thetrutides

SERMORELIN

The original GHRH analogue — formerly an approved drug

Sermorelin has a history the newer growth hormone peptides do not: it was an FDA-approved medicine, marketed as Geref, before being withdrawn from the market for commercial rather than safety reasons.

In Plain English

Sermorelin is the front section of the body's own growth hormone releasing hormone — the shortest piece that still does the job. Because it prompts your pituitary rather than supplying growth hormone directly, your natural feedback controls stay in the loop, which is generally regarded as the safer architecture. It clears quickly, so it produces a pulse rather than a sustained elevation.

What people use it for. Growth hormone support for recovery, sleep and body composition — the same goals as CJC-1295 and Ipamorelin.

What to know before you buy. Sermorelin's appeal is its history: it was an approved medicine for years and was pulled for business reasons, not because anything went wrong with it. That is genuine reassurance about the molecule. The catch is that it clears very fast, which is why the newer modified analogues exist, and the approval evidence was in children with a growth hormone deficiency — not adults looking for body composition changes.

What It's Used For

GOAL	WHAT THAT RESTS ON
Growth hormone support	Prompts your own pituitary; feedback controls stay in place
Recovery and sleep	Commonly reported across the GHRH class
Regulatory history	Was an approved medicine (Geref) and was withdrawn for commercial reasons, not safety findings
Natural pulse pattern	Very short half-life produces a pulse rather than sustained elevation

The left column lists goals people commonly pursue with this compound; the right column states what that rests on. These are described uses and research findings, not proven outcomes or treatment claims. Individual results vary and no outcome is promised.

Pricing & Sizes

PRICING

10mg vial	$65

Bulk pricing: 2-3 vials −5% | 4-6 vials −10% | 7-9 vials −15% | 10+ vials −20%

Ships sealed and lyophilized — stable for years at room temperature, reconstitute before use, or ask and it will be reconstituted free at the volume shown below. **Free shipping on every order, no minimum.** Third-party COA available for every batch — HPLC purity and mass spec verification.

Reconstitution — bacteriostatic water: 10mg vial at 2mL = 5mg/mL, so 10 units on a 100-unit syringe draws 0.5mg. Concentrations are arithmetic from vial content and diluent volume, not a dosing recommendation.

At a Glance

CLASS	Synthetic analogue of the first 29 amino acids of growth hormone releasing hormone (GHRH 1-29)
MECHANISM	Stimulates pituitary GHRH receptors, prompting release of the body's own growth hormone
REGULATORY HISTORY	Approved as **Geref** for paediatric growth hormone deficiency; discontinued in 2008 for commercial reasons, not on safety grounds
CURRENT STATUS	No longer an approved product in the US; widely available through compounding
HALF-LIFE	Short — roughly 10 to 20 minutes, producing a pulse rather than sustained elevation
REGULATORY (US)	**Not** on the July 2026 PCAC agenda; status unaffected by that hearing
FORMAT	10mg vial

29	Geref	2008	~15 min
AMINO ACIDS	FORMER BRAND	WITHDRAWN COMMERCIALLY	HALF-LIFE

REGULATORY STATUS

Sermorelin was an FDA-approved drug (Geref) and was withdrawn from the US market in 2008 for **commercial** reasons rather than safety findings — a meaningful distinction. It is no longer an approved product, and material sold today is not the former approved drug. Sermorelin was not on the July 2026 PCAC agenda and its status is unchanged by that hearing.

How It Compares

	SERMORELIN	CJC-1295 NO DAC	TESAMORELIN
Structure	GHRH 1-29	GHRH 1-29, modified for stability	GRF 1-44, stabilised
Half-life	~10-20 min	~30 min	Longer
Approval	Former (Geref, to 2008)	None	Current (Egrifta)
Evidence	Approval-era paediatric data	Early-phase PK data	Completed phase III

Sermorelin's advantage over the newer analogues is that it once cleared a regulatory review, which none of the unapproved GHRH peptides have. Its disadvantage is a very short half-life, which is largely why the modified analogues were developed.

Evidence Position

The approval-era evidence concerned paediatric growth hormone deficiency — a defined clinical population with a defined endpoint. That is real regulator-reviewed evidence, and it does not extend to use in healthy adults for body composition, recovery or anti-ageing, which was not what the approval studied.

As with the whole GHRH class, sermorelin reliably raises growth hormone. Whether that elevation produces meaningful outcomes in healthy adults is not established by controlled trials. IGF-1 is the appropriate marker for confirming pharmacological activity.

THE BOTTOM LINE

The GHRH analogue with the longest regulatory track record and the shortest duration of action. Its former approval is genuine reassurance about the mechanism and about safety in the studied population — it is not evidence for the uses it is now typically sold for.

Also in the Range

Compare with **CJC-1295 + Ipamorelin** (two pathways rather than one) and **Tesamorelin** (the only one in the range with a current FDA approval behind the molecule).

 Sources: FDA historical prescribing information for Geref (sermorelin); FDA PCAC meeting materials, 23-24 July 2026 (not on agenda).