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QUICK START GUIDE: Using Semaglutides (Ozempic, Wegovy) Tirzepatides (Mounjaro, Zepbound) and Compounded Semaglutides for Weight Loss

The **Semaglutide Weight Loss Plan** is based on 4 new FDA-approved prescription medications: **Ozempic (2018)** for diabetes; **Wegovy (2021)** higher dose of Ozempic for weight loss; and **Mounjaro (2022)** for diabetes and Zepbound(2023).. Ozempic and Mounjaro are now only used for diabetics. Wegovy and Ze[bound for weight loss.

How Do These Medications Work?

Semaglutide medications act specifically on receptors in the brain's appetite centers, the pancreas, muscle, liver, and even the stomach, decreasing appetite, cravings, hunger, and delaying gastric emptying. The latter produces satiety for days. As a result, the body takes in fewer calories, resulting in gradual and progressive weight loss that often starts after a few days of therapy. Adverse reactions and side effects are almost all gastrointestinal. **Semaglutides & Tirzepatides are variations in normal hormones and do not cause anxiety, depression, insomnia, palpitations, rises in blood pressure, and a racy heart, as with the older diet medications.**

Interactions with other Medications or other Medical Problems?

Not significant. Because these have almost identical structures as normally occurring hormones, few interactions with drugs or other medical problems such as thyroid, cardiac or pulmonary diseases have been reported.

Which of the Medication is best for Me to Lose Weight?

All have similar ingredients and side effects (nausea, constipation, diarrhea, abdominal pain, rare vomiting. Zepbound might be slightly more effective because it has a second hormone as an ingredient. These drugs are expensive, have limited availability, high cost, and poor insurance coverage. Some medical sources offer compounded Semaglutides for these medications. Be careful of these medications as to safety and efficacy. Often the "internet prices" are the lowest doses (often the starting doses) rather than the average dose you might require.

Do I Need to Change My Diet to Lose Weight?

Of Course, You Do! You cannot lose weight drinking high-sugar beverages, too much alcohol, fast foods, pastries, rice, pasta, and potatoes very often. Dr. Lipman's Semaglutide Food Plan offers a simple, low-carb food plan that is used with these medications. Weight loss is easy following the Rules of Ten.

Where do I Buy These Medications? Insurance Coverage?

Any retail pharmacy. Dr. Lipman's office sends an electronic prescription to your pharmacy after you have checked the availability. The popularity of these medications has produced spot shortages. Insurance coverage may be very difficult in some states. LillyDirect offers vials rather than syringes at reduced cost without insurance.

Do I Need Any Tests Before Taking these Medications?

Dr. Lipman recommends The common metabolic tests such as a chemistry profile, thyroid tests, A1C (test for diabetes), blood count, and cholesterol is suggested. Recent tests (less than 3 months ago) may be acceptable. If using a virtual visit, a blood pressure reading and weight is **always** required before prescribing. We recommend you purchase your own blood pressure cuff & accurate scale.

How is the Medication Taken?

These medications are Self-injected using a pen injector or syringe just under the skin in the abdomen **once** a week (usually on Friday or Saturday). Most people take it to the right or left of the belly button on the abdomen. The few oral versions are less effective. The doses start low and are gradually increased, if needed.

How Much Weight Can I Expect to Lose? Will the Cravings be controlled?

Slowing Weight loss can be do to starting weight, age, gender, medications, and any medical problems (like diabetes or low thyroid) and often any medications you might be taking for other problems. Studies reported in this booklet show an average weight loss of 15 to 25 % of starting weight. Weight loss starts 10 days after the first injection. It's not unusual to see 10 to 15 lb. weight loss in the first month. Cravings for sweets, salty food and alcohol are markedly decreased in a few weeks in most people. on these medications.

What is the Dose of these Medications?

Start with the lowest doses and increase monthly, if needed, depending on the amount of weight loss and side effects observed during the first month. Slow downs are normal. These medications are **expensive**. They are also in very short supply. Insurance coverage, may be very difficult. That's another reason to keep the doses as low as possible.

What are Starting and Maintenance Doses? Starting dosing may be as low as 0.125, 0.25 or 0.50mg of semaglutide per week or 1.25, 2.5 or 5.0 mg of Mounjaro or Zepbound. Similar or higher doses taken less frequently are often used to maintain the weight loss.

What are Benefits of Semaglutides

Semaglutides produce rapid weight loss by marked reduction in caloric intake. This is associated with improvement in co morbidities high blood pressure, elevated blood sugar, high cholesterol, sleep apnea and arthritis. Recent reports that fatty liver from obesity can be reversed with these medications.

