Checklist

The peptide program launch checklist

18 items in four phases, from the first decision to the thousandth order. Each one says why it is on the list, who owns it and what done looks like. Tick them off here, print it, or have the PDF emailed to you.

18	4	7	0
ITEMS	PHASES	ITEMS YOU OWN	ITEMS THAT PUT PRODUCT IN YOUR HANDS

How to use it

Four phases, three owners, one rule.

The rule: you never touch product. Everything else on the list follows from it. Work the phases in order; the first five items are decisions, the next five are documents, and nothing in the launch phase should start before the paper is signed.

The reasoning behind each phase is in the how to start a peptide program guide. The medical director question has its own page.

OWNER	WHO THAT IS	ITEMS
You	The operator: gym, studio, coach, med spa or brand	7
Practice	The physician-owned medical practice that prescribes	4
Pharmacy	The licensed 503A pharmacy that compounds and ships	1

OWNER	WHO THAT IS	ITEMS
Platform	ConduitMD, which supplies the storefront, portal, routing and coverage letter	3
Counsel	Healthcare counsel licensed in your state	3

The checklist

Work through it in order.

Progress saves in this browser. Nothing you tick here is sent to us.

1. Before you sell anything

Week 0

Five decisions that decide whether the program is legal at all. None of them costs money, and every one of them is expensive to reverse after launch.

☐ 01 You own this

Decide you will never touch product: no research-use vials, no inventory, no resale.

WHY IT IS ON THE LIST

Selling "research use only" vials to people for injection is the practice behind more than 50 FDA warning letters in September 2025 and the vendor shutdowns since. It is illegal, the purity data is poor, and the exposure is personal.

DONE LOOKS LIKE

A one-line policy in your operating agreement or partner agreement: the business does not purchase, hold, handle or resell any medication. Every staff member has read it.

02 You own this

Choose build or partner, and get the name of the prescribing practice in writing.

WHY IT IS ON THE LIST

Building means a physician-owned entity in each state, a medical director, malpractice, a pharmacy contract and software. Partnering means a licensed practice already exists and you own the brand, the audience and the price. Either way, someone licensed prescribes, and you need to know who.

DONE LOOKS LIKE

The legal name of the medical practice, its owning physician, and the state entities it operates through, on paper, before anything is sold under your name.

03 Platform owns this

Get the state list in writing. The prescriber and the pharmacy both need a license in every client state.

WHY IT IS ON THE LIST

A prescription needs two licenses in the client's state, the clinician's and the pharmacy's. Prescriber coverage is rarely the limit. Pharmacy coverage is, and a "national" program on one pharmacy reaches about two thirds of the country.

DONE LOOKS LIKE

A dated letter or page listing live states, with the pharmacy's coverage confirmed separately from the prescriber's. Your storefront refuses clients outside that list.

04 You own this

Pick two or three programs for your audience, not a formulary.

WHY IT IS ON THE LIST

Nobody buys a list of seventy products. They buy Recovery, Sleep or Skin. A short menu converts better, is easier for staff to describe correctly, and keeps your marketing inside the lines.

DONE LOOKS LIKE

Two or three named programs with a course length, a screening gate and a price each. The rest of the catalog is available on request through the clinician, never on your homepage.

05 You own this

Set your program price against your landed cost. Your margin is a program fee, never a spread on a prescription.

WHY IT IS ON THE LIST

Your landed cost per fill is a flat provider fee plus medication and shipping at the pharmacy's price. What you charge above it pays for your coaching, community, accountability and service. Framing it as anything else invites fee-splitting questions.

DONE LOOKS LIKE

A one-page price sheet: landed cost per program per month, your program price, and the difference described as a program fee. The medical visit and the medication are itemized on the client's receipt, separately from your fee.

2. Structure and paper

Week 1

The five documents a regulator, an insurer or an acquirer would ask for first. Get them signed before the storefront goes live, not after.

06 Counsel owns this

Flat fees only. Nothing you pay or receive rises per patient or per prescription.

WHY IT IS ON THE LIST

A fee that grows with each referral reads as a kickback in strict states, and percentage arrangements on prescriptions draw fee-splitting scrutiny. Flat fees for defined non-clinical work are the defensible construction.

