

PRESCRIPTION MONOGRAPH

Compounded Active Ingredients: Sermorelin

Form: Sublingual Rapid Dissolve Tablet

Drug Class: Synthetic GHRH analog that contains 28 amino acids

Mechanism of Action ^{1,2}:

Sermorelin Acetate is intended to:

- Mimic endogenous GHRH (1-29), stimulating the anterior pituitary to release growth hormone
 - Stimulate IGF-1 production via GH induction
 - Promote muscle growth, fat loss, cellular repair, and anti-aging effects
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Indications Commonly Prescribed For:

- Treatment of pediatric growth hormone deficiency (GHD).
 - Adult GH deficiency, age-related GH decline, body composition optimization, recovery enhancement, and adjunctive therapy in GH-releasing peptide (GHRP) protocols.
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Before Use: Let your health care provider know if you are pregnant or breast feeding. Let your healthcare provider know of all supplements you are currently taking.

Contraindications:

- Known hypersensitivity to sermorelin or any of its components
 - Active malignancy
 - Pregnancy and lactation (due to lack of safety data)
 - Severe hepatic or renal impairment
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Cautions: Let your Healthcare provider know if you experience any adverse side effects.

How to Use: This compounded preparation is in the form of a sublingual rapid dissolve tablet. Place tablet under tongue to dissolve completely. Do not chew or crush the capsule. Once the tablet has fully dissolved, do not rinse your mouth, brush your teeth, or consume food or beverages for at least five minutes to allow absorption. If you miss a dose, take as soon as you remember, but not at the time for the next dose. The desired results may take up to several weeks.

Warnings and Precautions:

- Benign Intracranial Hypertension (BIH): Use with caution; monitor for symptoms such as headache, visual disturbances, or nausea.
 - Tumor Activity: Contraindicated in individuals with active malignancy; discontinue therapy if evidence of tumor progression occurs.
 - Hypothyroidism: May blunt the response to sermorelin; evaluate and correct thyroid function before initiating therapy.
 - Critical Illness: Not recommended for use in critically ill patients due to potential complications.
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Adverse Reactions:

- Nausea
 - Headache
 - Flushing
 - Dizziness
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Interactions:

- Glucocorticoids: May inhibit GH secretion and counteract sermorelin's effects.
 - Drugs Affecting Pituitary Function: Medications that alter pituitary hormone release may interfere with sermorelin efficacy.
 - Hypothyroid Medications: Untreated hypothyroidism can reduce sermorelin effectiveness; monitor thyroid function.
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Use in Specific Populations:

- Pediatrics: Historically used for pediatric GHD; dosing should be individualized.
 - Geriatrics: May be considered for age-related GH decline; monitor for adverse effects.
 - Pregnancy & Lactation: Not recommended due to insufficient safety data.
 - Hepatic/Renal Impairment: Use with caution; limited data available
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Storage:

- Store in original container at room temperature (up to 30°C or 86°F)
 - Store in a cool dry place away from heat, sunlight, and moisture
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Monitoring Parameters:

- IGF-1 Levels: Assess to gauge GH activity and adjust dosing.
 - Thyroid Function Tests: Monitor TSH and free T4 levels periodically.
 - Glucose Tolerance: Evaluate fasting glucose and HbA1c as GH can affect glucose metabolism.
 - Lipid Profile: Monitor cholesterol and triglyceride levels.
 - Adverse Effects: Regularly assess for side effects and overall treatment efficacy
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Citations:

1. Walker RF. Sermorelin: A better approach to management of adult-onset growth hormone insufficiency? *Clin Interv Aging*. 2006;1(4):307-8.
 2. Prakash A, Goa KL. Sermorelin: a review of its use in the diagnosis and treatment of children with idiopathic growth hormone deficiency. *BioDrugs*. 1999;12(2):139-157. doi:10.2165/00063030-199912020-00007.
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