TRANSITION BRIEF · AUGUST 2026

The GLP-1 Reset

A one-page transition brief for practices offering medical weight loss · Prepared by Jay Messner · Eventide Aesthetics & Wellness / Breakthrough Pharmacy Partners

WHAT JUST HAPPENED

Date	Event
Dec 2024 / Feb 2025	FDA declares the tirzepatide, then semaglutide, shortages resolved — ending the legal basis for compounded copies
2025	Federal courts deny compounders' injunctions; enforcement discretion ends for 503A and 503B
Sep 2025 – Jun 2026	Three FDA enforcement waves: 100+ warning letters to telehealth and compounding operations
Feb 2026	FDA Commissioner announces targeted enforcement: misleading ads, importation, bulk interstate shipping
Apr 30, 2026	FDA proposes **permanently** excluding semaglutide, tirzepatide & liraglutide from the 503B Bulks List — the last large-scale pathway
Jul 30, 2026	**Public comment period closed. A final rule is the remaining step.**

Translation: "personalized dosing" and B12-added workarounds are exactly what the warning letters target. Practices still stocking compounded GLP-1 vials are carrying compliance risk that gets worse every month.

THE ECONOMICS BROKE AT THE SAME TIME

- **Oral Wegovy (semaglutide 25 mg)** — launched Jan 2026, from **$149/mo cash** via NovoCare
- **Foundayo (orforglipron)** — approved Apr 2026, from **$149/mo cash**, as low as $25/mo with commercial insurance
- **Medicare Part D** now covers GLP-1s for weight loss (~$35–50/mo) as of Jul 1, 2026

An FDA-approved pill now costs what patients were paying for a gray-market vial. The question isn't whether to transition — it's whether your practice keeps those patients when they move.

WHY THIS MATTERS BEYOND THE DRUG MARGIN

Weight loss became the front door of the modern aesthetic practice: GLP-1 patients convert into long-term injectable, skin, and wellness patients. Roughly 4 in 10 US med spas now run a GLP-1 program. Losing the program doesn't just cut one revenue line — it cuts the acquisition channel feeding everything else.

THE THREE MOVES PRACTICES ARE MAKING

MOVE 1

Audit your exposure now

No practice-branded bulk vials, no "same as Ozempic" marketing language, documented patient-specific prescribing only. The most common enforcement triggers are also the easiest to fix.

MOVE 2

Transition to FDA-approved sourcing

Authorized-distributor supply of approved GLP-1s (injectable and the new orals) keeps your patient pipeline and prescribing revenue intact — thinner drug margin, zero regulatory cliff.

MOVE 3

Rebuild margin with peptides & longevity

In 2026 the FDA removed BPC-157, TB-500, and CJC-1295 from restricted Category 2, and in July its advisory committee recommended six peptides for the 503A list (non-binding; rulemaking remains). Practices building compliant peptide programs now own the category locally when the unlock completes.

Where we fit: we help practices execute all three — compliance-clean medication supply, peptide and wellness program buildout, and the prescribing and operations infrastructure underneath. One 15-20 minute call maps your specific transition.

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