CELLULAR HEALTH

When Clients Ask for 'The Same Peptide Cheaper': Approved Drugs, Compounding Limits and a Coach's Refusal Script

LetsGo Editorial · LetsGo Editorial · 5 November 2026 · 6 min read

Short answer: Clients often conflate FDA-approved medicines, pharmacy compounding under federal limits, and research-use-only vials sold online. A coach's job is literacy and referral — never sourcing. When someone asks you to "get the…

Short answer: Clients often conflate FDA-approved medicines, pharmacy compounding under federal limits, and research-use-only vials sold online. A coach's job is literacy and referral — never sourcing. When someone asks you to "get the same thing cheaper," you explain the categories, refuse to procure product, and send them back to their clinician and pharmacist. Coaches never prescribe, dose, source or sell.

Three buckets clients mix up

1. FDA-approved drugs. Products with New Drug Applications or Biologics License Applications appear in [Drugs@FDA](https://www.accessdata.fda.gov/scripts/cder/daf/) and have labelled indications, dosing information and warnings on [DailyMed](https://dailymed.nlm.nih.gov/dailymed/). Semaglutide and tirzepatide products used for labelled weight-management or diabetes indications sit here when dispensed as approved products. **2. Compounded medicines.** FDA's compounding pages explain that compounding is meant for individual patient needs when an approved product is not suitable, and that it is not the same as a copy of an approved drug made for commercial shortcuts ([FDA compounding basics](https://www.fda.gov/drugs/human-drug-compounding/compounding-and-fda-basic-information)). As national GLP-1 supply has begun to stabilize, FDA has clarified policies for compounders ([FDA statement](https://www.fda.gov/drugs/drug-alerts-and-statements/fda-clarifies-policies-compounders-national-glp-1-supply-b Coaches do not decide whether a compounded product is appropriate — clinicians and pharmacists do. **3. Research-use-only / grey-market vials.** Online sellers often label peptides "for research only" while marketing them to consumers. FDA warning letters document firms that sell unapproved drugs with disease claims ([FDA warning letters](https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters)). HHS / Federal Register actions around 503A bulk substances (including the 2026 peptide-related docket discussions coaches may hear about) do not turn research vials into approved drugs, and they do not authorise coaches to source them.

Why "cheaper" is not a coaching KPI

Price pressure is real. It is also how clients get steered toward products with unknown identity, purity and sterility. A coach who helps a client save money by finding a Telegram vendor has left the profession and entered distribution. That is out of scope under [NBHWC](https://nbhwc.org/scope-of-practice/) behaviour-change framing, and it creates legal and safety risk.

A refusal script you can say out loud

1. **Name the ask.** "You're asking me to help you obtain a medicine or peptide outside your clinician's plan." 2. **State the lane.** "I coach habits. I don't prescribe, dose, source or sell medicines or research peptides." 3. **Offer literacy, not product.** "I can explain the difference between an FDA-approved product, a compounded medicine and a research-use-only vial — then you take the product decision to your clinician and pharmacist." 4. **Redirect.** "If cost is the barrier, ask your clinician about approved alternatives, prior authorisation support or manufacturer programmes — not a grey-market shortcut." 5. **Close the door on procurement.** "I will not place an order, share a vendor list or accept payment for product."

Evidence literacy for peptide hype

Many popular peptides are discussed from animal data, case series or social media. Animal signals are not the same as adequate, well-controlled human trials for a labelled indication. Teach clients to ask: Is there an approved product? What does the label say? Who is supervising? What is the evidence quality? FDA's [health fraud page](https://www.fda.gov/consumers/health-fraud-scams) helps them spot cure-all marketing.

When the ask becomes a red flag

- The client wants you to receive a shipment "for the coaching programme." - A studio or affiliate offers you a cut for every peptide referral. - Someone claims the HHS peptide docket "legalised" consumer research vials. - The client is already stockpiling unlabelled vials and wants dosing advice from you. Each of those is a stop-and-refer moment, not a sales opportunity.

What coaches can still do (within scope)

- Help the client keep sleep, protein, strength and walking stable while they wait for a clinician visit. - Practise questions the client can ask their clinician ("Is there an approved option for my goal?"). - Decline disease-treatment claims from wellness marketing. - Document your scope in writing for your own practice.

Common client lines and replies

- *"My friend got BPC from a compounding site — can you match that?"* "I don't source. Ask your clinician whether any approved or compounded path is appropriate for you." - *"It's cheaper if we go research-use-only."* "Cheaper is not the same as appropriate. Research labels are a red flag for consumer use." - *"I'll just tell them you're my coach so they'll sell to me."* "Please don't. I will not vouch for a purchase."

Practice policy you can publish

Put a short public statement on your site or intake form: > I educate and coach behaviour. I do not diagnose, prescribe, dose, compound, source or sell medicines, research-use-only peptides or grey-market injectables. Medicine questions go to your licensed clinician and pharmacist. When a client still pushes, repeat the policy once, document the conversation, and end the product part of the discussion. Continuing to "just look at vendor options together" is how coaches slide into distribution.

HHS / Federal Register noise without overclaiming

Clients may cite Federal Register dockets about bulk substances used in compounding (including peptide-related items discussed in 2026). Those administrative processes are not a consumer shopping licence, and they do not authorise coaches to procure vials. Teach clients to separate: (1) what FDA-approved labels say, (2) what compounding law allows under clinician/pharmacy oversight, and (3) what internet sellers claim. Only clinicians and pharmacists operate in buckets (1) and (2). Coaches stay in literacy and habits.

If a studio asks you to co-promote peptides

Recovery studios sometimes want coaches on-site to "explain the peptide menu." That is a conflict. You can coach habits in a studio that also sells services — but you must not narrate or endorse an unapproved peptide menu. Walk away from revenue that requires you to blur that line.

Academy path for this skill

[Level 3](/academy/level-3/evidence-quality-for-coaches) covers evidence quality. [Level 4](/academy/level-4/glp1-coach-alongside-prescriber) covers working alongside prescribers. [Level 5](/academy/level-5/grey-market-case-studies) covers jurisdiction and grey-market case studies. Profile: /coach. We do not promise income or client results. *Education only. Not medical advice. LetsGo Academy is not a licence to practise.*

Safety note

Education only. Coaches educate and refer; they never prescribe, dose, source or sell medicines.

Disclaimer

Education only, not medical advice.

[Level 3](/academy/level-3/evidence-quality-for-coaches) covers evidence quality. [Level 4](/academy/level-4/glp1-coach-alongside-prescriber) covers working alongside prescribers. [Level 5](/academy/level-5/grey-market-case-studies) covers jurisdiction and grey-market case studies. Profile: [/coach]