



Westmoreland Pharmacy Sermorelin Injection Order Form

Patient Name: _____ Date of Birth: _____

Street: _____ City: _____ State/ZIP: _____

Phone: _____ Email: _____

Drug Allergies: _____ Health Conditions: _____

Choose Distribution Method:

Patient Pick Up	Ship to Patient (\$8 UPS Ship Fee)	Ship to Clinic
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Sermorelin Acetate 1000mcg/ml injection 2ml multi-dose vial for subcutaneous injection

Select dose from the following:

- ☐ 20 units (200 mcg dose) SQ at bedtime, Monday through Friday of each week – Dispense 4ml
- ☐ 30 units (300 mcg dose) SQ at bedtime, Monday through Friday of each week – Dispense 6ml
- ☐ 40 units (400 mcg dose) SQ at bedtime, Monday through Friday of each week – Dispense 8ml
- ☐ 50 units (500 mcg dose) SQ at bedtime, Monday through Friday of each week – Dispense 10ml
- ☐ Alternate dose: _____ units (_____ mcg) _____ times per week

Dosing Guidelines:

Given as a subcutaneous injection at bedtime on an empty stomach (at least 1 hour or longer after eating)

Dose range: 200 mcg to 500mcg

Titrate dose up to 50 units (500mcg dose) if needed, based on response

Higher dose may be required for patients with higher body mass

***Injection may not be dispensed for more than one month supply due to USP sterility guidelines.**

****Insulin syringes (measured in units) and alcohol swabs are provided at no additional cost.**

REFILLS: _____

Provider name: _____ NPI: _____

Address: _____ Phone: _____

Provider email: _____

Provider signature: _____ **Date:** _____

Please submit using one of the following methods:

E-prescribing instructions for Sermorelin compounds (preferred - easiest and fastest for retrieval)

1. Select the compound in the Medication Field. If your e-prescription program does not have a customizable compound option, select any drug product and describe the compound to be dispensed in the “Notes” field or in the “Directions” field.
2. Select the appropriate quantity or just enter the number 1.
(For Sermorelin injections, we will calculate a 1-month supply automatically for you).
3. Enter directions. (For example, Inject 200 mcg Monday through Friday of each week.)
4. In the notes field you must include the description of the compound to be dispensed if not indicated in the medication field. **Please include the compound name, strength, and quantity.**
For example: Sermorelin Acetate 1000mcg/ml injection (2ml vial)
5. Enter refills if appropriate.
6. Enter diagnosis code if appropriate. (Not required)
7. Send to Westmoreland Pharmacy, 1945 State Street, New Albany, IN 47150.

If eRx is not an option, this is not a problem!

- This form may be completed and faxed to 812-944-6900
- Or you may call and leave an order on our voicemail at 812-944-6500
(Please include patient date of birth and phone number and your phone number, should there be any questions.)

Sermorelin Acetate 1000 mcg/ml Injection				
mcg dose	ml (units per dose)	times per week	number of vials = 30-day supply	Price per month
200mcg	0.20 ml (20 units)	5	2	\$70
300mcg	0.30 ml (30units)	5	3	\$95
400mcg	0.40 ml (40 units)	5	4	\$120
500mcg	0.50 ml (50 units)	5	5	\$145
Alternate dosing			6	\$170
Alternate dosing			7	\$195