



# SERMORELIN

PHYSICIAN FAQs

"This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease."



## HOW TO RECONSTITUTE LYOPHILIZED VIALS

We recommend the following for any size vial to calculate a 30 day supply:

- 6mg Vial with 6mL reconstitution; (0.2mL=200mcg) & (0.3mL=300mcg)
- 9mg Vial with 6mL reconstitution; (0.2mL=300mcg) & (0.3mL=450mcg)
- 15mg Vial with 6mL reconstitution; (0.2mL=500mcg) & (0.3mL=750mcg)

\*Make sure that your patient knows that a sterile multi-use vial should be discarded after 28-30 days.



## CAN I DOSE BY WEIGHT OR BMI?

If dosing based on BMI, this requires adjustments for male/female patients due to the blunting effect estrogen has on GH/IGF-1 production. Also, BMI should not be totally relied upon for dosing as BMI does not take into account lean muscle mass. The patient's overall health and fitness status should be considered rather than dosing based on a number value from a patient's weight and height alone.

BMI	MEN	WOMEN
18-24	200mcg	300mcg
25-29	400mcg	400-500mcg



## SIDE EFFECTS

Most common is injection site reaction (pain; redness; swelling). Less than 1% dizziness, flushing, headache or hyperactivity.



## WHAT IS THE MINIMUM AMOUNT OF TIME A PATIENT SHOULD TAKE BEFORE THEY SEE RESULTS?

Most patients will begin to feel sleep changes in the first week. For best results patients should commit to using for 90 days to feel the full benefits.



## WHAT IF MY PATIENT DID NOT SEE A CHANGE THEY HOPED FOR?

Just as with BHRT therapy changes in the body are measured in both the labs and in the feedback from your patients. It's important to discuss both as well as their expectations.



## WHAT IS INCLUDED WITH THE SHIPMENT?

In each shipment from Wells Pharmacy, the patient will be provided the following for each kit ordered:

- Vial of medication
- Vial of diluent
- Mixing syringe with an attached needle
- #2 alcohol pads for mixing purposes

\*All supplies for injections are sold separately



## WILL MY PATIENTS EXPERIENCE HUNGER?

It can be caused for some by the stimulation of ghrelin for a small percentage of patients using GHRP-6.



## THE IGF-1 LABS DID NOT CHANGE?

The feedback from the patient on how they are feeling is equally important as the lab testing. Remember, that you are treating a patient and not a number. In some patients the dosage may need to be titrated up or converted to a blend of all 3 (GHRH/GHRP-2/GHRP-6) to experience results. (It is important that the labs are measured at the same time every time).



## PATIENTS ON PREVIOUSLY ON HUMAN GROWTH HORMONE WILL THIS WORK?

Yes, however in some rare cases Sermorelin therapy will not work if somatostatin has inhibited all GH production. High levels of GH can cause an increase in somatostatin via the feedback loop and decrease GH production. Because GHRP inhibits somatostatin, the addition of GHRP to Sermorelin will assist in decreasing somatostatin; thereby, increasing the number of somatotrophs and subsequently increase somatotropin and GH production to a larger extent than using Sermorelin alone.



## POSSIBLE OVERDOSE?

No, due to the saturation effect. This therapy has also been shown to help to rebuild and preserve pituitary function for many patients.



## IS THIS PRODUCT FDA APPROVED?

Sermorelin was FDA approved in 1997 to treat GH deficiency, in 2002 Geref from Serono was discontinued in part due to the high cost. The chemicals purchased by Wells Pharmacy are from FDA approved facilities and vendors.



## HALF-LIFE?

Sermorelin has a half-life of 11-12 minutes following subcutaneous administration \*Per original package insert.

