

Semaglutide/Cyanocobalamin

ACTIVE Semaglutide + vitamin B12
FORM Injectable; catalog says all doses; concentration not listed

01 / TREATMENT OVERVIEW

The clinical and commercial fit

Meaningful, sustained weight reduction when semaglutide is paired with nutrition and activity support. Less hunger, earlier fullness, and greater control over portions and food intake. A once-weekly injection can simplify adherence for patients who want a high-impact medical weight-management option.

WHY PRACTITIONERS CONSIDER IT

Meaningful, sustained weight reduction when semaglutide is paired with nutrition and activity support.

A once-weekly injection can simplify adherence for patients who want a high-impact medical weight-management option.

02 / TREATMENT FEATURES

01 Administration Catalog format: Injectable; catalog says all doses; concentration not listed. The prescribing clinician and dispensing pharmacy confirm the exact preparation, concentration, handling, and administration technique.	02 Typical frequency The evidence-based semaglutide injection regimen is once weekly with gradual dose escalation. The exact blend schedule should not be assumed from a branded product.
03 Expected duration Weight-management treatment is generally long term when it is effective, tolerated, and still clinically appropriate. Weight regain is common after GLP-1 therapy ends.	04 Practical advantages A once-weekly injection can simplify adherence for patients who want a high-impact medical weight-management option.

03 / PATIENT BENEFITS

Why suitable patients may consider it

POTENTIAL PATIENT BENEFITS

What suitable patients may value

- Meaningful, sustained weight reduction when semaglutide is paired with nutrition and activity support.
- Less hunger, earlier fullness, and greater control over portions and food intake.
- Potential improvements in waist size, blood pressure, blood sugar, mobility, and other weight-related health measures.

ADDITIONAL PATIENT VALUE

Experience and care goals

- A once-weekly injection can simplify adherence for patients who want a high-impact medical weight-management option.
- Added vitamin B12 may support patients with a documented or clinically plausible deficiency.

Benefits are based primarily on standardized semaglutide injection. Results vary, are not guaranteed, and the exact compounded vitamin blend requires separate clinical and quality review.

04 / IDEAL CLIENT PROFILE

Who is most likely to be a fit

BEST-FIT PATIENT

Qualification profile

- A carefully screened adult whose goals align with the potential benefits above and who understands that individual response varies.
- A patient willing to complete clinician-directed baseline review, monitoring, and an outcome-based follow-up plan.

CLINICAL CONTEXT

Qualification notes

- A once-weekly injection can simplify adherence for patients who want a high-impact medical weight-management option.
- Strongest fit occurs when the exact formulation, route, source, contraindications, and measurable goals can be clearly documented.

05 / POTENTIAL SIDE EFFECTS

The safety information patients need

COMMON OR TEMPORARY

Expected tolerability issues

- Nausea, diarrhea, vomiting, constipation, abdominal discomfort, reflux, headache, and fatigue are common, especially while the dose is changing.
- Reduced appetite can be substantial. Patients may need support to maintain hydration, protein intake, and lean mass.

SERIOUS OR IMPORTANT

Risks that change the decision

- Uncommon but important risks include pancreatitis, gallbladder disease, dehydration-related kidney injury, severe gastrointestinal reactions, and serious hypersensitivity.
- Low blood sugar is mainly a concern when combined with insulin or medicines that directly increase insulin release.
- The product carries a boxed warning based on thyroid C-cell tumors in rodents; human relevance is unknown, but the labeled thyroid-cancer contraindications still apply.

06 / CONTRAINDICATIONS

Who may not be a suitable candidate

AVOID OR USE SPECIALIST INPUT

Suitability limits

- Pregnancy or an active plan to become pregnant.
- Personal or family history of medullary thyroid carcinoma, or Multiple Endocrine Neoplasia syndrome type 2.
- Prior serious hypersensitivity to the active drug or formulation ingredients.

Side effects and suitability notes are not exhaustive. The exact product, patient history, dosing, monitoring, and emergency guidance require review by an appropriately licensed clinician.

