Magnum Compounding LLC
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# COMPOUNDED INJECTABLE FORMULA INFORMATION SHEET

**Product Name:** Liraglutide

**Formulation Type:** Sterile Injectable Solution (Subcutaneous Use Only)

**Vial Size**: 3 mL Multi-Dose Vial (MDV)

**ACTIVE INGREDIENTS (per mL)**

| Ingredients | Strength (mg / 3 mL) | Role & Benefits |
|---|---|---|
| Liraglutide | 45 mg, 90 mg | Long-acting analog of human GLP-1, a hormone involved in glucose metabolism and appetite regulation. |
| Niacinamide | 6 mg | Supports insulin sensitivity and reduces inflammation. |
| L-Carnitine | 50 mg | Assists in fatty acid metabolism and energy production. |

**OTHER INGREDIENTS:**

- Benzyl Alcohol 0.9% (Preservative)
- Water for Injection, USP (Vehicle)
- pH adjusted with Sodium Hydroxide and/or Hydrochloric Acid may be used

**DESCRIPTION:** This compounded formulation combines Tirzepatide, a GLP-1 receptor agonist, with Niacinamide and L-Carnitine to support glucose regulation, enhance fat metabolism, and promote metabolic health. It is intended for subcutaneous administration and may be used as part of a comprehensive weight-management or metabolic-wellness program.

**INDICATIONS:**

- Support for weight management and metabolic health
- Adjunct to diet and exercise for glucose regulation
- Fatty acid metabolism and energy enhancement

**DOSAGE & ADMINISTRATION**

**Route:** Subcutaneous Injection Only. Administer in the abdomen or thigh using proper aseptic technique

*This product is to be administered under licensed medical supervision.

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**STORAGE:** Store refrigerated at 2°C to 8°C (36°F to 46°F). Do not freeze. Protect from light and heat. Keep the vial capped when not in use.

**PRIMARY ROLES & CLINICAL BENEFITS**

**Glycemic Control (Type 2 Diabetes Mellitus):** Improves both fasting and postprandial glucose. Reduces A1C by ~1.0–1.5% on average. Low risk of hypoglycemia when used alone (due to glucose-dependent mechanism). Can be combined with metformin, SGLT2 inhibitors, DPP-4 inhibitors, or basal insulin.

**Weight Management / Obesity:** FDA-approved (as *Saxenda®*) for chronic weight management in adults with BMI ≥30 kg/m², or ≥27 kg/m² with comorbidities (HTN, dyslipidemia, T2DM). Promotes clinically meaningful weight loss — average 5–10% of baseline weight in 16–56 weeks. Improves cardiometabolic parameters (waist circumference, triglycerides, blood pressure, insulin resistance).

**Cardiovascular Benefits:** Demonstrated in the LEADER trial to significantly reduce major adverse cardiovascular events (MACE) in high-risk patients with T2DM. Improves lipid profile and endothelial function.

**Additional Metabolic & Functional Benefits (Emerging Use):** Enhances hepatic insulin sensitivity and may improve NAFLD/NASH markers. Supports weight-related polycystic ovary syndrome (PCOS) management by improving insulin resistance. When compounded with Niacinamide and L-Carnitine, the combination may further support mitochondrial energy metabolism, fat oxidation, and glucose utilization.

**WARNINGS & PRECAUTIONS:**

- Do not use in patients with a personal or family history of medullary thyroid carcinoma
- Not for use in patients with multiple endocrine neoplasia syndrome type 2 (MEN 2)
- Use caution in patients with renal, hepatic impairment, or Gallbladder disease.
- Monitor for signs of pancreatitis or hypoglycemia when used with insulin or sulfonylureas
- Monitor blood sugar and A1C
- Monitor Weight and waist circumference
- Monitor Renal and hepatic function
- Monitor Signs of Pancreatitis or Gallbladder Inflammation

**IMPORTANT SAFETY INFORMATION:**

- For use only under the care of a licensed prescriber. This sheet is informational only; the prescriber determines dosage and regimen.

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- GLP1/GIP therapy may commonly cause GI effects (nausea, vomiting, diarrhea, constipation). Contact your prescriber if severe or persistent.
- Seek urgent care for symptoms of pancreatitis (severe abdominal pain), gallbladder disease (upper-right abdominal pain), or allergic reactions.
- Risk of hypoglycemia increases when used with insulin or insulin secretagogues; the prescriber may adjust other medications.
- Do not use it if pregnant or breastfeeding unless the prescriber directs. Not for patients with personal/family history of medullary thyroid carcinoma (MTC) or MEN2 unless prescriber specifically approves.

**POTENTIAL SIDE EFFECTS:** Localized pain in the injection site. Mild flushing, tingling, or dizziness. Rare: allergic reaction or anaphylaxis. Notify the provider of any unusual or persistent symptoms.

