

GLP-1 Weight Loss Manual

Clinician-Supervised Weight Loss Program
Complete Treatment Guide

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What is **GLP-1?**

01

GLP-1 medications mimic the natural hormone Incretin, signaling your brain that you're full, reducing food cravings, slowing digestion for prolonged satiety, and helping regulate blood sugar.

HOW IT WORKS & ADDITIONAL HEALTH BENEFITS

The Two GLP-1 Medications Available Through PrescribedRX

Semaglutide

Acts on GLP-1 receptors to suppress appetite and slow digestion

Tirzepatide

Acts on both GLP-1 and GIP receptors with added fat metabolism support, often producing stronger results

How GLP-1 Works

Signals Fullness

Tells your brain you are full, even when eating less

Slows Digestion

Food stays in the stomach longer, extending satiety

Reduces Food Noise

Decreases cravings and the constant urge to eat

Regulates Blood Sugar

Helps stabilize blood glucose levels after meals

Additional Proven Health Benefits

Lowers HbA1c (blood sugar control)

Improves non-alcoholic fatty liver disease

Improves kidney function in diabetic patients

Benefits obstructive sleep apnea

Reduces cardiovascular risk (blood pressure, heart attack/stroke risk)

Reduces inflammation (joints, arthritis, migraines, autoimmune conditions)

Early evidence of neurological benefits including reduced dementia risk

DO YOU **QUALIFY?**

02

Eligibility is based on your BMI and medical history. Most patients qualify, but certain conditions must be reviewed with a clinician before starting.

BMI REQUIREMENTS & DISQUALIFYING CONDITIONS

BMI Eligibility

BMI ≥ 27 Full access to all dosage levels

BMI 24.5–26.5 Modified low-dose plan available

BMI < 24 Not eligible to begin treatment

At goal / BMI 24 Maintenance dosing available for current patients

What Your Intake Will Cover

Current medical conditions and medications • Exercise frequency and stress levels • Sleep quality • Dietary habits and nutritional plan • Smoking history and alcohol consumption

Disqualifying Conditions

Personal or family history of medullary thyroid cancer or MEN2

Current pregnancy, planning pregnancy, or breastfeeding

Bariatric surgery within the last 12 months

Active pancreatitis or fasting triglycerides above 500

Lithium is a CONTRAINDICATION. Do not take GLP-1 if you are on lithium. Lithium toxicity can develop.

Insulin-dependent diabetes, or use of sulfonylureas (glimepiride, glipizide, glyburide)

Anorexia Nervosa (history or current diagnosis)

Use of cocaine or methamphetamine

Warfarin users may still qualify with provider approval. Requires careful INR monitoring.

SEMAGLUTIDE

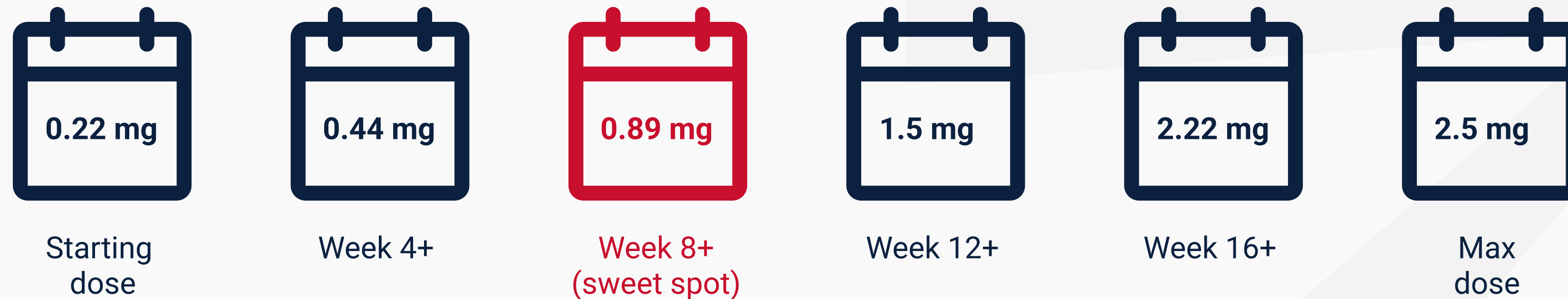
03

Injected once weekly subcutaneously. Acts on GLP-1 receptors to suppress appetite, slow digestion, and support steady, sustainable weight loss.

SEMAGLUTIDE DOSING

SCHEDULE

Typical Dose Progression (increase no more than every 4 weeks):



The 0.89 mg dose is often where patients see the most significant results. If the current dose is controlling appetite and producing weight loss, stay at that dose rather than increasing. Always use the lowest effective dose.

Stay at Lowest Effective

If weight loss is occurring and appetite is controlled, there is no need to advance to the next dose.

Switching to Tirzepatide

Switching does not require starting over. A crossover dose will be determined by your clinician.

