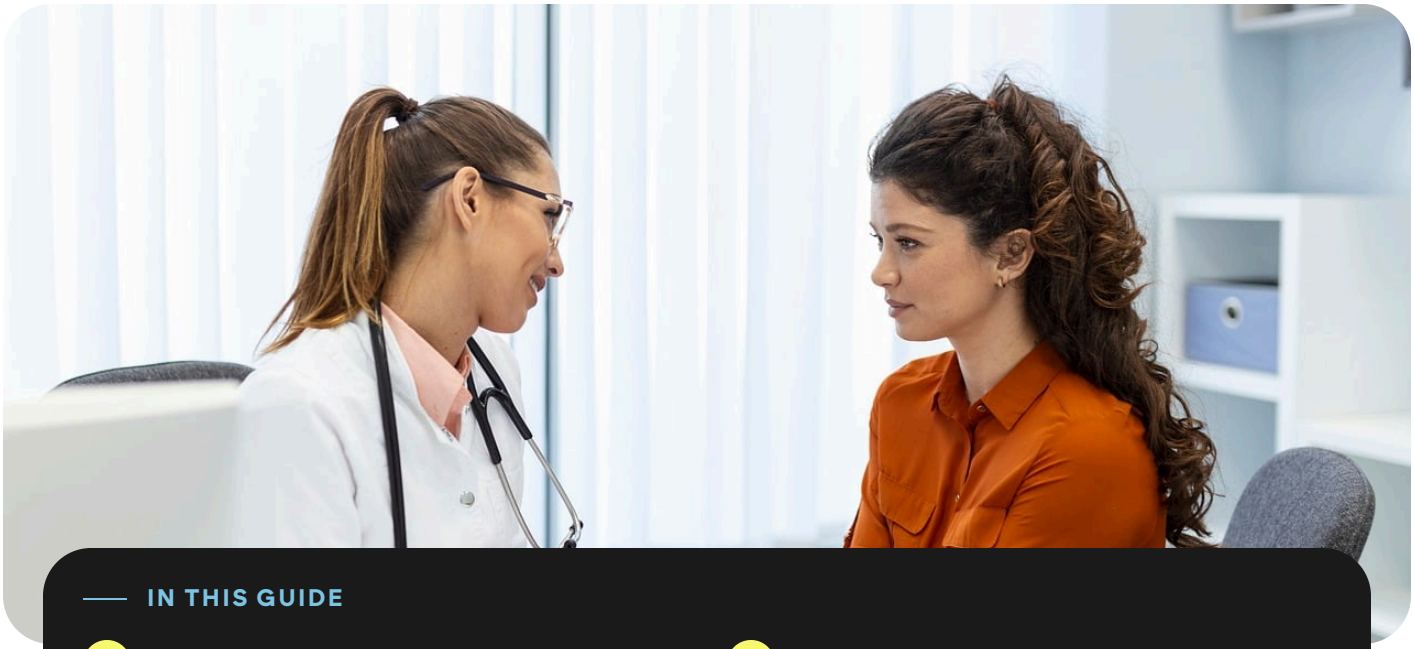
belle

PATIENT GUIDE · TALKING WITH YOUR PROVIDER

Your provider wants what is best for you. Help them see the full picture.

If your insurance will not cover a brand-name GLP-1, a compounded one may be how you stay on treatment. This guide helps you talk about it calmly with your primary care provider.

- **Compounding is legal.** Licensed pharmacies make it from a licensed provider's prescription.
- **It is not the gray market.** Many clinicians mix the two up.
- **Your provider still matters.** The goal is a team, with everyone in the loop.



IN THIS GUIDE

1. Why compounded GLP-1s exist
2. 5 myths, and the facts
3. Compounded vs. gray market
4. What to bring to your visit
5. What to say, word for word
6. A page to hand your provider

PART 1 · WHY THIS MATTERS

The medicine works. Getting it is the hard part.

GLP-1s help you feel full sooner and help your body manage blood sugar. But a prescription only helps if you can fill it every month, for as long as you need it.

Insurance often says no

Many plans do not cover GLP-1s for weight, or stop covering them.

