

NEW PRESCRIPTION ORDER FORM

1 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	

2 Prescriber and Prescription Information

Prescriber's Name		
Phone Number		Fax Number
Street Address		
City	State	ZIP
NPI	DEA	

Semaglutide Sublingual Suspension (SubMagna™ SL HMW)

Target Dose 0.25mg	<input type="radio"/> Semaglutide 0.5 mg/mL SL Suspension Administer 0.5 ml under tongue once weekly, ensuring it is held for a minimum for 1 minute before swallowing. Increase dosage if ineffective after 4 weeks.	QTY: 3ml	<u>Start New Patients Low</u> Begin treatment at lowest dose and progress through stages to identify effective dose. (0.25 mg increase) <u>Caution with Dosage</u> Given semaglutides 5-7 day half-life, start with lower dose to reduce prolonged side effects, then gradually increase to effective dose. <u>Known Dose Requests</u> If the current dosage is effective, maintain it. If your dose is missing, fill in the necessary details in the last formula. You can also E-Prescribe, or call in the prescription to our pharmacists to expedite service. SL HMW = Sublingual High Molecular Weight
0.5mg	<input type="radio"/> Semaglutide 0.5 mg/mL SL Suspension Administer 1 ml under tongue once weekly, ensuring it is held for a minimum for 1 minute before swallowing. Increase dosage if ineffective after 4 weeks.	QTY: 5ml	
0.75mg	<input type="radio"/> Semaglutide 1 mg/mL SL Suspension Administer 0.75 ml under tongue once weekly, ensuring it is held for a minimum for 1 minute before swallowing. Increase dosage if ineffective after 4 weeks.	QTY: 4ml	
1 mg	<input type="radio"/> Semaglutide 1 mg/mL SL Suspension Administer 1 ml under tongue once weekly, ensuring it is held for a minimum for 1 minute before swallowing. Increase dosage if ineffective after 4 weeks.	QTY: 5ml	
1.25 mg	<input type="radio"/> Semaglutide 2.5 mg/mL SL Suspension Administer 0.5 ml under tongue once weekly, ensuring it is held for a minimum for 1 minute before swallowing. Increase dosage if ineffective after 4 weeks.	QTY: 3ml	
1.5 mg	<input type="radio"/> Semaglutide 2.5 mg/mL SL Suspension Administer 0.6 ml under tongue once weekly, ensuring it is held for a minimum for 1 minute before swallowing. Increase dosage if ineffective after 4 weeks.	QTY: 4ml	
	<input type="radio"/> Semaglutide 2.5 mg/mL SL Suspension Administer ____ ml under tongue once weekly, ensuring it is held for a minimum for 1 minute before swallowing. Increase dosage if ineffective after 4 weeks.	QTY: ____ ml	

Other Directions: _____

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

X _____
Prescriber's Signature Date

3 Fill out the Pharmacy Name and Fax number, then fax it to the Pharmacy.

Pharmacy Name

Pharmacy Fax Number

The pharmacy name & fax # cannot be pre-printed in order to comply with RI Law 216-RICR-40-15-1 section 1.3A10

Form SLS-01.0