



P: 734-429-9053 | F: 734-944-3934

968 E Michigan Ave | Saline, MI 48176

Mon - Fri: 9am-6pm | Sat: 9am-3pm | Sun: Closed

# ELECTRONIC PRESCRIBING (E-PRESCRIBING)

## Compounded Semaglutide 10mg/ml in SubMagna™ HMW

1. Identify *Jensen's Community Pharmacy - Saline* as the Desired Pharmacy in EMR System
  - Phone Number: 734-429-9053
  - Address: 968 E Michigan Ave, Saline, MI 48176
  - NPI: 1093084303
2. Select the medication – Two Options Typically Considered
  - If your EMR system allows you to free-form a compounded medication that does not have a single-number NDC, consider free-form typing "Compounded Semaglutide 10mg/ml in SubMagna™ HMW" as the prescribed medication.
  - If your EMR system does NOT allow you to free-form a compounded medication, consider selecting RYBELSUS® 14mg Tablet and adding the clarification for the specific medication prescribed in the SIG or Prescription Direction Field as described below in #3.
3. Add the Directions or "SIG" (Use to Embed Compound Name and Compound Directions)

For a GLP-1 naive patient just beginning therapy

  - Write into notes: "Compounded Semaglutide Sublingual 13-Week Protocol." This includes the following:
    - Weeks 1-4: Take 0.25ml (10mg/ml) daily. Assess efficacy for patient and increase if needed.
    - Weeks 5-8: Take 0.5ml (10mg/ml) daily. Assess efficacy for patient and increase if needed.
    - Weeks 9-12: Take 0.75ml (10mg/ml) daily. Assess efficacy for patient and increase if needed
    - Weeks 13+: Take 1ml (10mg/ml) daily.

For other dosing or a maintenance dose

  - Give amount in mg per day
4. Select Quantity in 30ml increments
5. Enter Number of Authorized Refills

*Updated 11/14/2024*

Above is general proposed guidance that should be adapted to each individual prescriber's practice setting. No compounded medication is reviewed by FDA for safety or efficacy. RYBELSUS® is a registered trademark of Novo Nordisk A/S. SubMagna™ HMW is a trademark of Kingdom Licensing.

**Questions? Contact us! 734-429-9053**