Full price is out of reach

Without coverage, brand-name GLP-1s cost more than many people can pay each month.

Stopping has a cost too

When people stop a GLP-1, appetite often returns. Steady access is part of good care.

Where compounding fits

A licensed pharmacy makes it for one patient, from a licensed provider's prescription. For many Belle patients, it is the option that is **affordable enough to stay on.**

WHY PROVIDERS FEEL CAUTIOUS

Their worry comes from a good place. Stories about fake pens and online "research" products are real, but they often lump very different things together.

PART 2 · MYTHS AND FACTS

Smart people get this wrong. Here is what is true.

The five things patients hear most. Each has a grain of truth, which is why it sticks.

MYTH 1

"Compounded GLP-1s are the same as those online peptides."

FACT

They are very different. A compounded medicine comes from a state-licensed pharmacy, only with a prescription. Online "research peptides" are sold to anyone and often labeled "not for human use."

MYTH 2

"Compounding pharmacies are not regulated."

FACT

They have oversight, just a different kind. State boards of pharmacy license and inspect them, and they must follow national standards for sterile medicines (USP 797). What is true: the FDA does not approve compounded medicines.

MYTH 3

"The shortage is over, so compounding is now illegal."

FACT

The rules changed. They did not end compounding. Close copies of brand-name medicines are no longer allowed. But a pharmacy can still compound when a provider decides a patient needs something the brand does not offer, such as a different dose or an added vitamin like B6.

MYTH 4

"You don't know what is really in the vial."

FACT

From a licensed pharmacy, the label tells you. It lists the ingredients, the strength and the pharmacy. Good pharmacies use the base form of the active ingredient, not the "salt" forms the FDA has warned about. You can ask how they test each batch.

MYTH 5

"Online care means no one is watching your health."

FACT

A licensed provider reviews your health history first. Your Belle care team checks in, adjusts your plan and helps with side effects. Your primary care provider adds checkups, labs and the big picture.

PART 3 · COMPOUNDED VS. GRAY MARKET

Two very different paths to the same name on a label.

This is the heart of most mix-ups. Here is what actually happens on each path.

COMPOUNDED, BY PRESCRIPTION

What happens with Belle

You share your health history
Medicines, conditions and goals, through an intake.

A licensed provider decides
They decide if a GLP-1 is right for you, and write a prescription in your name.

A licensed pharmacy makes it
A US pharmacy, licensed by its state board, prepares it in a sterile setting.

It ships to you with a label
Your name, the ingredients, the strength and the pharmacy's name.

Your care team follows up
Check-ins, dose changes and help with side effects.

GRAY MARKET

What happens with online "research" products

You find a website or social ad
No health questions, or a quick checkbox.

No one decides if it is right for you
No prescription, no provider.

Made somewhere unknown
Often overseas, with no pharmacy license and no inspections.

Labeled "not for human use"
Often a powder you mix yourself, with no name on it.

No one to call
No follow-up when something feels wrong.

QUESTION	COMPOUNDED, BY PRESCRIPTION	GRAY MARKET
Needs a prescription?	● **Yes** From a licensed provider, in your name.	● **No** Anyone can buy it.
Who makes it?	A pharmacy licensed by its state board of pharmacy.	Unknown. Often an overseas supplier with no license.
Who checks on them?	State board inspections. National sterile standards (USP 797). Outsourcing facilities also register with the FDA.	No one.
Is it FDA-approved?	● **No** Compounded medicines are not FDA-approved.	● **No** And it is not meant for people at all.

Red flags of a gray market product

- **No prescription needed.** No provider ever reviews your health.
- **"Research use only."** Or "not for human consumption" on the label or site.
- **No pharmacy named.** You cannot look up a license.
- **A price that seems too good to be true.** Often paid by app or crypto.

PART 4 · BEFORE YOUR VISIT

A little prep makes the talk easier.

Visits are short. Coming in with the facts helps your provider feel comfortable.

