Titan Healthcare – Compounded GLP Medication Consent Form

Patient Name: _____ DOB: _____

1. Purpose of This Form

This form is to document your informed consent to receive compounded GLP medication (e.g., compounded GLP-1 or GLP-1/GIP agonists) prescribed by Titan Healthcare and dispensed by Belmar Pharmacy.

2. Treatment Purpose and Eligibility

- I understand that Titan Healthcare is a medical office, not a weight loss clinic.
- I understand that GLP medications will only be prescribed for medically necessary weight loss, defined as:
    - Body Mass Index (BMI) ≥ 30, OR
    - BMI ≥ 27 with at least one qualifying weight-related comorbidity (such as hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, or other recognized weight-related conditions).

_____ I confirm that I understand these criteria and have discussed my eligibility with my provider.
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3. Nature of Compounded GLP Medications

- I understand that compounded GLP medications are not the same as branded products (such as Wegovy, Ozempic, Mounjaro, Zepbound, etc.).
- I understand that compounded GLP medications are not FDA-approved.
- I understand that compounded medications are not evaluated by the FDA for safety, effectiveness, or quality that brand-name, FDA-approved products are.

_____ I confirm that I understand that compounded GLP medications are not FDA-approved products.
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4. Similarity to Branded GLP Medications

- I understand that the compounded formulations are not identical to branded GLP medications.
- I acknowledge that data on compounded formulations may be more limited than data for FDA-approved brands.

_____ I confirm that I understand that the compounded medication is similar, but not identical, to brand-
Initial Here name GLP products.

5. Pharmacy Used for Compounding

- I understand that my compounded GLP prescription will be filled through Belmar Pharmacy, a licensed, accredited compounding pharmacy.

- I understand that this is the same pharmacy Titan uses for hormone pellets and other compounded therapies, and that Titan has chosen this pharmacy for quality and safety reasons, but no pharmacy can guarantee zero risk.

_____ I confirm that I understand that my medication will be dispensed by Belmar Pharmacy, a licensed, accredited 503a and 503b compounding pharmacy.
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6. Potential Benefits

- Possible benefits of GLP therapy may include:
    - Medically appropriate weight loss
    - Possible improvements in blood sugar control, blood pressure, cholesterol, and other metabolic markers
- I understand that benefits are not guaranteed, and individual results will vary.

_____ I confirm that I understand that no specific results can be promised or guaranteed.
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7. Risks, Side Effects, and Limitations

As with all medications, GLP medications carry risks, including but not limited to:

- Common side effects: nausea, vomiting, diarrhea, constipation, abdominal pain, decreased appetite, injection site reactions.
- Serious potential risks (not all-inclusive):
    - Pancreatitis
    - Gallbladder disease
    - Worsening of certain diabetic eye problems
    - Possible increased risk of certain thyroid tumors in susceptible individuals (based on class warnings)
    - Allergic reactions
- Compounded medications may carry additional risks related to compounding, including variability in strength, stability, or sterility, despite the pharmacy's efforts to maintain quality.

_____ I have discussed potential risks and side effects with my provider and understand them.
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_____ I agree to immediately report any serious side effects, concerns, or new symptoms.
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8. Alternatives to Compounded GLP Therapy

- I understand that I may have alternatives, including:
- No medication treatment
- Lifestyle interventions (diet, exercise, behavioral changes)
- FDA-approved, brand-name GLP medications, if available and accessible through my insurance or self-pay options
- Other weight management medications or treatment strategies, as appropriate.

_____ I have been informed of reasonable alternatives and had the opportunity to ask questions.
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9. Monitoring and Follow-Up

I agree to follow Titan's recommendations for:

- Regular follow-up visits
- Laboratory testing or other monitoring as indicated
- Reporting changes in my medical history, medications, or new diagnoses
- I understand that continuation of treatment depends on ongoing clinical evaluation and that Titan may discontinue therapy if it is not effective, not medically appropriate, or if safety concerns arise.

_____ I agree to participate in recommended monitoring and follow-up.
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10. No Guarantee and Right to Withdraw

- I understand that Titan cannot guarantee:
    - Weight loss
    - Improvement in health markers
- Absence of side effects or complications
- I understand that I may refuse or stop treatment at any time, and that I should discuss any decision to stop with my provider to do so safely.

_____ I confirm that I understand that there are no guarantees of outcome.
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_____ I understand that I may withdraw consent and stop treatment at any time.
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11. Acknowledgment and Consent

By signing below, I confirm that:

- I have read and understood this consent form (or it has been read to me).
- I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.
- I understand the purpose, possible benefits, risks, and alternatives of compounded GLP therapy.
- I meet, or have discussed with my provider whether I meet, the criteria for medically necessary weight loss (BMI ≥ 30, or BMI ≥ 27 with at least one qualifying comorbidity).
- I voluntarily consent to receive compounded GLP medication prescribed by Titan and dispensed by Belmar Pharmacy.
- I understand that my compounded GLP medication will be compounded by and sent directly to me by Belmar Pharmacy. Medications received from the Belmar Pharmacy, as with medications received from any pharmacy, the provider who prescribes the medication shall not be held responsible for any issues that may occur in the process of compounding, shipping or receiving of the medication.

Patient Signature: _____ Date: _____

Printed Name: _____

Please enter the mailing address you would like your prescription sent to - No PO Box:

_____

_____

Provider Statement

I have discussed the nature, purpose, potential benefits, risks, and alternatives of compounded GLP therapy with this patient. I believe the patient understands the information provided and has given informed consent.

Provider Printed Name: _____

Provider Signature: _____ Date: _____

Instructions for compounded GLP:

- ☐ Sign consent form with provider after reviewing the difference between compounded and commercially available GLP
- ☐ Sign Credit card authorization for compounded GLP refills.

Next steps:

Titan will order the medication through Belmar pharmacy. It will ship directly to you. You must provide an address in state that is safe to receive shipments on ice. PO boxes are not allowed.

- Belmar will not ship on weekends due to the requirement that GLP ship overnight on ice.
- The pharmacy typically takes 3-5 days from receiving the order to process to shipping and will not ship Friday-Sunday so plan ahead when requesting refills.

When you are due for a refill you need to:

- Message the care team and label your message “GLP refill”.
    - Specify what dose you need to refill. Be specific, not “same dose”
    - Plan ahead and give the clinic 3 days to respond to refill requests.