

# NAD<sup>+</sup> (Nicotinamide Adenine Dinucleotide)

## Reconstitution & Subcutaneous Dosing Instructions

### Product Contents

- 5 vials: NAD<sup>+</sup> lyophilized powder — 500 mg
- Sterile solvent: for reconstitution

These instructions are intended for subcutaneous (SubQ) administration.

## 1. Reconstitution (Mixing the Vial)

### Supplies Needed

- NAD<sup>+</sup> powder vial (500 mg)
- Sterile solvent
- Alcohol swabs
- Sterile syringe with needle (for reconstitution)
- Insulin syringes (for injections)
- Clean working surface

### Step-by-Step Reconstitution

1. Wash hands thoroughly.
2. Clean the rubber stoppers of the NAD<sup>+</sup> vial and solvent vial with alcohol swabs.
3. Draw **2 mL** of sterile solvent into a syringe. (If you are using a 1 mL syringe, the full reconstitution volume (2 mL) will require two full syringe draws.)
4. Draw 1 mL, inject it into the NAD<sup>+</sup> powder vial, directing the liquid against the inside wall of the vial, then draw a second 1 mL and inject it into the same vial.
5. **Do not shake.** Gently swirl or roll the vial until the powder is completely dissolved.
6. Ensure the solution is clear and free of particles before use.

**Final concentration:** 250 mg per mL

This is a concentrated solution, so accurate measurement is important.

## 2. Dosing Overview (Subcutaneous)

### General Guidelines

- SubQ NAD<sup>+</sup> doses are significantly smaller than IV doses.
- Most individuals benefit from **50–100 mg per injection**.
- Many providers consider **100 mg per single injection** a practical upper limit.
- Higher total doses may be split into multiple injection sites.
- Higher or more frequent dosing should only be followed under medical guidance.

## 3. Dose Measurement (Based on 250 mg/mL)

NAD <sup>+</sup> Dose	Injection Volume	Injection Units
25 mg	0.10 mL	10 units
50 mg	0.20 mL	20 units
75 mg	0.30 mL	30 units
100 mg	0.40 mL	40 units

Example: Injecting **0.20 mL** delivers **50 mg** of NAD<sup>+</sup>.

## 4. Suggested Frequency Protocol (Commonly Circulated SubQ Regimen)

This gradual ramp-up help assess tolerance and reduce side effects.

Weeks	Dose / twice per week	Some longevity-focused protocols report higher or more frequent dosing (e.g., 100-200 mg daily or 200-400 mg a few times per week). These regimens are not standard and should only be followed under medical supervision, as tolerance varies.
Weeks 1-2	25 mg	
Weeks 3-4	50 mg	
Weeks 5-6	75 mg	
Week 7+	100 mg	

## 5. Subcutaneous Injection Technique

- Common sites: abdomen (away from the navel), thigh, or upper glute area
- Clean the injection site with alcohol
- Use a small insulin syringe
- Inject slowly to minimize discomfort
- Rotate injection sites regularly

## 6. Tolerance & Side Effects

Possible side effects (often dose-related):

- Local burning or pressure at injection site
- Nausea
- Fatigue
- Flushing or warmth

If side effects occur:

- Reduce the dose
- Increase time between injections
- Avoid rapid dose escalation

Many users stabilize at **50-100 mg per injection** for ongoing maintenance.

## Storage After Reconstitution

- Store refrigerated at **36–46°F**.
- Protect from light.
- Typical use period: **14–21 days**, depending on solvent type and handling.
- Discard if the solution becomes cloudy or discolored.

## Important Notes

- Do **not** inject the entire vial at once.
- NAD<sup>+</sup> is intended for **divided dosing**, not single large injections.
- Individual response varies; higher doses are not always better.
- This information is for educational purposes and does not replace medical advice.