BRING WITH YOU

- **Your vial or a photo of the label.** It shows the medicine, strength and pharmacy name.
- **Your current dose** in both units and mg, and when you started.
- **A list of all your medicines** and supplements.
- **Any side effects** you have had, and how they are going.
- **This guide,** including the last page, which is written for your provider.

LOOK UP YOUR PHARMACY

Find the pharmacy name on your label, then look up its license on your state board of pharmacy website. It takes two minutes.

Go in as a partner

You are not there to win a debate. **Curious and calm** works far better than defensive.

PART 5 · WHAT TO SAY

Use these words or make them your own.

Start with the opener. If your provider has a concern, use the reply that fits.

STEP 1 · OPEN THE CONVERSATION

> "I want to keep you in the loop. My insurance would not cover a brand-name GLP-1, so I started a compounded version through Belle. A licensed provider prescribed it, and it comes from a state-licensed pharmacy. You are still my main provider, and I would value your help watching my overall health."

Step 2 · If you hear a concern

IF THEY SAY	YOU CAN SAY
"Compounded drugs aren't FDA-approved. I can't support that."	"You're right, and I understand why that matters. That's why I made sure mine is prescribed by a licensed provider and made by a licensed pharmacy. I'm not asking you to prescribe it, just to help me watch how I'm doing."
"I've seen what people buy online. It's dangerous."	"Those worry me too. Mine has a prescription in my name, and the label lists the pharmacy and ingredients. Here it is if you'd like to see it."
"The shortage is over. Isn't this illegal now?"	"The rules got stricter, but pharmacies can still compound when a provider decides a patient needs something different from the brand, like an added vitamin. Mine includes one."

IF THEY SAY	YOU CAN SAY
"Why not just take the brand-name medicine?"	"I would love to, but my insurance won't cover it and I can't pay full price. If you see a way to get it covered, I'm open to trying."

IF THEY SAY	YOU CAN SAY
"I'm not comfortable managing this."	"That's fair. My Belle provider manages the medicine and dose. I'd love your help with my checkups, labs and the big picture."

STEP 3 · CLOSE ON TEAMWORK

> "Thank you for hearing me out. I want you on my team, and I'll keep you updated on how I'm doing."

If the talk does not go well, that is okay. Leave the provider page with them and bring it up again next visit.

PLEASE READ

This guide is general health information, not medical advice for you. Compounded medications are not evaluated or approved by the FDA. This means the FDA does not assess them for safety, effectiveness, or quality. A licensed provider decides whether any treatment is right for you. For questions about your own dose or side effects, message your care team in the patient portal.

PART 6 · FOR THE CLINICIAN

A note for your patient's primary care provider

Your patient values your care and wants you informed. Here is how their compounded GLP-1 is prescribed and dispensed through Belle.

PRESCRIBING

Licensed provider, patient-specific Rx

A Belle licensed provider reviews the patient's history and decides whether treatment is appropriate. The prescription is written for this individual patient.

DISPENSING

State-licensed 503A compounding pharmacy

Compounded under section 503A of the FD&C Act, overseen by the state board of pharmacy and held to USP <797> sterile compounding standards. Pharmacy name and license appear on the patient's label.

POST-SHORTAGE STATUS

Compounded with a clinical difference

FDA removed tirzepatide (Dec 2024) and semaglutide (Feb 2025) from its shortage list. Compounding continues where the prescriber determines a patient-specific need for a product that differs from the approved drug, such as an added ingredient or dose not commercially available.

IMPORTANT LIMITS

Not FDA-approved

Compounded medications are not evaluated or approved by the FDA. This means the FDA does not assess them for safety, effectiveness, or quality. They are not interchangeable with Wegovy, Ozempic, Mounjaro or Zepbound.

How you can help

- Continue routine primary care, including labs you feel are appropriate.
- Review other medicines that may need adjusting with weight loss or improved glucose, such as antihypertensives, insulin or sulfonylureas.
- Share any concerns with the patient's Belle care team, which the patient can connect you with through their patient portal.

SOURCES

FDA: Compounding laws and policies (sections 503A and 503B)

FDA: Concerns with unapproved GLP-1 drugs used for weight loss

USP General Chapter <797>: Pharmaceutical compounding, sterile preparations