

What is it and how does it Work?

Semaglutide is a GLP1 receptor agonist that was originally developed to treat diabetes by lowering blood glucose levels. It later received FDA approval as a weight loss medication for obese patients.

GLP-1 is an important, gut-derived, regulator that is released after the oral ingestion of carbohydrates or fats. GLP-1 enhances insulin secretion and synthesis, suppresses glucagon secretion (glucagon increases sugar production), slows gastric emptying, and reduces appetite and food intake.

GLP-1 interacts with the parts of the brain that suppress your appetite and signal you to feel full. When used in conjunction with diet and exercise, it can cause significant weight loss. It can improve or lower the risk of diabetes and heart disease in people who are obese or overweight.

What are the side effects of Semaglutide?

The most common side effects may include nausea, diarrhea, constipation and possible ileus, vomiting, stomach/abdominal pain, headache, fatigue, upset stomach, dizziness, bloating, belching, gas, and heartburn. Gastrointestinal issues are the most common complaint among people just starting semaglutide. To limit nausea: eat bland, low-fat foods, like crackers, toast and rice, eat foods that contain water, like soup and gelatin, avoid laying down after eating, eat slowly, go outdoors for fresh air.

Would I Make a Good Candidate?

Almost anyone dealing with obesity qualifies for treatment with Semaglutide, regardless of their age, ethnicity or Body Mass Index (BMI). The best candidates are obese adults or those suffering from Type-2 diabetes, hypertension, gastroesophageal reflux, or osteoarthritis.

Who Should Not Take Semaglutide?

Avoid Semaglutide:

If you are pregnant, breastfeeding

Or if you have:

History of Active Gallbladder disease

History of Pancreatitis

A personal or family history of medullary thyroid cancer or multiple endocrine neoplasia type 2 (MEN2) syndrome

Will I Still Need to Diet and Exercise?

Yes. In fact, it's essential. Even though semaglutide will help you manage your weight, it should not be thought of as a magic bullet for weight loss. However, if you combine your treatment with a healthy diet and solid exercise routine, you can expect to enhance your weight loss efforts.

How Much Weight Will I Lose?

Although every person is different, patients typically lose anywhere from 10 to 15% of their body fat after regularly using Semaglutide for 6 – 8 weeks and dieting and exercising.

Why is B12 added?

B12 is a vitamin which can help with increased energy and may also help with metabolism. In addition, it can help with some of the side effects of Semaglutide.

Dosing and Frequency

The dosing for Semaglutide increases slowly every month until reaching the maximum dose. A dose is given once a week, taken on the same day each week, any time of day, with or without food. It is a subcutaneous injection, self-administered, in the fatty abdominal area or thigh.

IMPORTANT: THIS PRODUCT FOLLOWS A TITRATION SCHEDULE. ALL PATIENTS MUST START WITH 'MONTH 1' DOSE. AFTER MONTH 1, THE DOSAGE PER INJECTION INCREASES GRADUALLY IN MONTH 2, 3, 4, and 5. LASTLY THE MAINTENANCE DOSE CAN BE ONGOING DEPENDING ON YOUR GOALS