**SUPPLIES NEEDED:**

- Prescribed vial (multidose)
- U-100, U-50, U-30 insulin syringes (1ml, 0.5 mL, 0.3ml)
- Alcohol prep pads
- Cotton/gauze pad or bandage
- FDA-cleared sharps container

**HOW TO PREPARE & INJECT**

1) Wash your hands and gather supplies.
2) Clean the vial's rubber stopper with an alcohol pad; allow it to dry.
3) Draw air into the syringe equal to your intended dose (in units).
4) Insert the needle into the vial, inject the air, invert the vial, and withdraw the required units.
5) Check for bubbles; tap to move them to the top and expel.
6) Clean the injection site (abdomen, thigh, or upper arm; avoid 2" around navel). Pinch the skin and insert the needle at a 90 ° angle.
7) Inject slowly. Remove needle, apply gentle pressure; do not rub.
8) Rotate injection sites with each dose.

**DRUG DISPOSAL:** Unused or expired compounded medications should be disposed of properly according to local regulations. Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Consult

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with your pharmacy or local waste disposal authority for appropriate disposal methods. Magnum Compounding can provide guidance or accept returned compounds for proper disposal when applicable.

**SHIPPING & HANDLING**: Shipped cold. Do not use it if exposed to improper temperature or physical damage. Inspect before use.

**INJECTION SAFETY CONSIDERATIONS (CDC GUIDANCE):**

- Medications should be drawn up in a designated clean medication preparation area using a new sterile syringe and sterile needle.
- Prepare an injection as close as possible to the time of administration to the patient.
- Do NOT leave the needle inserted into a medication vial septum for multiple uses.
- Vials labeled as single-dose or single-use should be used for only a single patient and entered only once.
- Do NOT combine (pool) leftover contents of single-dose or single-use vials or store them for later use.
- If a single-dose or single-use vial has been opened or accessed (e.g., needle-punctured), it should be discarded according to pharmacy policy or at the end of the procedure, whichever is sooner.
- Discard any medication vial if sterility is compromised or questionable.
- Multi-dose vials should be dedicated to a single patient whenever possible.
- Once opened, multi-dose vials must be dated and discarded within 28 days unless otherwise specified by the pharmacy label.

**NEEDLE & SYRINGE DISPOSAL:** Dispose of used needles/syringes immediately in an FDA-cleared sharps container. Do not recap or reuse needles. Follow local regulations or ask your pharmacy about disposal.

**REFERENCES**

• Victoza® (liraglutide) FDA Prescribing Information, Novo Nordisk.
• Saxenda® (liraglutide) FDA Prescribing Information, Novo Nordisk.
• LEADER Trial, *N Engl J Med*, 2016.
• Nauck MA et al., *Diabetes Obes Metab*, 2021.
• Kushner RF et al., *Obesity*, 2020.

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## VISION CHANGES WARNING

### FDA SAFETY UPDATE - NOVEMBER 9, 2026

FDA warns of a potential increased risk of non-arteritic anterior ischemic optic neuropathy (NAION) with GLP-1 receptor agonists, including liraglutide. This rare optic nerve condition can cause sudden, painless loss of vision in one eye, which may be permanent.

### WHEN TO SEEK IMMEDIATE MEDICAL ATTENTION

Seek immediate medical attention for sudden decreased or lost vision, missing areas of vision, blind spots, tunnel vision, or new color distortion. Contact your prescriber immediately; suspected NAION requires prompt ophthalmologist evaluation.

### INFORMATION FOR THE PRESCRIBING CLINICIAN

Consider discontinuing the GLP-1 medication if NAION develops unless treatment benefits clearly outweigh the risk. Patients with previous NAION should discuss treatment risks and benefits with their clinician. Report suspected adverse events to FDA MedWatch.

### DIABETIC RETINOPATHY AND MONITORING

Rapid improvement in blood glucose control may temporarily worsen diabetic retinopathy. Patients with a history of diabetic retinopathy should be monitored by their healthcare provider. Report new or persistent visual changes and maintain recommended eye examinations. NAION affects the optic nerve and is distinct from diabetic retinopathy.

### MEDICAL DISCLAIMER

Clinical evaluation, monitoring, and treatment decisions should be determined by the prescribing healthcare provider. This compounded preparation is not FDA-approved. The FDA labeling action applies to approved GLP-1 products; this safety information is included here to support patient counseling.

### REFERENCES

1. FDA Drug Safety Communication, November 9, 2026: GLP-1 receptor agonists and potential NAION risk.

2. Victoza and Saxenda (liraglutide) FDA prescribing information.
3. Niacinamide in Metabolic Health - NIH Database.
4. L-Carnitine Pharmacological Profile - PubMed/NCBI.

Vision safety section updated November 10, 2026.

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