TIRZEPATIDE

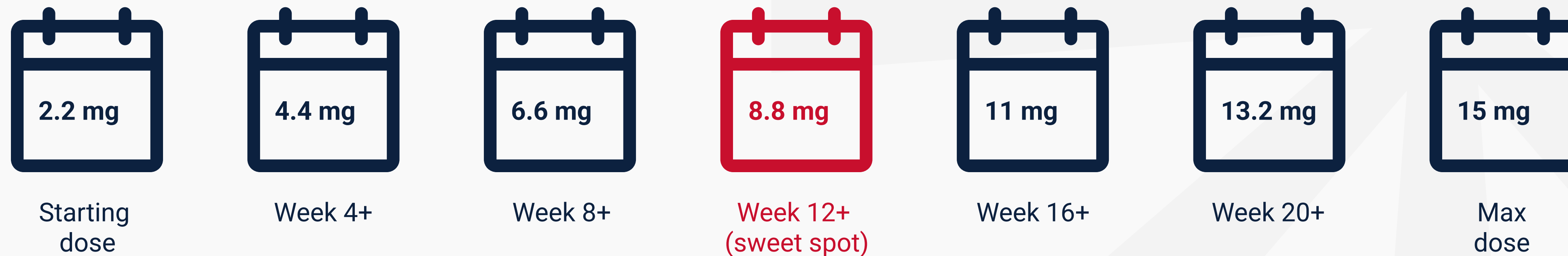
04

Injected once weekly subcutaneously. Acts on both GLP-1 and GIP receptors with an added enzyme that supports fat metabolism, often producing stronger results than semaglutide alone.

TIRZEPATIDE DOSING

SCHEDULE

Typical Dose Progression (increase no more than every 4 weeks):



Many patients find their 'sweet spot' at a mid-range dose and don't need to reach the maximum. Stay at the lowest dose that controls your appetite and supports steady weight loss.

Semaglutide

Acts on both GLP-1 and GIP receptors. Generally produces stronger results, especially for patients who plateaued on semaglutide.

Switching from Semaglutide

Does not require restarting at the lowest dose. A crossover dose will be determined by your clinician based on your current level.

HOW TO **INJECT**

05

Both semaglutide and tirzepatide are injected once weekly subcutaneously (under the skin). Follow these instructions each time you administer your dose.

STEP-BY-STEP INJECTION

INSTRUCTIONS

Before You Begin & During Injection

- 01 Inject once weekly on the same day each week, at approximately the same time
- 02 Best administered between meals, not on a completely empty stomach, not immediately after a full meal
- 03 Avoid injecting at bedtime. GLP-1 can lower blood sugar overnight when no food is eaten
- 04 Inspect the vial before use. Do not use if solution appears cloudy or contains particles
- 05 Choose your injection site: abdomen, outer thigh, or upper arm
- 06 Rotate injection sites each week to prevent buildup or irritation
- 07 Pinch the skin lightly, insert needle at 45–90°, and inject slowly and steadily
- 08 Withdraw needle at the same angle; apply gentle pressure. Do not massage
- 09 Dispose of needle immediately in an approved sharps container, never recap

Application Sites

Abdomen

Outer thigh

Upper arm

Key Timing Rules

Same day each week

Between meals (not empty stomach)

Not at bedtime

Rotate site weekly

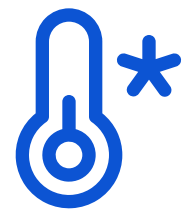
2-hour gap before showering (storage temp applies to vial)

STORING YOUR MEDICATION

06

Proper storage is essential to maintain potency and safety. Always check your vial before injecting.

STORAGE INSTRUCTIONS



Refrigerate

Store in the refrigerator at 36°F–46°F (2°C–8°C). This is the primary storage method — always return medication to the fridge after use.



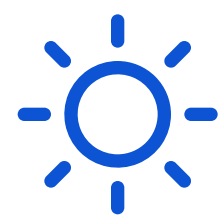
Short-Term Travel

A single dose may be kept unrefrigerated (below 86°F / 30°C) for up to 21 days. Keep out of direct sunlight and heat sources when traveling.



Never Freeze

Do NOT freeze your medication under any circumstances. If the medication has been frozen, discard it. It cannot be thawed and reused safely.



Avoid Sunlight

Keep away from direct sunlight at all times. Store in the original box when possible to protect from light exposure.



Inspect Before Use

Always inspect the vial before each injection. Do NOT use if the solution appears cloudy, discolored, or contains visible particles. Use only if clear.



Disposal

Dispose of used needles immediately in an approved sharps container. Do not throw needles in household trash. Contact your local pharmacy for sharps disposal.

MISSED DOSES & RESTARTS

07

Know exactly what to do if you miss a weekly dose or need to pause your medication and restart.

MANAGING ESTROGEN ON TRT

If You've Missed a Dose

Next dose is MORE than 48 hours away

Take the missed dose as soon as possible, then resume your normal weekly schedule.

Next dose is LESS than 48 hours away

Skip the missed dose. Resume your regular schedule on your next scheduled day. Never double-dose.

