peak and natural cortisol rise.
Metabolic / Mitochondrial (MOTS-c, NAD+)	Morning or pre-workout	Leverages peak metabolic activity and amplifies exercise-induced AMPK.
Recovery Peptides (BPC-157, TB-500, GHK-Cu)	Post-workout or morning	Delivers healing signal when tissue repair demand is highest.
Tanning / Libido (MT-2)	Evening (to allow side effects during sleep)	Minimizes nausea and flushing by avoiding peak waking hours.

MORNING	PRE-WORKOUT	EVENING	BEDTIME
NAD+	MOTS-c	BPC-157	CJC + IPA
SEMAX	BPC-157	TB-500	GHK-Cu
MOTS-c		SELANK	MT-2

Standardized research dosing frameworks

The following protocols reflect standardized dosing frameworks cited in clinical and research literature. All compounds are for research purposes only.

RETATRUTIDE

ADVANCED METABOLIC

Category:	GLP-1 / GIP / Glucagon Triple Agonist
Duration:	12–24 weeks
Starting Dose:	2 mg once weekly (Weeks 1–4)
Titration:	Increase by 2 mg every 4 weeks if tolerated
Max Dose:	12 mg weekly
Taper:	Not required (optional: reduce 2 mg / 2 wks)
Off-Cycle:	Equal to length of on-cycle
Timing:	Once weekly — any consistent day

GHK-Cu (Copper Peptide)

SKIN & REGENERATION

Category:	Collagen synthesis / Tissue remodeling
Duration:	6–8 weeks
Injectable:	1–2 mg daily (do not exceed 10 mg/day)
Topical:	1–2% concentration applied to target area
Titration:	Maintain steady dose — no escalation needed
Taper:	None required
Off-Cycle:	4 weeks (prevents copper/zinc imbalance)
Timing:	Morning or post-microneedling (topical)

NAD+

CELLULAR ENERGY / ANTI-AGING

Category:	Cellular energy / DNA repair / Longevity
Duration:	4–8 weeks
Starting Dose:	100 mg SubQ 2–3x per week
Titration:	Increase to 250 mg 2–3x/week per tolerance
Taper:	None required
Off-Cycle:	2–4 weeks
Timing:	Morning injection preferred

SEMAX / SELANK

COGNITIVE / ANXIOLYTIC

Category:	Semax: Cognitive · Selank: Anxiolytic
Duration:	2–4 weeks
Starting Dose:	200–300 mcg daily (intranasal or SubQ)
Titration:	Increase to 500–750 mcg if needed
Taper:	Reduce by 50% for final 3 days of cycle
Off-Cycle:	2 weeks
Semax Timing:	Morning — aligns with circadian alertness
Selank Timing:	Afternoon or evening — stress recovery

Individual Protocols

Standardized Research Dosing Frameworks

MOTS-c

MITOCHONDRIAL / EXERCISE MIMETIC

Category:	Mitochondrial signaling / AMPK activation
Duration:	4–6 weeks
Starting Dose:	5 mg once weekly
Titration:	5 mg administered 3x/week (Mon/Wed/Fri)
Taper:	None required
Off-Cycle:	6 months (long-term mitochondrial/epigenetic effects)
Timing:	Morning or 30–60 min pre-workout

MT-2 (Melanotan II)

TANNING / UV PROTECTION

Category:	Melanocortin receptor agonist
Loading:	100–250 mcg daily for 7–10 days
Titration:	Increase to 500 mcg daily until tan achieved
Maintenance:	500 mcg once or twice weekly
Taper:	None — reduce frequency or stop
Timing:	Evening (nausea/flushing during sleep)
Note:	Start low — titrate slowly to minimize nausea

Recovery & Growth Stacks

Pre-designed synergistic combinations

THE RECOVERY STACK

BPC-157 + TB-500

Positioning:	Tissue repair · Tendon health · Systemic inflammation
Duration:	4–12 weeks
BPC-157:	250–500 mcg twice daily (consistent dose)
TB-500:	2.5–5 mg twice weekly
Off-Cycle:	4 weeks
Timing:	BPC-157: morning + post-workout · TB-500: flexible
Best For:	Injuries, chronic pain, post-surgery, gut health

GH SUPPORT STACK

CJC-1295 + IPAMORELIN

Positioning:	Lean muscle · Deep sleep · Fat metabolism
Duration:	12–16 weeks (5 days on / 2 days off schedule)
Starting Dose:	100 mcg CJC + 200 mcg Ipamorelin nightly
Titration:	Move to twice daily (AM + PM) for max hypertrophy
Taper:	None required
Off-Cycle:	4 weeks
Timing:	Bedtime (fasted, 2+ hrs post-meal)

Individual Protocols

Standardized Research Dosing Frameworks

All protocols at a glance

PEPTIDE	STARTING DOSE	FREQUENCY	MAX DURATION	OFF-CYCLE
Retatrutide	2 mg	Weekly	24 Weeks	12+ Weeks
GHK-Cu	1–2 mg	Daily	8 Weeks	4 Weeks
NAD+	100 mg	3x Weekly	8 Weeks	2–4 Weeks
MOTS-c	5 mg	3x Weekly (Mon/Wed/Fri)	6 Weeks	6 Months
Semax / Selank	200–300 mcg	Daily	4 Weeks	2 Weeks
MT-2 (Loading)	100–250 mcg	Daily	Until tan achieved	Reduce freq.
MT-2 (Maintain)	500 mcg	1–2x Weekly	Ongoing	As needed
BPC-157	250–500 mcg	Twice Daily	12 Weeks	4 Weeks
TB-500	2.5–5 mg	Twice Weekly	12 Weeks	4 Weeks
CJC-1295 / Ipa	100/200 mcg	Nightly (5 on/2 off)	16 Weeks	4 Weeks



CLIENT SAFETY & COMPLIANCE

Essential guidelines for every research subject

Client Safety & Compliance

Essential guidelines for every research subject

Not FDA Approved

All compounds are for research purposes only and are not approved by the FDA for therapeutic, preventive, or diagnostic use in humans.

Medical Oversight

Always consult a licensed medical provider before beginning any research protocol. This document is educational — not medical advice.

Injection Safety

Use sterile technique on every injection. Never reuse needles. Rotate injection sites. Discard used syringes in a sharps container.

Quick Reference

Summary Protocol Table

If significant side effects occur — nausea, heart palpitations, extreme lethargy, or unexpected reactions — cease the research cycle immediately and consult a healthcare provider.

Reconstitution Protocol

Always use bacteriostatic water. Add water to vial slowly. Swirl gently — never shake. Refrigerate after reconstitution. Never freeze reconstituted peptides.

QR Code System

Each LVL UP RX vial connects to a dedicated video explaining reconstitution, dosing, and storage. Scan the QR code on your product for step-by-step guidance.

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These compounds are force multipliers. The foundation — sleep, protein, hydration, training — is what they amplify. Optimize the system first, then let the research compounds do what they were designed to do.

LVL UP RX · PEPTIDES · SCIENCE-BACKED. RESULTS-DRIVEN.

For research use only. Not for human consumption. Consult a qualified healthcare professional before beginning any protocol.

