



75 Victor Heights Parkway STE C
Victor, NY 14564
Ph: 585.337.4300
Fax: 585.396.7264
www.medicineshoppepharm.com
www.compoundingrochester.com

Electronic Prescribing (E-Prescribing) Compounded Injectable Tirzepatide

1. Identify our Pharmacy in your EMR system.
 - a. The Medicine Shoppe in Victor, NY
 - b. CRM-Canandaigua LLC in Victor, NY (some systems use our corporate name)
 - c. (585) 337-4300
 - d. 75 Victor Heights Parkway, STE C, Victor, NY 14564
 - e. Our NPI: 1427315266
2. Select the Medication
 - a. If your EMR system allows you to free-form a compounded medication that does not have a single-number NDC, consider free-form typing as the prescribed medication “**Compounded Tirzepatide 10mg/ml**”
 - b. If your EMR will now allow you to free form, call the pharmacy and we can assist you with a verbal or fax Rx.
3. Add the Directions or “SIG” (used to embed compound name and directions – PICK ONE)
 - a. **Titration Dosage of Compounded injectable Tirzepatide 10mg/ml:** Once weekly, inject 0.25ml (2.5mg) for 4 weeks, then inject once weekly 0.5ml for 4 weeks. Quantity to be dispensed, 2ml.
 - b. **Ongoing Dosage of Compounded injectable Tirzepatide 10mg/ml:** Once weekly, inject 0.5ml (5mg) ongoing. Quantity to be dispensed, 2ml.
 - c. **Ongoing Customized Dosage if higher doses are needed, injectable Tirzepatide 10mg/ml:** Once Weekly inject .75ml (7.5mg) OR 1ml (10mg) ongoing. Quantity to be dispensed, 4ml.
4. Enter the authorized # of refills.
5. We also need an **Rx for Syringes to administer the Compounded Tirzepatide.**
 - a. Select a “27G x 1/2 ML TB Syringe”; Quantity to be dispensed: #10; Enter # of Refills.
 - b. Sig: To be used with Compounded Tirzepatide Injection Weekly

**Call any of our pharmacists Mon-Fri from 9am – 5pm if you need assistance.
(585) 337-4300 Option #3, then #2.**



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This is based upon published dosing for other branded Tirzepatide GLP-1 medications. This chart indicates the sizes of the medication that we will dispense indicated by total volume (ml).

As always, these are recommendations, and you are free to dose as you choose. If you have further questions, please call and speak to any of our pharmacists.

Tirzepatide Dosing Recommendations			
Recommended Dosing	Dose (mg)	Volume Syringe (ml)	Total Volume (ml)
Mo #1 Weeks 1 - 4 2.5 mg / week	2.50	0.25	2
Mo #2 Weeks 5 - 8 5.0 mg / week	5.00	0.5	2
Mo #3 Weeks 9-12 7.5 mg / week	7.50	0.75	4
Ongoing if needed, 10 mg / week	10.00	1	4
Ongoing 12.5 or 15 mg / week <i>This is a 20mg /ml strength</i>	Varies	Varies	3

- Weeks 1-6 can be completed with a 2 ml vial.
- Week #9 - #12 will be filled with the 4ml qty. for ongoing doses.
- If writing for 12.5mg/week or 15mg/week, we will dispense a 3ml vial with a 20mg / ml concentration.