



Date: _____

Patient: _____ DOB: _____

Address: _____ Phone: _____

Semaglutide Nasal Spray - Check box for desired dosing

STANDARD DOSING

Semaglutide 0.25% (0.25mg/0.1mL spray)

Initial Titration: Qty: 8mL nasal spray bottle

SIG: Use 1 spray (=0.1mL =0.25mg) in each nostril once daily for 4 days per week x 2 weeks, increase by 1 spray daily each week after as tolerated up to 2 sprays/nostril daily maximum.

Semaglutide 0.25% (0.25mg/0.1mL spray)

Maintenance Dosing Qty: 8mL nasal spray bottle Refills: _____

SIG: Use 2 sprays (=0.2mL =0.5mg) in each nostril once daily for 4 days per week. (=1mg daily dose)

Semaglutide 0.25% (0.25mg/0.1mL spray)

Alternative Maintenance Dose: Qty: 8mL nasal spray bottle Refills: _____

SIG: Use ____ sprays (each spray = 0.1mL) in ____ nostril(s) once daily for ____ days per week.

INCREASED DOSE ADJUSTMENT OPTIONS

Semaglutide 0.5% (0.5mg/0.1mL spray) Qty: 8mL nasal spray bottle Refills: _____

SIG: Use 2 sprays (=0.2mL =1mg) in each nostril once daily for 4 days per week. (=2mg daily dose)

Semaglutide 0.75% (0.75mg/0.1mL spray) Qty: 8mL nasal spray bottle Refills: _____

SIG: Use 2 sprays (=0.2mL =1.5mg) in each nostril once daily for 4 days per week. (=3mg daily dose)

CUSTOMIZED DOSE ADJUSTMENT OPTION

Semaglutide _____% nasal spray Qty: 8mL nasal spray bottle Refills: _____

SIG: Use ____ sprays (each spray = 0.1mL) in ____ nostril(s) once daily for ____ days per week.

_____ Dispense as Written

_____ Substitution Permitted

Prescriber Name: _____

Prescriber Phone: _____