

# WEIGHT LOSS PRESCRIPTION ORDER FORM – UPDATED DOSING

| Patient Information                     |       |                                                     |              |        |
|-----------------------------------------|-------|-----------------------------------------------------|--------------|--------|
| Last Name                               |       | First Name                                          |              | MI     |
| Address                                 |       |                                                     |              | Apt. # |
| City                                    | State | ZIP                                                 | Phone Number |        |
| Date of Birth (mm/dd/yyyy)              |       | Sex <input type="radio"/> M <input type="radio"/> F | Email        |        |
| Prescriber and Prescription Information |       |                                                     |              |        |
| Prescriber's Name                       |       |                                                     |              |        |
| Phone Number                            |       |                                                     | Fax Number   |        |
| Street Address                          |       |                                                     |              |        |
| City                                    |       | State                                               | ZIP          |        |
| NPI                                     |       | DEA                                                 |              |        |

## 1 Tirzepatide sublingual Suspension (SubMagna™ SL HMW)

|                                                           |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Introductory Month Dosing<br>(Titrate up 0.25ml per week) | <input type="radio"/> Tirzepatide 10 mg/mL SL Suspension (Week 1) <span style="float: right;">QTY: 12ml / \$165</span>                                                                                                                                           | <b>Start New Patients Low</b><br><br>Begin treatment with the Introductory Month Dosing and progress through stages to identify effective dose.<br><br><b>Caution with Dosage</b><br><br>Given tirzepatides 5–7 day half-life, start with lower dose to reduce possible side effects, then increase to effective dose.<br><br><b>Known Dose Requests</b><br><br>If the current dosage is effective, maintain it.<br>If ineffective, titrate to increased dose next month.<br><br><b>SL HMW = Sublingual High Molecular Weight</b> |
|                                                           | Administer <u>0.25 ml</u> under tongue every other day for one week, then increase to 0.5 ml. Hold under tongue for a minimum of 2 minutes. Take in the AM on an empty stomach.                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                           | <b>Tirzepatide 10 mg/mL SL Suspension (Week 2)</b><br>Administer <u>0.5 ml</u> under tongue every other day for one week, then increase to 0.75 ml. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                           | <b>Tirzepatide 10 mg/mL SL Suspension (Week 3)</b><br>Administer <u>0.75 ml</u> under tongue every other day for one week, then increase to 1 ml. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                           | <b>Tirzepatide 10 mg/mL SL Suspension (Week 4)</b><br>Administer <u>1 ml</u> under tongue every other day for one week. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Daily Target Dose<br><b>10 mg</b>                         | <input type="radio"/> Tirzepatide 10 mg/mL SL Suspension <span style="float: right;">QTY: 15ml / \$195</span><br>Administer <u>1 ml</u> under tongue every other day. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>12.5 mg</b>                                            | <input type="radio"/> Tirzepatide 20 mg/mL SL Suspension <span style="float: right;">QTY: 10ml / \$245</span><br>Administer <u>0.625 ml</u> under tongue every other day. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>15 mg</b>                                              | <input type="radio"/> Tirzepatide 20 mg/mL SL Suspension <span style="float: right;">QTY: 15ml / \$295</span><br>Administer <u>0.75 ml</u> under tongue every other day. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

Other Directions: \_\_\_\_\_

Refills: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 10 ☐ 9 ☐ 0 ☐ 11 ☐ 12 ☐ Other \_\_\_\_\_

X \_\_\_\_\_ Prescriber's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**FAX (317) 900-7458**

Fill out the form and fax it to our fax number below

"The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. The sample formulations described herein result from prescriptions previously ordered by professionals licensed to write prescriptions in their respective discipline. Nothing herein is intended to replace or influence the independent judgment of any licensed professional." \*\*The information contained in the transmission accompanying this notice is confidential and protect by law. It's intended for the use of the doctor listed above.

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NOBLESVILLE LOW COST PHARMACY 758 WESTFIELD RD NOBLESVILLE IN 46062 TEL (317) 231-5252

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| City                                    |       | State                                               | ZIP          |        |
| NPI                                     |       | DEA                                                 |              |        |

## 2 Semaglutide Sublingual Suspension (SubMagna™ SL HMW)

|                                                           |                                                                                                                                                                                                                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Introductory Month Dosing<br>(Titrate up 0.25ml per week) | <input type="radio"/> Semaglutide 1 mg/mL SL Suspension (Week 1)<br>Administer <u>0.25 ml</u> under tongue once daily for 7 days, then increase to 0.5 ml. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach. | QTY: 20ml / \$125 | <b>Start New Patients Low</b><br>Begin treatment with the Introductory Month Dosing and progress through stages to identify effective dose.<br><br><b>Caution with Dosage</b><br>Given semaglutides 5-7 day half-life, start with lower dose to reduce possible side effects, then increase to effective dose.<br><br><b>Known Dose Requests</b><br>If the current dosage is effective, maintain it. If ineffective, titrate to increased dose next month.<br><br><b>SL HMW = Sublingual High Molecular Weight</b> |
|                                                           | <input type="radio"/> Semaglutide 1 mg/mL SL Suspension (Week 2)<br>Administer <u>0.5 ml</u> under tongue once daily for 7 days, then increase to 0.75 ml. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach. |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                           | <input type="radio"/> Semaglutide 1 mg/mL SL Suspension (Week 3)<br>Administer <u>0.75 ml</u> under tongue once daily for 7 days, then increase to 1 ml. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                           | <input type="radio"/> Semaglutide 1 mg/mL SL Suspension (Week 4)<br>Administer <u>1 ml</u> under tongue once daily for 7 days. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Daily Target Dose<br>1 mg                                 | <input type="radio"/> Semaglutide 1 mg/mL SL Suspension<br>Administer <u>1 ml</u> under tongue once daily. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.                                                 | QTY: 30ml / \$165 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1.5 mg                                                    | <input type="radio"/> Semaglutide 2 mg/mL SL Suspension<br>Administer <u>0.75 ml</u> under tongue once daily. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.                                              | QTY: 25ml / \$195 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2 mg                                                      | <input type="radio"/> Semaglutide 2 mg/mL SL Suspension<br>Administer <u>1 ml</u> under tongue once daily. Hold under tongue for a minimum of 2 minutes. Take in the morning on an empty stomach.                                                 | QTY: 30ml / \$225 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Other Directions: \_\_\_\_\_

Refills: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 10 ☐ 9 ☐ 11 ☐ 12 ☐ Other \_\_\_\_\_

X \_\_\_\_\_ Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

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