

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) - \$199 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) - \$299 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) - \$299 per vial**
SIG: Inject **7.5mg** tirzepatide (0.75ml) subcutaneously once a week for 4 weeks.
- TIRZEPATIDE/VITAMIN B6 20MG/10MG/ML INJECTION SOLUTION (QTY #3ml) - \$399 per vial**
SIG: Inject **10mg** tirzepatide (0.5ml) subcutaneously once a week for 4 weeks.
- TIRZEPATIDE/VITAMIN B6 20MG/10MG/ML INJECTION SOLUTION (QTY #3ml) - \$399 per vial**
SIG: Inject **12.5mg** tirzepatide (0.625ml) subcutaneously once a week for 4 weeks.
- TIRZEPATIDE/VITAMIN B6 20MG/10MG/ML INJECTION SOLUTION (QTY #3ml) - \$399 per vial**
SIG: Inject **15mg** 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