BRING THIS TO YOUR DOCTOR · GREY PEPTIDES

Ulimorelin

Also called: TZP-101; TZP101

What it is

An investigational intravenous ghrelin agonist (TZP-101) for postoperative ileus; phase 3 trials failed.

Approval status

In Clinical Trials. Not approved anywhere. Two phase 3 trials in postoperative ileus (332 and 330 patients, 2013) found no difference from placebo (PubMed abstract, read October 3, 2026).

Dosing, as printed in the page's Recommended Dosing box

Used in human trials

No manufacturer dose exists for this use: these are amounts given in published trials, not recommendations.

Protocol and source	Dose	Frequency	Duration	Route
Phase 3: postoperative ileus **[Human study]** PMID 23739196	160 or 480 µg/kg	Once daily, 30-minute infusion	Up to 7 days	Intravenous
Phase 2b: ileus after colectomy **[Human study]** PMID 20087086	20 to 600 µg/kg (480 µg/kg most effective)	Once daily, 30-minute infusion	Up to 7 days	Intravenous
Phase 2: diabetic gastroparesis **[Human study]** PMID 20524987	20 to 600 µg/kg (80 µg/kg most effective)	Once daily, 30-minute infusion	4 days	Intravenous

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 10 human studies carded on the page (14 study cards in all):

- **Two phase 3 trials in postoperative ileus** (Human, 2013). In studies 007 (332 patients) and 008 (330), neither dose of ulimorelin differed from placebo on the primary endpoint or on time to first bowel movement, tolerance of solid food or discharge eligibility; serious adverse events were comparable. **PMID 23739196**
- **Phase 2 after colectomy** (Human, 2012). At 480 µg/kg, the most effective dose, ulimorelin shortened time to gastrointestinal recovery after adjustment for surgery type and opioid use (hazard ratio 1.81, P = 0.014). **PMID 22072430**
- **Stomach yes, colon no** (Human, 2020). Doses of 150-600 µg/kg every 8 hours sped liquid gastric emptying by 23% to 46% through day 6 but did not change colonic transit; the authors suggested drug levels in the ileus trials may have been inadequate. **PMID 32017341**

Interactions

A PubMed search for interaction studies of this compound with any drug (October 3, 2026, 0 records) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• Serious adverse events comparable to placebo in phase 3 • Blood pressure lowering reported in rodents and humans • Slow heart rate in two volunteers at the 600 µg/kg dose • Mostly mild, self-limiting events in gastroparesis trials, similar to placebo	• Not approved for any use

Five questions to ask

1. Ulimorelin is listed here as "In Clinical Trials". What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with Ulimorelin? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example serious adverse events comparable to placebo in phase 3?
4. Do any of the cautions on this sheet apply to me, such as: Not approved for any use?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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