

Protocols Relating to Sermorelin

- **What is Sermorelin?**

- Sermorelin is a Growth Hormone Releasing Peptide (GHRP) that assists increasing the amount of growth hormone released.
- It is a synthetic peptide equivalent to the first 29 amino acids (1-29) which contains the active part of the native, hypothalamic growth hormone-releasing hormone (somatostatin; GHRH) which itself exists as a 37, 40, or 44 amino acid peptide.
- It stimulates a release of HGH and IGF-1 leading to fat loss and increased protein synthesis thereby promoting growth of muscle.

- **What is Sermorelin used for?**

- Increasing growth hormone,
- stimulating muscle development and repair,
- decreasing body fat,
- accelerated injury and recovery time,
- improved sleep and improved cognitive function.
- Improving libido and mood.
- Improving insulin sensitivity
- Sermorelin
 - Great for weightlifters and/or active people with 5-15lbs to lose. Better option for weight loss in clients with lower BMI.
 - It may take clients 30-45 days before they see fat loss results

- **What are the Benefits of Sermorelin?**

- promote slow wave sleep,
- improve memory retention,
- stimulate muscle growth,
- aid in fat loss & lean muscle
- Faster recovery time

- **What are Contraindications to getting Sermorelin?**

- **Cancer (Active or History)**
- **Pro Athletes** (Sermorelin is excluded by the WADA for pro athletes)
- **Pregnancy** (there is no safety data for use of Sermorelin pregnant clients); client must certify they are not pregnant to receive Sermorelin; if client is not absolutely positive she is not pregnant, then postponement and a client's self-administered pregnancy test is recommended prior to beginning any course of Sermorelin

- **Breastfeeding** (there is no safety data for use of Sermorelin in clients who are regularly engaged in breastfeeding a child and the manufacturer recommends against); client must certify they are not breastfeeding to receive Sermorelin)
- GLP1's and GIP's (Semaglutide and Tirzepatide or any other) are not co-administered with Sermorelin. GLP1's and GIP's are for patients with a BMI greater than 27 amongst other indications. Sermorelin is medically appropriate for individuals who are otherwise relatively healthy with 5-15 pounds to lose and at a lower BMI.
- **Important Requirements for Administrators of Sermorelin**
 - Training- Watch the Sermorelin Webinar
 - Review the Sermorelin Protocol
 - Complete the Sermorelin comprehension Quiz with in the app
 - The Quiz may need to be reviewed and completed every 6-12 months

- **Important Pre-Treatment Requirements for Sermorelin:**

- Client request Sermorelin
 - Complete all paperwork- intake form and consent by booking through the app
 - Reminder: pregnancy, breastfeeding mothers, certain cancer histories or genetic predispositions are contraindicated, based on Medical Director determination
- Prior to consult with provider- **Service Provider must be in clients presence and complete/confirm the following**
 - medical history
 - consent
 - intake
 - vital signs (blood pressure, heart rate, respirations, & pulse ox, temperature), mental alertness status
 - assessment of any change(s) in medical history / diagnosis- development of a new allergy, and whether the client is complaining about or experiencing any abnormal symptom(s) /illness(s)
 - **EDUCATION-**
 - Information on Sermorelin
 - Peptide Instructions Given to Client
 - Client to watch video on reconstitution and sign attestation
 - <https://youtu.be/G35jGevzY4g>
 - Client to watch video on subcutaneous self injection
 - https://youtu.be/e4M8_lqOBg0
 - Allow clients time to ask questions and verbalize understanding.
- Once Sermorelin med history, consent, intake form, vitals, education, and consent are completed by client- they will schedule their patient consultation through the app
- Once consult is complete the prescriber sends the prescription to the pharmacy for fulfillment.

- Sermorelin as Patient Specific Prescription usually arrives to location -
 - Sermorelin that is patient specific will be shipped to the patient themselves.
 - Follow up with Service Provider initially week 3 then every 4 weeks
 - Service provider must be physically present and complete the following
 - Verify Client Reassessment form complete
 - Updated medical history
 - Vitals
 - Education – answer any client questions on injections
 - Schedule telehealth-nurse consult with prescribing provider will be required for continuation of Sermorelin
 - Follow up with HCP every 3 months
 - Medical consult patient to Healthcare provider
 - Consult at month 0, 3, and then after 6 months of Sermorelin, patient takes 1 month break prior to starting the process over again.
- Sermorelin Protocol:
 - May vary depending on provider
 - Sermorelin is injected in subcutaneously.
 - Inject 0.2-0.5mg (200-500mcg-**dose chosen by provider**) 5 nights a week for 6 months. **The prescription label should have the specific dose for that individual patient.** Follow the 6 months with a 30-day break.
 - Dispense 1 month with 2 refills
 - Follow up consult at 3 months to bring client thru full 6 months
 - Inject 30 minutes before eating, 2 hours after a meal, or before bed.
 - Individuals may want to alternate the site of injections to avoid bruising and soreness. A four-day rotation may look like this:
 - Day 1 – Stomach
 - Day 2 – Thigh
 - Day 3 – Hip
 - Day 4 – Upper arm
 - It may take clients 30-45 days before they see fat loss results.
 - Vial Options
 - **Reconstitute all with the SAME number of ml's as the mg's. Example: 6mg with 6ml. 9mg with 9ml.**
 - Empower 503a
 - Sermorelin 6mg (appropriate for 0.2-0.3mg dosing)
 - Example: If dose is 250mcg, patient injects 25 units
 - Olympia 503a
 - Sermorelin 9mg (appropriate for >0.3mg daily dosing)
 - Example: If dose is 350mcg, patient injects 35 units

