

# Sermorelin

Growth hormone releasing hormone (GHRH) analog · 1 / 1.5 mg/mL injectable

SubQ Injection

Nightly QHS

1 / 1.5 mg/mL

Cycle Therapy

## COMMON INDICATIONS (OFF-LABEL)

- ▶ Adult growth hormone deficiency
- ▶ Age-related GH decline
- ▶ Sleep quality / depth
- ▶ Body composition
- ▶ Recovery / athletic performance
- ▶ Skin elasticity / collagen
- ▶ Energy / vitality
- ▶ Adjunct to weight loss therapy
- ▶ Cognitive support

## STANDARD NIGHTLY DOSING

<p>STARTING</p> <p><b>200 mcg</b></p> <p>QHS SubQ</p>	<p>STANDARD</p> <p><b>300 mcg</b></p> <p>QHS SubQ</p>	<p>HIGHER DOSE</p> <p><b>500 mcg</b></p> <p>QHS · advanced</p>	<p>CYCLE</p> <p><b>5 days on</b></p> <p>2 days off</p>
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### DOSING NOTES

Sermorelin works by stimulating endogenous GH release from the pituitary — preserving natural pulsatile patterns unlike exogenous HGH. Inject SubQ in abdomen 30 minutes before bedtime, on empty stomach (food blunts GH release). Many protocols use 5-days-on / 2-days-off to preserve pituitary responsiveness. Effects are gradual: sleep improvement in 2–4 weeks, body composition changes 3–6 months.

## VOLUME REFERENCE BY CONCENTRATION

TARGET DOSE	FROM 1 MG/ML VIAL	FROM 1.5 MG/ML VIAL	FREQUENCY
200 mcg	0.20 mL (20 u)	0.13 mL (13 u)	QHS
300 mcg	0.30 mL (30 u)	0.20 mL (20 u)	QHS · standard
400 mcg	0.40 mL (40 u)	0.27 mL (27 u)	QHS
500 mcg	0.50 mL (50 u)	0.33 mL (33 u)	QHS · advanced

Volumes assume U-100 insulin syringe. Verify concentration on dispensed vial label.

## STORAGE & MONITORING

### STORAGE

- ▶ Refrigerate at 36–46°F (2–8°C)
- ▶ Do not freeze
- ▶ Protect from light
- ▶ BUD per pharmacy label after reconstitution

### MONITORING & CAUTIONS

- ▶ Baseline IGF-1; recheck at 3–6 months
- ▶ Avoid in active malignancy, severe respiratory illness
- ▶ Caution: untreated hypothyroidism, diabetes (may ↑ insulin resistance)
- ▶ Common: injection site reaction, transient flushing, vivid dreams