

# Injectable Compounded Tirzepatide Order Form



**SCHAFFNER**  
PHARMACY & COMPOUNDING  
ANACORTES, WA

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

## COMPOUNDED TIRZEPATIDE WITH VITAMIN B6

**TIRZEPATIDE/VITAMIN B6 10MG/10MG/ML INJECTION SOLUTION (QTY #1ml) - \$250 per vial**

SIG: Inject 2.5mg tirzepatide (0.25ml) subcutaneously once a week for 4 weeks.

**TIRZEPATIDE/VITAMIN B6 10MG/10MG/ML INJECTION SOLUTION (QTY #3ml) - \$350 per vial**

SIG: Inject 5mg tirzepatide (0.5ml) subcutaneously once a week for 4 weeks.

**TIRZEPATIDE/VITAMIN B6 10MG/10MG/ML INJECTION SOLUTION (QTY #3ml) - \$350 per vial**

SIG: Inject 7.5mg tirzepatide (0.75ml) subcutaneously once a week for 4 weeks.

CUSTOM SIG: \_\_\_\_\_

REFILLS \_\_\_\_\_

**Stability data is not available for open vials after 28 days from first puncture.**

### REQUIRED

I attest that I have evaluated this patient and determined that a compounded tirzepatide with vitamin B6 is medically necessary because a commercially available, FDA-approved product is not appropriate, available, or sufficient to meet the patient's individualized clinical needs. Vitamin B6 can help with GLP-1 gastrointestinal tolerability

### Terms & Acknowledgment

PRESCRIBER NAME: \_\_\_\_\_ NPI: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

### FAX COMPLETED FORMS

SCHAFFNER PHARMACY  
SEDRO-WOOLLEY  
FAX: 360-853-2004  
PHONE: 360-853-2003

SCHAFFNER PHARMACY  
ANACORTES  
FAX: 360-542-4991  
PHONE: 360-542-4990