



Patient's Name:	Prescriber's Name:
Street Address:	NPI:
City, State ZIP:	Street Address:
Date of Birth:	City, State ZIP:
Phone #:	Office #:
Patient Allergies:	Fax #:

PRESCRIBER'S SIGNATURE: **X** _____ DATE: _____

WEIGHT MANAGEMENT

___ CMPD Semaglutide 2mg-1ml in [SubMagna™ HMW](#) (2222) #30 - Place 0.5ml in the mouth and hold 5 minutes minimum then swallow once daily - may increase to 1.0ml. Do not eat/drink for 1 hour. Review [www.subsema.com](#) (SUB) - HIGHER DOSING REGIMENS AVAILABLE FOR PRESCRIBING FROM PHARMACY

NASAL INFECTION

___ Ceftriaxone 500mg Vial (C500) #60 - Empty 1 vial into IDS, add distilled water, irrigate twice daily (IV12) **AND DISPENSE** CMPD Clotrimazole 20mg Cap (1850) #60 - Empty 1 capsule into IDS, add distilled water, irrigate twice daily (IC12)

If checked, pharmacy is authorized to dispense the below in lieu of the medications listed above

___ CMPD Clindamycin 100mg-Mupirocin 20mg Cap (1872) #60 - Empty 1 capsule into IDS, add distilled water, irrigate twice daily (IC12) **AND DISPENSE** Flucytosine 500mg Cap (F500) #60 - Empty 1 capsule into IDS, add distilled water, irrigate twice daily (IC12)

___ CMPD Levofloxacin 100mg-Clotrimazole 25mg Cap (3304) #60 - Empty 1 capsule into IDS, add distilled water, irrigate twice daily (IC12)

___ **If checked**, dispense: Fluticasone 0.05% Nasal Spray (FNS) #1 bottle - Use 2 sprays each nostril once daily (FS)

FUNGAL NAIL / SKIN / FOOT INFECTIONS

___ Flucytosine 500mg Cap (F500) #60 - Mix 2 capsules with up to 6 grams of CMPD Loxasperse® in BASSA-GEL™ (3299) #180grams and apply to affected area(s) once daily (FLB21, LBG61)

If checked, pharmacy is authorized to dispense the below in lieu of the medications listed above

___ CMPD Flucytosine 2% - Clotrimazole 1% in BASSA-GEL™ (3297) #60gm - Apply two grams to affected area(s) once daily (FC21)

___ **If checked**, dispense: Diclofenac 1.5% in 45.5% DMSO (DN) #10ml - Apply to affected nails before using prescribed treatment (DN)

Refills: (Number of refills indicated here refers to all medications prescribed above)

___ 1 Year ___ 5 ___ 3 ___ 1 ___ Zero



CMPD refers to a compounded medication. IDS refers to an irrigation system. BASSA-GEL™ is a trademark of PCCA. SubMagna™ HMW is a registered trademark of Kingdom Licensing. FDA does not review compounded medication for safety or efficacy. *V2024-0522*