

Name: \_\_\_\_\_  
DOB:     /     /



# Patient Acknowledgement

## Weight Loss Medication/Treatment

### **While using a prescribed weight loss medication it is highly recommended that you:**

- Eat a fibrous diet. Focus on fruits and vegetables that are high in fiber
- Eat small high protein meals as digestion is slowed down while on this medication
- Avoid foods high in fat as they take longer to digest
- Limit alcohol intake as this medication can lower blood pressure
- Drink at least 32oz of water a day to avoid constipation

### **Do not take this medication if:**

- You have a personal or family history of medullary thyroid carcinoma (Thyroid Cancer)
- Multiple Endocrine Neoplasia syndrome type 2
- You are pregnant or plan to become pregnant while taking this medicine
- You are diabetic and/or taking any medications related to lowering your blood sugar levels without speaking with your endocrinologist.
- Specifically, if you are prescribed Insulin because the combination may increase your risk of hypoglycemia (low blood sugar) and dosage adjustments by your provider may be necessary.
- You have a history of Pancreatitis
- You are allergic to BPC-157, Semaglutide or any other GLP-1 agonist such as: Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy®, Monjaro.
- If you have other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details. Before using this medication, tell your doctor/pharmacist your medical history.

### **Possible drug interactions:**

- Anti-diabetic agents, specifically: Insulin and Sulfonylureas (e.g., glyburide, glipizide, glimepiride, tolbutamide) due to the increased risk of hypoglycemia (low blood sugar).
- Do not take with other GLP-1 agonist medicines such as: Adlyxin®, Byetta®, Bydureon®, Ozempic®, Rybelsus®, Trulicity®, Victoza®, Wegovy® (THIS IS NOT AN ALL-INCLUSIVE LIST).
- Please tell your provider about any medications that may lower your blood sugar.

### **Possible side effects:**

- Nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distension, belching, hypoglycemia, flatulence, gastroenteritis, and gastroesophageal reflux disease.
- Common injection site reactions characterized by itching, burning at site of administration with or without thickening of the skin(welting). If you notice other side effects not listed above, contact your doctor or pharmacist.

*A very serious allergic reaction to this drug is rare. However, get medical help right away if you notice any symptoms of a serious allergic reaction, including rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. Report adverse side effects to your doctor or pharmacist. In the event of any emergency, call 911 immediately.*

**Considerations regarding insurance and coverage for weight loss medication are complex and subject to many regulations, approvals and processes that are out of our control. This can lead to a lengthy wait time between the time the medication is prescribed and the time it is approved/denied due to the strict eligibility requirements that insurances place on these drugs. Our office will do what we can to make this process smooth, but we cannot devote hours, days and (often weeks) to fighting for a medication that is considered a vanity drug by insurance companies.**

- There is no guarantee of coverage through your insurance. Your coverage is subject to your insurance formulary - which may differ from year to year, or plan to plan. What was covered last month may not be covered this month. You are responsible for understanding your covered drugs.
- If your insurance company denies coverage, Power of Wellness will appeal the decision *one time* before we consider an alternative treatment plan/options.
- Weight Loss medications are subject to national availability. We will send it to an alternate pharmacy one time only.

**I understand that if I am prescribed a weight-loss medication I will be required to schedule and attend monthly follow-up appointments until the goal dose is reached. At which point follow-up schedule will be determined by the provider. Failure to follow-up monthly will result in no refills for the medication.**

*If you have any questions as to the risks or hazards of this treatment, or any questions whatsoever concerning this proposed treatment, other possible treatments or insurance - ask your provider before signing this consent form.*

By signing, I certify that I have read and understand the contents of this form. I understand and am aware of the difficulty in obtaining the medication. I am aware of the possible side effects and drug interactions and give my consent for treatment. I have informed the medical staff of any known allergies to drugs or other substances, and any past adverse reactions I've experienced. I have informed the medical staff of all medications and supplements I'm currently taking. I understand there are other ways and programs that can assist me in my desire to decrease my body weight and acknowledge that no guarantees have been made to me concerning my results.

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Printed Name

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DOB

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Signature

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Date

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Provider

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