

GLP-1 Microdose



GLP-1 Microdose Injection

PATIENT GUIDE

GLP-1 microdosing uses lower, ongoing doses to support long term health beyond weight management. This guide covers what to expect, how to administer your medication, and when to reach out to your clinical team.

What Is GLP-1 Microdosing?

GLP-1 medications are widely known for weight management, but many patients also notice improvement in other conditions when taking them at smaller, ongoing "microdoses." These lower doses are used over longer periods of time to support overall health.

- May decrease the frequency and severity of migraine headaches
- May improve chronic pain related to arthritis or autoimmune conditions, possibly due to anti-inflammatory effects
- May support kidney function in chronic kidney disease
- May help with cardiovascular prevention and fatty liver disease
- Helps lower HbA1c and regulate blood sugar for pre-diabetics and type 2 diabetics
- May reduce insulin resistance and weight gain associated with PCOS, sometimes reducing the need for metformin

These benefits are thought to be related to improved overall inflammation and insulin management.

Microdosing should not be started with an expectation of weight loss.

Who Qualifies for GLP-1 Microdosing?

Many patients can benefit from the health effects of GLP-1 medications at a microdose.

- For patients with a BMI above 22, microdosing is set at standard pharmacy dosing
- If BMI falls below 22 but above 20.0, your dose will be adjusted downward to one-half the standard dose
- If weight loss continues over the next 2 months, your dose may be adjusted further down

How Dosing Works?

GLP-1 microdosing medications are typically given as a once-weekly subcutaneous injection. **See additional documentation for how to administer a subcutaneous injection.**

Microdosing is meant to help maintain your results and support ongoing health benefits: it is not structured as a weight-loss escalation plan. Because of this, dose changes work a little differently than with standard dose GLP-1 treatment.

Based on the information provided at your initial medical intake and subsequent monthly checkins, your clinician determines your starting dose, whether and when to increase it, and your maximum dose, based on your individual health, response, and goals.

If you reach the highest available microdose and your clinician determines a further increase is appropriate, you would need to transition to the full (standard) GLP-1 dose rather than continuing to increase within the microdose range. Please note there is a price difference between the microdose and the full GLP-1 dose: you can view the price difference in your portal if this applies to your treatment.

What to Expect

- It may take weeks to months to notice improvement: this is a long term commitment to support your health
- Weight loss can occur even at microdose levels, but weight loss is not the goal of microdosing. Depending on your BMI, weight loss may be actively avoided for your safety
- If you are taking Semaglutide or Tirzepatide compounded with B12, please note that the liquid may appear red. This is standard and caused by the B12 additive
- There is currently no established body of research confirming the use of GLP-1s specifically for chronic disease prevention

Required Labs

Lab testing is not required to start a GLP-1 therapy. However, the following labs are **required at 90-days and annually**: comprehensive metabolic panel (CMP), fasting insulin, hemoglobin A1c, CBC with differential, TSH, free T4, free T3, and Vitamin B12.

This lab testing is used to monitor the impact of your treatment plan on your biomarkers in addition to what can be reported in the monthly checkins.

Storage & Expiration

Storage: It is recommended to store your medication in the refrigerator, but always follow the pharmacy-specific storage instructions included with your medication if they differ.

Expiration: This medication expires 28 days after first puncture, regardless of how much remains. After that time, it should no longer be used.

Other Medication Timing

This medication can slow gut motility and the absorption of certain other medications, including Tylenol, Digoxin, Warfarin, oral contraceptives, Metformin, statins, ACE-inhibitors, and Griseofulvin. Take these medications at least 1 hour before your GLP-1 dose.

Who Shouldn't Take GLP-1 Medications

Do not take this medication if any of the following apply to you:

- Pregnant or breastfeeding