Maintaining Your Weight Loss

Dr Lipman's plan for weight maintenance is based on continuing the Semaglutide injections at a lower dose and frequency and following the principles of his food plan.

What Do I Do When I Reach My Goal Weight?

The prospect of regaining the weight after weight loss is very high (maybe 80%) despite the best intentions including daily exercise and careful food intake. The intense hormonal factors that produce this weight rebound result in a slow rise in blood sugar, blood pressure, arthritis, and sleep apnea. The consensus is that the Semaglutide injections should be continued for a long period, maybe with frequency and dose lowered to once or twice a month. How long will it take? Unknown, perhaps two or more years!

Side Effects, Adverse Effects and Warnings

- *Females of Reproductive Potential:* Advise females using oral contraceptives to switch to a non-oral contraceptive method, or add a barrier method of contraception for 4 weeks after initiation.
- *Pancreatitis:* Has been reported in clinical trials. Discontinue promptly if pancreatitis is suspected.
- *Hypoglycemia with Concomitant Use of Insulin Secretagogues or Insulin:* Concomitant use with an insulin secretagogue or insulin may increase the risk of hypoglycemia, including severe hypoglycemia. Reducing dose of insulin secretagogue or insulin may be necessary.
- *Hypersensitivity Reactions:* Hypersensitivity reactions have been reported. Discontinue if suspected.
- *Mild to Moderate Gastrointestinal Disease:* Use may be associated with gastrointestinal adverse reactions, sometimes severe. Has not been studied in patients with severe gastrointestinal disease and is not recommended.
- *Diabetic Retinopathy Complications in Patients with a History of Diabetic Retinopathy:* Has not been studied in patients with non-proliferative diabetic retinopathy requiring acute therapy, proliferative diabetic retinopathy, or diabetic macular edema. Monitor patients with a history of diabetic retinopathy for progression.
- *Acute Gallbladder Disease:* Has occurred rarely in clinical trials. If cholelithiasis is suspected, gallbladder studies and clinical follow-up are indicated.
- *Females of Reproductive Potential:* Advise females using oral contraceptives to switch to a non-oral contraceptive method, or add a barrier method of contraception for 4 weeks after initiation and for 4 weeks after each dose escalation.
- *Pancreatitis:* Has been reported in clinical trials. Discontinue promptly if pancreatitis is suspected.
- *Acute Kidney Injury:* Monitor renal function in patients with renal impairment reporting severe adverse gastrointestinal reactions.
- *Severe Gastrointestinal Disease:* Use may be associated with gastrointestinal adverse reactions, which may be severe sometimes. Has not been studied in patients with severe gastrointestinal disease and is not recommended in these patients.

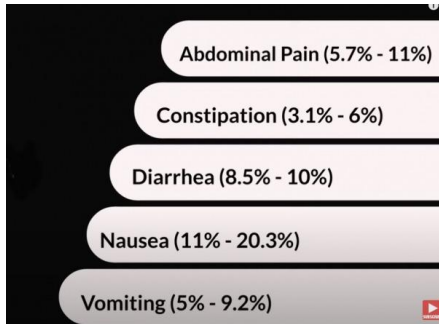
ADVERSE REACTIONS

The most common adverse reactions reported in $\geq 5\%$ of patients treated are: nausea, diarrhea, decreased appetite, vomiting, constipation, dyspepsia, and abdominal pain.

Who Can Be prescribed these medications: The decision to start taking a weight loss med is a personal one. If diet and exercise changes aren't enough, you and your healthcare provider may start to consider weight loss medication if you have:

A body mass index (BMI) higher than 30 or a BMI of 27 with other related health problems, such as high cholesterol, heart disease, or diabetes.

Who Should NOT Take These Medications: (<https://uspl.lilly.com/mounjaro/mounjaro.html#pi>)<
www.novo-pi.com/wegovy.pdf#guide Personal or family history of medullary thyroid carcinoma or in patients with Multiple Endocrine Neoplasia Syndrome type 2, known serious hypersensitivity to Semaglutide or Tirzepatide; *Pregnancy:* Based on animal study, may cause fetal harm, breastfeeding.




MAINTANENCE DOSING OF SEMAGLUTIDES				
Frequency of injections	OzempicWegovy- Semaglutide	Mounjaro	Pros	Cons
Low Dose: Weekly	0.25mg or 0.5mg	2.5 mg or 5 mg	cheaper	weekly
Higher Dose Monthly Every 2,3,or 4 weeks	1.0—1.5—2 mg	7.5-10-12.5-15mg	Easier to start	expensive