Empower/Olympia	6&9mg vials (1mg/ml after reconstitution)
Dose	Units
200mcg	20 units
250mcg	25 units
300mcg	30 units
350mcg	35 units
400mcg	40 units
450mcg	45 units
500mcg	50 units

- **Reconstitute all with the HALF number of ml's as the mg's. Example: 6mg with 3ml. 9mg with 4.5ml.**

- Empower 503a
 - Sermorelin 6mg (appropriate for 0.2-0.3mg dosing)
 - Example: If dose is 250mcg, patient injects 12.5 units
- Olympia 503a
 - Sermorelin 9mg (appropriate for >0.3mg daily dosing)
 - Example: If dose is 350mcg, patient injects 17.5 units

Empower/Olympia	6&9mg vials (1mg/ml after reconstitution)
Dose	Units
200mcg	10 units
250mcg	12.5 units
300mcg	15 units
350mcg	17.5 units
400mcg	20 units
450mcg	22.5 units
500mcg	25 units

- NOT NEEDING RECONSTITUTION
 - Tailor Made 503a
 - Sermorelin 8mg – concentration is **2mg/ml**
 - **This double concentration means your units are half-see chart below**
 - Example 250mcg dosing= 12.5 units injected

Tailor Made	8mg vial (2mg/ml)
Dose	Units
200mcg	10 units
250mcg	12.5 units
300mcg	15 units
350mcg	17.5 units
400mcg	20 units
450mcg	22.5 units
500mcg	25 units

- Hallandale
 - Sermorelin 9mg -concentration is 1.5mg/ml
 - Sermorelin 15mg- concentration is 1.5mg/ml
 - Example 300mcg= 20 units injected

Hallandale	6 and 15mg vial (1.5mg/ml)
Dose	Units
200mcg	13 units
250mcg	17 units
300mcg	20 units
350mcg	23 units
400mcg	27 units
450mcg	30 units
500mcg	33 units

▪ Reminder all vials are to be discarded 28 days after puncturing/reconstituting.

- PerfectRx
 - Sermorelin 15mg- concentration is 2.5mg/ml
 - Example 250mcg= 10 units injected

PerfectRx	15mg vial (2.5mg/ml)
Dose	Units
200mcg	8 units
250mcg	10 units
300mcg	12 units
350mcg	14 units
400mcg	16 units
450mcg	18 units
500mcg	20 units

- **Follow up**

- Every 3 months
 - Service provider must be physically present and complete the following
 - Updated medical history
 - Vitals
 - Education – answer any client questions on injections
 - Schedule telehealth-patient consults with prescribing provider will be required for continuation of Sermorelin
- **After 6 months a 30 day break is required**
 - Then the client would have another service provider visit as outlined in this protocol and telehealth to re-start the Sermorelin protocol

- **Emergency Protocol**

- Client to proceed, or if necessary client to be sent, to the emergency room at a local hospital; OR
- Client to proceed, or if necessary client to be sent, to local urgent care center; OR
- Client to call, or if necessary call on behalf of client, 9-1-1 emergency telephone number; OR
- Client to call, client's regular, independent physician or other qualified healthcare provider
- See Post-Emergency Protocol Below also.

- **Adverse Reactions, Complications and Side Effects of Sermorelin:**

- Redness/pain at injection site (swelling, redness, bruising, pain, itching, infection)
- possible increased appetite
- If ANAPHYLAXIS OCCURS Patient should call 911 and follow Emergency Protocol

- **Post-Emergency Protocol** – After the Emergency Protocol,

- Client to service provider, and service provider will prepare and complete an incident report by phone to be submitted on the app under specific client profile.
- If the client does not complete a report, business partner or associate partner then will coordinate completion of relevant portions of the report with its Medical Director without client input.
- Final incident report shall be submitted directly to the medical director email, and thru the app.

Exhibits

<https://www.sciencedirect.com/topics/neuroscience/sermorelin>

<https://www.healthline.com/health/sermorelin#uses-and-benefits>

Micromedex or other pdfs?

Additional Resources