PATIENT INSTRUCTIONS FOR SEMAGLUTIDE/CYANOCOBALAMIN

Month 1: 0.25mg once a week x 4 weeks

Inject 0.05 mL (5 UNITS) weekly x 4 weeks

Month 2: 0.5mg once a week x 4 weeks

Inject 0.1 mL (10 UNITS) weekly x 4 weeks

Month 3: 1 mg once a week x 4 weeks

Inject 0.2 mL (20 UNITS) weekly x 4 weeks

Month 4: 1.5 mg once a week x 4 weeks

Inject 0.3 mL (30 UNITS) weekly x 4 weeks

Month 5: 2 mg once a week x 4 weeks

Inject 0.4 mL (40 UNITS) weekly x 4 weeks

Month 6+: 2.5 mg once a week

Inject 0.5 mL (50 UNITS) weekly

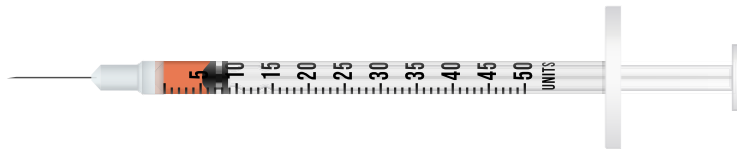
HOW TO MEASURE AN ACCURATE DOSE

Insulin syringes can be adjusted by either “units” or “mL.” Please be sure to closely follow the conversion guidelines below to ensure the proper dosing schedule for Semaglutide or Tirzepatide.

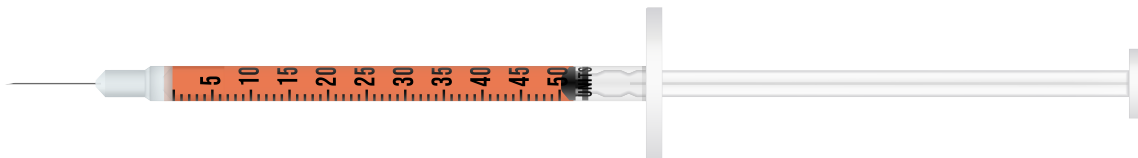
MEASUREMENT CONVERSION

5 UNITS = 0.05 mL
10 UNITS = 0.1 mL
15 UNITS = 0.15mL

20 UNITS = 0.2 mL
25 UNITS = 0.25 mL
30 UNITS = 0.3 mL

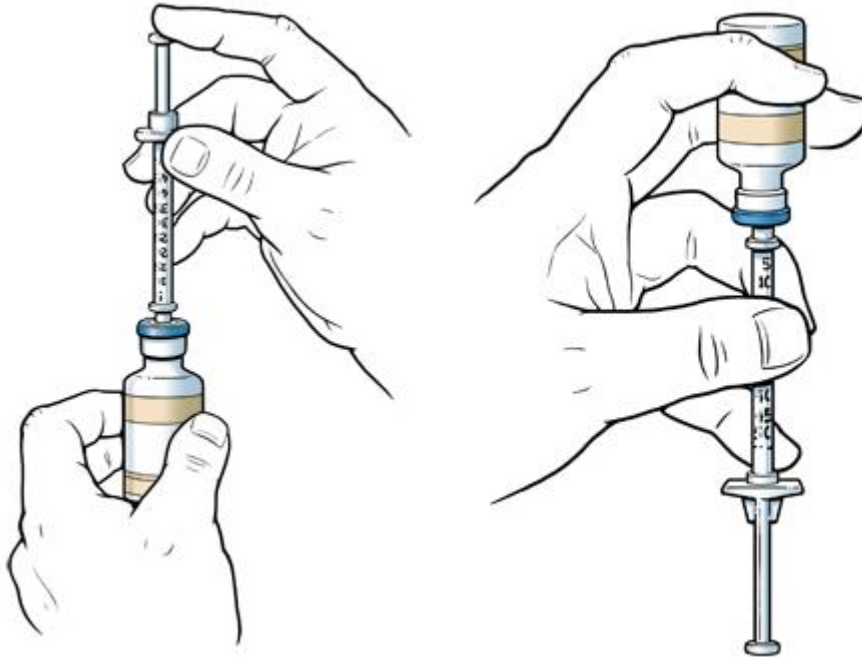


5 Units = 0.05 mL



50 Units = 0.50mL

Getting the medicine ready



Check the medicine in the vial. Look for changes in color, cloudiness, or something floating in it. Also check the expiration date.

Call your provider or pharmacist if you are not sure if the medicine is safe to use.

Remove the cap from the vial. Clean the rubber stopper on top of the vial with an alcohol wipe.

Remove the syringe from its package. Don't use a syringe from a previously opened package or a package with holes in it.

Take the cap off the needle. Pull back the plunger, drawing air into the syringe. The amount of air should be the same as the amount of medicine your provider has prescribed for you.

