CELLULAR HEALTH

Compounded Peptides vs FDA-Approved Drugs: A Coach's Script When Clients Ask 'Can You Get Me the Same Thing Cheaper?'

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When a client asks a coach to "get the same peptide cheaper" or to match an FDA-approved medicine with a compounded version, the honest answer is: coaches do not source, sell, dose or prescribe. FDA-approved drugs have been through a defined review pathway and appear in [Drugs@FDA](https://www.accessdata.fda.gov/scripts/cder/daf/). Compounded drugs are different: compounding has a legal role for individual patient needs, but compounded products are not FDA-approved, and FDA has warned about safety risks with some bulk substances used in compounding. The HHS Federal Register notice (2026-22192) is an interim 503A enforcement-discretion policy — not approval and not a shopping list.

Compounded peptides vs FDA-approved drugs: a coach's script **Short answer:** When a client asks a coach to "get the same peptide cheaper" or to match an FDA-approved medicine with a compounded version, the honest answer is: coaches do not source, sell, dose or prescribe. FDA-approved drugs have been through a defined review pathway and appear in [Drugs@FDA](https://www.accessdata.fda.gov/scripts/cder/daf/). Compounded drugs are different: compounding has a legal role for individual patient needs, but compounded products are not FDA-approved, and FDA has warned about safety risks with some bulk substances used in compounding. The HHS Federal Register notice (2026-22192) is an interim 503A enforcement-discretion policy — not approval and not a shopping list. This national guide is for coaches and clients across metros such as [Houston](/us/houston) and [Philadelphia](/us/philadelphia) who keep seeing "same as Wegovy but cheaper" ads.

First split: approved medicine vs compounded product

FDA-approved. A product approved under an NDA or BLA has labelling, manufacturing standards and post-market reporting tied to that approval. You can look it up on [Drugs@FDA](https://www.accessdata.fda.gov/scripts/cder/daf/). **Compounded.** FDA explains that compounded drugs can serve patients who need a different strength, form or allergen-free version when an approved product does not meet the need — and that compounded drugs are not FDA-approved ([FDA compounding overview for pharmacists](https://www.fda.gov/drugs/human-drug-compounding/compounding-and-fda-pharmacists)). Those are not the same category. "Same molecule name" does not mean "same reviewed product".

What FDA has said about risky bulks

FDA maintains information on certain bulk drug substances that may present significant safety risks when used in compounding ([FDA page](https://www.fda.gov/drugs/human-drug-compounding/certain-bulk-drug-substances-use-compounding-may-present-s Coaches should not invent a safety ranking; point clients to FDA and to their own clinician.

What the HHS peptide notice is (and isn't)

Federal Register notice **2026-22192** describes an enforcement-discretion policy regarding 503A compounding with certain peptide bulk drug substances ([FR document](https://www.federalregister.gov/documents/2026/10/30/2026-22192/enforcement-discretion-policy-regarding-503
It is not FDA approval of those peptides, not a final bulks list decision, and not permission for coaches to procure or recommend them.

GLP-1 "shortage workaround" talk

Clients often collapse "peptide" and "GLP-1" into one shopping question. For semaglutide and tirzepatide specifically, FDA's 1 Apr 2026 update states they do not currently appear on the 503B bulks list or on FDA's drug shortage list ([FDA](https://www.fda.gov/drugs/drug-alerts-and-statements/fda-clarifies-policies-compounders-national-glp-1-supply-begi
A coach's line is: medicine supply and substitution questions go to the prescriber and pharmacist — not to a coach with a discount code.

A word-for-word coach script (adapt, don't memorise robotically)

1. "I don't source, sell or dose any medicine or peptide. That stays with your clinician and pharmacy." 2. "FDA-approved and compounded are different pathways. Approved products are listed on Drugs@FDA; compounded products are not FDA-approved as copies of those brands." 3. "If cost is the issue, ask your prescriber and insurer about covered options, patient-assistance programmes or clinically appropriate alternatives. I can help you prepare questions for that visit." 4. "If someone online offers vials, stacks or 'research' peptides with a checkout link, that is a red flag for my practice. I won't affiliate with it." 5. "I can still coach sleep, protein, strength training and follow-through on whatever plan your clinician sets."

What coaches must never do

- Place orders, share vendor lists, or earn affiliate fees on peptides or compounded GLP-1 products. - Tell a client a compounded product is "the same" as an approved drug. - Adjust dose, suggest splitting pens, or coach injection technique as if supervising medical use. - Treat FR 2026-22192 as a product endorsement. Scope baseline: [NBHWC scope of practice](https://nbhwc.org/scope-of-practice/).

Want to coach this? LetsGo Academy

[Level 1](/academy) free. Level 3 covers what peptides are and evidence quality. Level 4 covers the HHS 503A peptide policy module and ethical marketing. Level 5 runs grey-market case studies. Profile: /coach. We do not promise income or client results.

Why clients collapse the categories

Marketing uses the same molecule names for approved pens and for compounded or grey-market vials. Clients hear "semaglutide" and assume every seller is equivalent. Your job is to reopen the categories: approved product with labelling and manufacturing tied to an NDA/BLA versus a compounded preparation that is not FDA-approved as a copy of that brand.

Affiliate and social-media traps

If a coach earns a commission on peptide checkouts, that is a conflict and usually a scope violation for health coaches who claim they do not practise pharmacy. Refuse affiliate codes. Refuse "DM me for my source". Refuse before-and-after posts that imply you provided the drug.

Documentation habit

Keep a one-page script in your onboarding packet. When a client asks for sourcing, send the written scope, decline, and offer to help prepare questions for their clinician visit. That paper trail protects the client and you.

Disclaimer

Education only. Not medical advice.