



ScriptWorks  
480 N. Wiget Ln  
Walnut Creek, CA

Phone: (925) 934-4400  
Toll Free (866) 234-4488  
Fax: (925) 934-4442

Patient's Name:	Prescriber's Name:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone #:	Fax #:
Additional Contact #:	Patient Allergies:

## COMPOUNDED SUBLINGUAL GLP-1 MEDICATIONS

\_\_\_ CMPD Semaglutide 1mg-1ml in SubMagna™ HMW #30ml

- i. \_\_\_ \*INITIAL DOSE\* Place 0.3ml under tongue for 90 seconds minimum - swallow once daily, increase to 0.5ml on second week, do not eat for 30 minutes
- ii. \_\_\_ \*MAINTENANCE DOSE\* Place 0.5ml under tongue for 90 seconds minimum - swallow once daily, do not eat for 30 minutes.
- iii. \_\_\_ \*INCREASED DOSE\* Place 1.0ml under tongue for 90 seconds minimum of 90 seconds- swallow once daily
- iv. \_\_\_ \*OTHER\*

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One does NOT have to use this order form for prescribing and could simply E-Prescribe through normal conventional systems should that be desired.

The below QR-Codes and Website Links are anticipated to be useful for any interested party to review. The more informed a person is related to this approach, the greater the likelihood the clinical objective is achieved. Please feel free to share these links with other interested parties.



[WWW.SUBSEMA.COM](http://WWW.SUBSEMA.COM)



[WWW.SUBMAGNA.COM](http://WWW.SUBMAGNA.COM)

Refills: (Number of refills indicated here refers to all medications prescribed above) \_\_\_ 1 year \_\_\_ 5 \_\_\_ 3 \_\_\_ 1 \_\_\_ Zero

PRESCRIBER'S SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

CMPD refers to a compounded medication. Additional compounded sublingual options anticipated to include Tirzepatide are anticipated to be available for consideration/prescribing in coming months. FDA does not review compounded medication for safety or efficacy.



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## Electronic Prescribing (E-Prescribing) Compounded Semaglutide 1mg-1ml in SubMagna™ HMW

1. Identify the Desired Pharmacy in EMR System
  - a. Phone Number (925-934-4400)
  - b. Address (480 N Wiget Lane, Walnut Creek, CA, 94598)
  - c. NPI (1851455331)
  - d. Name (ScriptWorks)
2. Select the Medication (Consider Selecting Underlying Pre-Populated Drug with NDC)
  - a. Select RYBELSUS® 14mg Tablet (NDC 00169-4314-30)
3. Select the Dosage Form or Unit
  - a. Tablet
4. Add the Instructions or “SIG” (Use to Embed Compound Name and Compound Directions – Pick One)
  - a. Compounded Semaglutide 1mg-1ml in SubMagna™ HMW – INITIAL – Place 0.3ml under tongue for a minimum of 90 seconds then swallow once daily, increase to 0.5ml on second week. Do not eat for 30 minutes.
  - b. Compounded Semaglutide 1mg-1ml in SubMagna™ HMW – MAINTENANCE – Place 0.5ml under tongue for a minimum of 90 seconds then swallow once daily. Do not eat for 30 minutes.
  - c. Compounded Semaglutide 1mg-1ml in SubMagna™ HMW – OTHER – Place ml under tongue for a minimum of 90 seconds then swallow once daily. Do not eat for 30 minutes.
5. Calculate and Enter Quantity
  - a. ml per day x days (up to 90-day supply)
  - b. Example: 0.5ml per day x 30 days = 15ml
  - c. Enter 15 in the Quantity Field
  - d. Enter Number of Authorized Refills



[WWW.SUBSEMA.COM](http://WWW.SUBSEMA.COM)



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