Push the needle into the rubber stopper of the vial. Once the needle is through the stopper, push the plunger on the syringe so that the air goes into the vial.

Keep the needle in the stopper and turn the vial upside down. Keep the tip of the needle in the liquid and pull back on the plunger. The medicine will flow into the syringe.

Fill the syringe to your prescribed dose amount.

If you get too much, push some medicine back into the vial with the plunger. If you didn't get enough, keep pulling on the plunger.

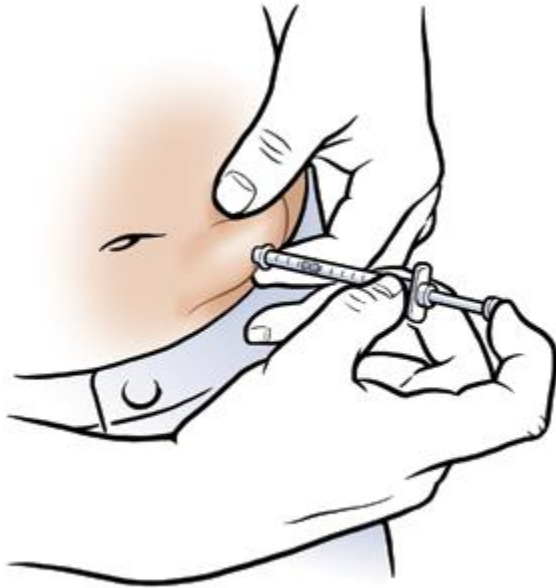
Check for air bubbles in the syringe.

If you see air bubbles in the syringe, gently tap the syringe while the needle is still in the stopper. The air bubbles will move to the top of the syringe.

Push the plunger slightly, and the air will go back into the vial.

Check to make sure the syringe contains the prescribed amount of medicine. Then pull the needle out of the vial.

Giving the injection



Using an alcohol swab, clean the injection site. Make sure the cleaned area is about 2 inches in diameter.

While the injection site dries, double-check that you have the right amount of medicine in your syringe.

Place your thumb and forefinger on either side of the clean injection site. Pinch up about 2 inches of skin.

Hold the syringe like a pencil. Insert the needle straight into your pinched-up skin. Insert the needle quickly. It will hurt less.

Note: The best angle for inserting the needle will depend on your body type, the length of the needle, and the injection site. Your healthcare provider will help you find which angle is best for you.

Be sure to insert the needle with the bevel up and insert all the way to the end of the needle. This will help you inject the medicine correctly.

Release the skin, holding the syringe in place.

Inject the medicine. If your provider has told you to pull back on the plunger to check for blood before injecting the medicine, then do so.

If you see blood in the syringe, don't inject. This means that the needle has entered a blood vessel. Withdraw the needle, select a new injection site, and repeat the steps above for getting the site ready.

If there is no blood in the syringe, continue with the injection. To inject the medicine, slowly push the plunger all the way down.

Removing the needle

Remove the needle from your skin and hold a gauze or cotton ball on the injection site for a few seconds. Don't rub the injection site.

If you see blood or clear fluid, press on the injection site with the gauze or cotton ball for 5 to 8 minutes. Don't rub while pressing. Apply a bandage if you wish.

Don't recap the needle.

After the injection

Put the needle and syringe in the sharps container. Never reuse the syringe. Make sure the needle points down. Never put your fingers into the container. When the container is full, dispose of it correctly according to your community's guidelines. Ask your healthcare provider, health department, or local trash service how to dispose of sharps if you aren't sure.

Follow-up care

Follow up with your healthcare provider, or as advised.

When should I call my healthcare provider?

Call your healthcare provider right away if any of these occur:

- You are unable to give your injection
- Bleeding at the injection site for more than 10 minutes
- Injection of medicine in the wrong area
- Injection of too much medicine
- Rash at the injection site
- Redness, warmth, swelling, or drainage at the injection site
- Fever of 100.4° F (38.0°C) or higher, or as directed by your provider
- Signs of allergic reaction. These include trouble breathing, hives, or rash.