What to check before treatment

BEFORE TREATMENT

Screening checklist

- Confirm BMI, weight-related conditions, prior weight-care attempts, current medicines, and realistic long-term goals.
- Review diabetes therapy, low-blood-sugar risk, kidney function when clinically indicated, and any history of pancreatitis or gallbladder disease.
- Ask about severe delayed stomach emptying, persistent vomiting, planned surgery or deep sedation, pregnancy potential, and thyroid-cancer history.

ESCALATION

When to refer

- Urgent medical assessment is appropriate for severe or persistent abdominal pain, repeated vomiting with dehydration, suspected gallbladder disease, serious allergic reaction, or symptoms of marked hypoglycemia.
- Complex diabetes regimens, active eating disorders, pregnancy, severe gastrointestinal disease, or uncertain endocrine cancer history require appropriately qualified medical review.

Screening and referral decisions are patient-specific. This summary does not replace diagnosis, prescribing information, informed consent, or local clinical requirements.

What the strongest public sources support

CURRENT STATUS

Semaglutide injection is approved for chronic weight management in defined populations. This exact compounded vitamin blend is not the formulation tested in the pivotal trials.

- STEP 1 enrolled 1,961 adults without diabetes and found mean weight change of -14.9% with weekly semaglutide 2.4 mg versus -2.4% with placebo at 68 weeks. The trial tested semaglutide, not the added vitamin or this compounded concentration.

KEY CLINICAL SOURCES

Primary or official source: Wegovy prescribing information, FDA, June 2026

Primary or official source: STEP 1 semaglutide obesity trial, NEJM 2021

Evidence and regulatory status can change. Confirm the current label, formulation, route, dose, pharmacy source, jurisdiction, and intended use before offering treatment.

How the research maps to this exact product

Weekly semaglutide 2.4 mg caused about 14.9% mean weight loss at 68 weeks, versus 2.4% with placebo, in 1,961 adults. The exact semaglutide+vitamin B12 mix has not been tested in a large trial.

STUDY 01

Primary human finding

- STEP 1 - double-blind RCT; 1,961 adults with overweight/obesity and no diabetes; semaglutide 2.4 mg under the skin weekly plus lifestyle care for 68 weeks. Mean weight change: -14.9% vs -2.4% placebo. GI effects were common; more people stopped semaglutide because of GI effects. Match: main peptide and injection match, but the added vitamin and catalog concentration do not.

STUDY 02

Supporting context

- No peer-reviewed human trial was located for the exact semaglutide plus vitamin B12 compounded formula. Evidence for vitamin replacement only applies when deficiency or another clinical need exists.

Research on a related ingredient, route, dose, or population may not predict the outcome of the exact product offered. Potential benefits remain patient-specific and are not guaranteed.

What people report and how the evidence matches

REAL-WORLD REPORTS

What people describe

- In about 10 detailed injection accounts sampled, appetite quieting often began in days to a few weeks. Many reported steady loss; others reported little effect. Nausea, constipation, fatigue, reflux, and food aversion were common. Reports did not show that added vitamin B12 improved weight loss.

TIMING AND MATCH

When changes are reported

- Users often say appetite changes start in days to 4 weeks. Weight change is judged over months.
- Direct evidence is for the branded peptide alone at fixed trial doses, not this compounded vitamin blend.

SOURCE NOTES

Direct links are included for verification. Public personal accounts are unverified and cannot show how common an outcome is. Evidence for one ingredient, route, or dose does not automatically validate a different compounded or blended product.

Product listing: Lennox catalog page; accessed Aug 26, 2026

Clinical evidence: OASIS 1: oral semaglutide tablet, Lancet 2023

User-reported evidence: Troche user discussion, Reddit 2023

PRACTICE NOTE

This report supports informed discussion; it does not tell anyone to start, stop, or dose a treatment. Verify the exact ingredients, concentration, route, dispensing source, storage, beyond-use date, contraindications, and monitoring plan.