

PRESCRIPTION MONOGRAPH

Compounded Active Ingredients: Tirzepatide/Pyridoxine HCL

Form: Injection

Drug Class:

- Tirzepatide is a dual GIP and GLP-1 receptor agonist¹. It used this action to enhance insulin secretion¹.
- Pyridoxine (Vitamin B-6) is B vitamin has also been found to be useful in preventing nausea and vomiting².

Mechanism of Action³:

Tirzepatide is a synthetic polypeptide that activates both GIP and GLP-1 receptors. It is intended to:

- Enhances insulin secretion in a glucose-dependent manner
- Suppresses glucagon secretion
- Slows gastric emptying
- Promotes satiety and reduces appetite, leading to weight loss

Indications Commonly Prescribed For:

- Type 2 Diabetes Mellitus (T2DM)
 - Adjunct to diet and exercise to improve glycemic control
- Chronic Weight Management

Before Use: Let your doctor know if you have had any allergic reactions to injections in the past. Let your health care provider know if you are pregnant or breast feeding. Let your healthcare provider know of all supplements you are currently taking.

Contraindications:

- Personal or family history of medullary thyroid carcinoma
- Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- Hypersensitivity to Tirzepatide or its components

Cautions: Take care when injecting the compounded preparation into only specified areas from your health care provider. Check the vial before use for any cloudiness or discoloration before use. 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.

How to Use: This medication is a subcutaneous injection and is delivered in a premixed liquid form. Wash your hands with soap and water before giving the injection. Wipe the rubber stopper of the vial with an alcohol swab. Take a syringe and pull the plunger down to the necessary prescribed amount. This is achieved when the plunger reaches the line for the amount prescribed. Push the needle through the rubber stopper of the vial. Push the plunger down to put air into the vial. Invert the vial and then slowly pull the plunger down past the prescribed dose. If there are bubbles in the syringe, tap the syringe to allow the air bubbles to rise to the top. Slowly push the plunger up until the tip reaches the line for the prescribed dose and removes the bubble of air. Pull the syringe out of the vials rubber stopper. Inject at predetermined injection site as instructed by healthcare practitioner. Discard any remainder from punctured vial after 28 days.

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Warnings and Precautions:

- Thyroid C-cell tumors
 - Pancreatitis risk
 - Hypoglycemia risk (especially with sulfonylureas or insulin)
 - Acute kidney injury (due to volume depletion)
 - Gastrointestinal adverse events (nausea, vomiting, diarrhea)
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Adverse Reactions:

Common:

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

Serious:

- Pancreatitis
 - Hypoglycemia (when used with insulin or sulfonylurea)
 - Thyroid tumors
 - Acute gallbladder disease
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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)
 - Avoid combination with other GLP-1 RAs
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Use in Specific Populations:

- Pregnancy: Limited data; use only if clearly needed
 - Lactation: Unknown if excreted in breast milk
 - Pediatrics: Not established
 - Renal/Hepatic Impairment: No dose adjustment needed, but monitor closely
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Storage:

- Refrigerate at 2°C to 8°C (36°F to 46°F)
 - Can be stored at room temperature (up to 30°C or 86°F) for up to 48hrs
 - Do not freeze
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Monitoring Parameters:

- Blood glucose and HbA1c
- Renal function (especially during gastrointestinal adverse events)
- Signs of pancreatitis or thyroid tumors
- Weight and appetite changes

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Citations:

1. Willard FS, Douros JD, Gabe MB, Showalter AD, Wainscott DB, Suter TM, Capozzi ME, van der Velden WJ, Stutsman C, Cardona GR, Urva S, Emmerson PJ, Holst JJ, D'Alessio DA, Coghlan MP, Rosenkilde MM, Campbell JE, Sloop KW. Tirzepatide is an imbalanced and biased dual GIP and GLP-1 receptor agonist. JCI Insight. 2020 Sep 3;5(17):e140532. doi: 10.1172/jci.insight.140532. PMID: 32730231; PMCID: PMC7526454.
2. Sahakian V, Rouse D, Sipes S, Rose N, Niebyl J. Vitamin B6 is effective therapy for nausea and vomiting of pregnancy: a randomized, double-blind placebo-controlled study. Obstet Gynecol. 1991 Jul;78(1):33-6. PMID: 2047064.
3. Rubino DM, Nauck MA, Wadden TA, et al. Continued treatment with tirzepatide for maintenance of weight reduction in adults with obesity: The SURMOUNT-4 randomized clinical trial. JAMA. 2025;333(14):1351-1363. doi:10.1001/jama.2025.11842. Available from: <https://jamanetwork.com/journals/jama/fullarticle/2812936>

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Individual results may vary.