



## Westmoreland Pharmacy Custom Compounded GLP-1 Injection Order Form

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Zip Code \_\_\_\_\_ Drug Allergies \_\_\_\_\_ Health Conditions \_\_\_\_\_

Choose Distribution Method:

Ship to Clinic

Ship to Patient (UPS  
Ground \$8 fee)

Patient Pick Up

**Make your selections below, using the chart provided for reference:**

**Tirzepatide-Cyanocobalamin 8mg-0.25mg/mL** dispensed in 2.5ml vials with insulin syringes, alcohol pads, dose tracker, and instructional video included.

Circle number of 2.5mL vials: 1 vial (\$199) 2 vials (\$369) Refills \_\_\_\_\_

**Tirzepatide-Cyanocobalamin 17mg-0.25mg/mL** dispensed in 2ml vials with insulin syringes, alcohol pads, dose tracker, and instructional video included.

Circle number of 2mL vials: 2 vials (\$499) Refills \_\_\_\_\_

**Semaglutide-Cyanocobalamin 5mg-0.25mg/mL** dispensed in 0.5ml vials with insulin syringes, alcohol pads, dose tracker, and instructional video included.

Circle number of 0.5mL vials: 1 vial (\$99) 2 vials (\$189) 4 vials (\$249) Refills \_\_\_\_\_

**Clinical justification for addition of Cyanocobalamin (selection required):**

B12 deficiency

Nutritional Support

Energy Enhancement

Pernicious Anemia

Other: \_\_\_\_\_

### Directions:

Inject \_\_\_\_\_ **MILLIGRAMS**(See chart for conversions) ONCE WEEKLY subcutaneously.



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\*Medication may not be dispensed for more than a 1-month supply due to USP sterility guidelines

- Provider Name\_\_\_\_\_
- Provider Phone\_\_\_\_\_ NPI#\_\_\_\_\_
- Provider Address\_\_\_\_\_
- Provider Email\_\_\_\_\_
- Provider Signature\_\_\_\_\_ Date:\_\_\_\_\_

**Please submit using one of the following methods:**

**E-Prescribing Instructions for Semaglutide and Tirzepatide Customized Compounds**

1. Select Semaglutide or Tirzepatide (any is fine)
  2. Select quantity of 1
  3. Enter directions (e.g. inject 0.25mg SQ weekly for 4 weeks)
  4. In the Notes field you must include:
    - a. "Compound [name of GLP-1] with [name of additional ingredient] for [clinical justification for compounding]" Example: "compound Tirzepatide with B12 for energy/nutritional support"
    - b. You should select whichever is medically appropriate for your patient. A selection must be made and documented or we cannot dispense this custom compound.
  5. Enter refills, if appropriate
  6. Enter diagnosis code if needed
  7. Send to Westmoreland Pharmacy, 1945 State St, New Albany, IN 47150
- If eRx is not an option, this form may be completed and faxed to 812-944-6900

<b>Tirzepatide-Cyanocobalamin 8mg-0.25mg/mL</b>				
MG-MCG Per Dose/Week	ML Per Dose/Week	Units Per Dose/Week	# of 2.5ML Vials = 30 Day Supply	Price per month
2.5mg-78mcg	0.31ml	31 units	1 vial	\$199
5mg-155mcg	0.62ml	62 units	1 vial	\$199
7.5mg-235mcg	0.94ml	94 units	2 vials	\$369
10mg-313mcg	1.25ml	125 units (2 injections)	2 vials	\$369
<b>Tirzepatide-Cyanocobalamin 17mg-0.25mg/mL</b>				
MG-MCG Per Dose/Week	ML Per Dose/Week	Units Per Dose/Week	# of 2ML Vials = 30 Day Supply	Price per month
12.5mg-185mcg	0.74ml	74 units	2 vials	\$499
15mg-220mcg	0.88ml	88 units	2 vials	\$499
<b>Semaglutide-Cyanocobalamin 5mg-0.25mg/mL</b>				
MG-MCG Per Dose/Week	ML Per Dose/Week	Units Per Dose/Week	# of 0.5ML Vials = 30 Day Supply	Price per month
0.2mg-10mcg	0.04ml	4 units	1 vial	\$99
0.25mg-12.5mcg	0.05ml	5 units	1 vial	\$99
0.5mg-25mcg	0.1ml	10 units	1 vial	\$99
0.75mg-37.5mcg	0.15ml	15 units	2 vials	\$189
1mg-50mcg	0.2ml	20 units	2 vials	\$189
1.25mg-62.5mcg	0.25ml	25 units	2 vials	\$189
1.5mg-75mcg	0.3ml	30 units	4 vials	\$249
1.7mg-85mcg	0.34ml	34 units	4 vials	\$249
2mg-100mcg	0.4ml	40 units	4 vials	\$249
2.4mg-120mcg	0.48ml	48 units	4 vials	\$249
2.5mg-125mcg	0.5ml	50 units	4 vials	\$249