NEVER double-dose, even if you miss a week. Taking two doses at once significantly increases the risk of nausea, vomiting, and other serious side effects.

Restarting After a Break

Less than 2 weeks off

Resume at your current dose

2–4 weeks off

Restart one dose level lower for 1–2 weeks, then titrate back up to your previous dose

More than 30 days off

Restart at the very beginning (starting dose) and titrate up as if you were a new patient

Switching Between Semaglutide & Tirzepatide

Switching does not require starting over. Your clinician will determine the appropriate crossover dose. If medication-sensitive, you may start slightly lower and titrate up.

Disclaimer: These materials are for general informational purposes only. Please consult with a physician or healthcare professional before administering any medication to understand your specific dosage and medical needs.

SIDE EFFECTS & SAFETY

08

Most side effects occur during dose escalation and decrease over time. Know what's expected, what to monitor, and when to seek immediate care.

SIDE EFFECTS, DRUG INTERACTIONS & WHEN **TO SEEK CARE**

Most side effects occur during dose escalation and decrease over time:

Nausea, vomiting, diarrhea, or constipation

Reduced appetite and bloating

Headache, fatigue, or dizziness

If side effects are significant after a dose increase, reduce by approximately 10 units and titrate up more slowly.

Drug Interactions.

Take 1 Hour BEFORE Your GLP-1 Injection

GLP-1 slows gut motility, which can affect absorption of:

Tylenol (acetaminophen) • Digoxin • Metformin • Statins
Oral contraceptives • ACE inhibitors • Griseofulvin • Warfarin (INR monitoring required)

Serious Side Effects — Seek Immediate Medical Care

Pancreatitis

Severe abdominal pain, pain radiating to back. Stop immediately and seek care

Allergic Reaction

Hives, swelling of face/lips/throat, difficulty breathing. Call 911

Gallbladder Issues

Upper-right abdominal pain, fever, jaundice. Possible gallstones

Thoughts of Self-Harm

Stop medication and contact a mental health professional or crisis line immediately

Kidney Injury

Decreased urination, swelling, confusion. Especially if dehydrated from nausea/vomiting

In a medical emergency, call 911 immediately.

Do not wait for a portal response.

PLATEAU & MAINTENANCE

09

Some patients plateau after reaching the maximum dose. And when you reach your goal weight, your clinician will taper you to a maintenance dose that keeps results long-term.

APPLICATION INSTRUCTIONS & IMPORTANT NOTES

If You Hit a Weight Loss Plateau

Some patients plateau after reaching the maximum dose. If this happens, your clinician may recommend:

- 01 Switch to the other GLP-1 medication (Semaglutide -Tirzepatide)
- 02 Ensure adequate daily protein intake (aim for 100g/day)
- 03 Increase hydration and physical activity
- 04 Review dietary habits with your clinician

Semaglutide

Semaglutide: work down to 0.22 mg or a 0.125 mg microdose
Tirzepatide: work down to 2.2 mg or a 1.0 mg microdose

What Happens When You Reach Your Goal?

When you reach your goal weight or a BMI of 24, your clinician will begin tapering your dose to the lowest level that keeps your appetite controlled without further weight loss. This is your maintenance dose.

Continued anti-inflammatory effects

Cardiovascular protection

PCOS support

Fatty liver improvement

Blood sugar regulation

Weight maintenance without regain

Staying on a long-term maintenance dose is a personal decision made with your clinician. Based on your health goals, medical history, and response to treatment.

BILLING, SHIPPING & PORTAL

10

Everything you need to know about your subscription, how your medication gets to you, and how to manage your care through the patient portal.

YOUR SUBSCRIPTION, **DELIVERY** & PORTAL

What's Included

Medication • Unlimited clinician visits • Lab orders if applicable • Free shipping • Portal access and support messaging. No hidden fees.

Auto-Renewal & Cancellation

Billed every 20 days from enrollment. Month-to-month, no long-term contracts. Cancel anytime: portal → Profile → Cancel Plan.

Refund Policy

Full refund before prescription is written. Partial refund may apply after prescription, contact support. Once shipped, medication costs are non-refundable.

Delivery Timeline

Intake review 1–3 days • Clinician review • Rx fulfillment • Shipping 3–7 business days. Total: typically 1–2 weeks for GLP-1 (no lab requirement).

No Signature Required

GLP-1 medications (Semaglutide and Tirzepatide) do not require a signature upon delivery. Packages can be left at the door.

Your Patient Portal

Book appointments • Track orders • View health history • Message your clinician • Access dosing guides • Complete renewal forms, all at prescribedrx.com.

YOUR JOURNEY TO BETTER HEALTH AND LASTING RESULTS **STARTS HERE.**

We're with you every step of the way, from your first dose to your goal weight and beyond.

CONTACT YOUR CARE TEAM — AVAILABLE 7 DAYS A WEEK

support@prescribedrx.com

prescribedrx.com | Patient Portal: patient.prescribedrx.com

Phone number and current hours listed in your portal under 'Contact Us'