

# PRESCRIPTION MONOGRAPH

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**Compounded Active Ingredients:** Semaglutide

**Form:** Sublingual Rapid Dissolve Tablet

**Drug Class:**

- Semaglutide is a glucagon-like peptide-1 (GLP-1) receptor agonist<sup>1</sup>.
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**Mechanism of Action<sup>3</sup>:**

Semaglutide is a synthetic analog of human GLP-1 intended to bind to and activate the GLP-1 receptor to:

- Enhance glucose-dependent insulin secretion
- Suppress inappropriate post-meal glucagon release
- Delay gastric emptying
- Reduce food intake via central appetite regulation

These effects can contribute to improved glycemic control and significant weight loss.

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**Indications Commonly Prescribed For:**

- Type 2 Diabetes Mellitus (T2DM)
    - Adjunct to diet and exercise to improve glycemic control
  - Chronic Weight Management
  - Cardiovascular Risk Reduction
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**Before Use:** Let your health care provider know if you have any medication allergies before you take this compounded preparation. Let your healthcare provider know if you have any liver or kidney problems. Let your healthcare provider know of all supplements you are currently taking.

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**Contraindications:**

- Personal or family history of medullary thyroid carcinoma
  - Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
  - Hypersensitivity to Semaglutide or its components
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**Cautions:** Let your Healthcare provider know if you experience any adverse side effects. Advise all your health care providers that you are taking a GLP-1 before you are scheduled to have surgery or other procedures. GLP-1s may cause serious side effects, including food or liquid getting into the lungs during surgery or other procedures that use anesthesia or deep sedation.

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**How to Use:** This compounded preparation is in the form of a sublingual rapid dissolve tablet. Place tablet under tongue to dissolve completely. Do not chew or crush the capsule. Once the tablet has fully dissolved, do not rinse your mouth, brush your teeth, or consume food or beverages for at least five minutes to allow absorption. If you miss a dose, take as soon as you remember, but not at the time for the next dose. The desired results may take up to several weeks.

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**Warnings and Precautions:**

- Thyroid C-cell tumors
- Pancreatitis risk
- Diabetic retinopathy complications
- Hypoglycemia risk (especially with sulfonylureas or insulin)
- Acute kidney injury (due to volume depletion)
- Acute gallbladder disease

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## Adverse Reactions:

### Common:

- Nausea
- Vomiting
- Diarrhea
- Constipation
- Abdominal pain
- Decreased appetite

### Serious:

- Pancreatitis
  - Gallbladder disease (cholelithiasis/cholecystitis)
  - Diabetic retinopathy complications
  - Hypersensitivity reactions (e.g., anaphylaxis)
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## Interactions:

- May alter the absorption of oral medications due to delayed gastric emptying
  - Caution with insulin or insulin secretagogues (increased hypoglycemia risk)
  - Consider timing when co-administering oral medications with narrow therapeutic index
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## Use in Specific Populations:

- Pregnancy: Limited human data; discontinue at least 2 months prior to a planned pregnancy
  - Lactation: Unknown if excreted in human milk; use with caution
  - Pediatrics: Approved for use in adolescents  $\geq 12$  years with obesity
  - Renal Impairment: No dose adjustment recommended, but monitor renal function
  - Hepatic Impairment: Use with caution; no dose adjustment generally needed
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## Storage:

- Store in original container at room temperature (up to 30°C or 86°F)
  - Store in a cool dry place away from heat, sunlight, and moisture
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## Monitoring Parameters:

- Blood glucose, HbA1c
  - Renal function, especially during GI side effects
  - Weight
  - Signs of pancreatitis
  - Progression of diabetic retinopathy
  - Adverse GI symptoms
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## Citations:

1. Tasyurek HM, Altunbas HA, Balci MK, Sanlioglu S. Incretins: Their physiology and application in the treatment of diabetes mellitus. *Diabetes Metab Res Rev*. 2014;30:354–371. doi:10.1002/dmrr.2501.
  2. Bendicho-Lavilla C, Seoane-Viaño I, Otero-Espinar FJ, Luzardo-Álvarez A. Fighting type 2 diabetes: Formulation strategies for peptide-based therapeutics. *Acta Pharm Sin B*. 2022;12(2):621-636. doi:10.1016/j.apsb.2021.08.003
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Compounded medications are not FDA-approved and may differ in risks, benefits, and side effects from FDA-approved products. These statements have not been evaluated by the FDA and are not intended to diagnose, treat or cure any disease or condition and do not indicate any claims of safety or efficacy.  
Individual results may vary.