DONE LOOKS LIKE

Every fee in the partner agreement is a fixed amount per visit or per month. No line references volume, revenue, patient count or drug value.

07 Counsel owns this

A written agreement that says who owns health records, who answers medical questions and where indemnity sits.

WHY IT IS ON THE LIST

When a client has a side effect at 9pm, or a state board asks for a chart, the answer has to be on paper already. The practice owns the record and the medical answer. You own the commercial relationship.

DONE LOOKS LIKE

A signed management or partner services agreement with a records clause, a medical-questions clause, an indemnity clause and a termination clause. Your counsel has read it.

08 Practice owns this

The consent, the clinician signature and a one-line disclosure name the licensed practice.

WHY IT IS ON THE LIST

Your brand carries the storefront, the emails and the portal. The law still requires the patient to know who is treating them. Those three places are where the practice is named, and hiding it there is the mistake that turns a white-label program into a misrepresentation claim.

DONE LOOKS LIKE

Your storefront footer carries a one-line disclosure naming the practice. The informed consent names the practice. Every prescription carries the clinician's name and license.

09 You own this

A facility medical director for anything your staff physically do on your premises, such as injections.

WHY IT IS ON THE LIST

A telehealth practice's medical director covers the telehealth practice. Anything your staff do to a client in your building, injections, infusions or any procedure, carries a facility-level medical director requirement in most states.

DONE LOOKS LIKE

Either a written decision that nothing clinical happens on your premises (clients self-administer at home), or a named facility medical director with a signed agreement for what does.

10 Counsel owns this

Counsel review of the structure in your state for corporate practice of medicine and anti-kickback rules.

WHY IT IS ON THE LIST

Corporate practice of medicine, fee-splitting and anti-kickback rules vary by state and are enforced by state boards, not the FDA. A structure that is clean in Texas can be a problem in California. This is the one item on the list that cannot be done by reading.

DONE LOOKS LIKE

A short written opinion or an email from healthcare counsel licensed in your state confirming the structure, the fee construction and the agreement. Filed with the agreement.

3. Launch

Week 1 to 2

Four items that decide whether the first hundred clients have a clean experience and whether your marketing survives a screenshot.

11 Platform owns this

Storefront on your own domain with your brand, program names and prices.

WHY IT IS ON THE LIST

The client relationship is yours only if the client comes to you. A storefront on someone else's domain, in someone else's brand, makes you a referral source, not a program owner.

DONE LOOKS LIKE

A live page on a subdomain or path of your own site, in your colors and fonts, listing your two or three programs with prices, a screening button and the one-line practice disclosure.

12 You own this

Staff script: they can describe the program, the price and the process. They never recommend a dose, discuss a condition or promise a result.

WHY IT IS ON THE LIST

The most common way a well-structured program gets into trouble is a front-desk conversation. A trainer who says "take the higher dose" has practiced medicine without a license, in your building, under your brand.

DONE LOOKS LIKE

A one-page script with a "we can say" column and a "we route to the clinician" column, signed by every client-facing team member. Reviewed at onboarding for every new hire.

13 You own this

Marketing audit: no "FDA approved", no "we dispense", no research-use language anywhere.

WHY IT IS ON THE LIST

Compounded peptides are prepared by a licensed 503A pharmacy under a prescription. They are not FDA-approved drugs. Claiming otherwise, or borrowing the language of research-peptide vendors, is the fastest route to a warning letter with your name on it.

DONE LOOKS LIKE

Every page, post, email template and printed piece searched for "FDA approved", "dispense", "research", "guaranteed" and disease claims. Each hit removed or rewritten. Repeat before every campaign.

14 Platform owns this

Support routing agreed: medical questions go to the clinician through the portal, billing questions come to you.

WHY IT IS ON THE LIST

Clients do not know where the line is and will ask your team medical questions. The system has to make the right routing the easy routing, or your staff will answer.

DONE LOOKS LIKE

A written routing table: medical and side-effect questions to the portal, order status to the platform, billing and program questions to you. Your reply templates link to the portal for anything medical.

4. Every order

Ongoing

Four things that must be true on every order, forever. Check them on the first order, the tenth and the thousandth.

15 Practice owns this

A clinician licensed in the client's state reviews the screening before any prescription is written.

WHY IT IS ON THE LIST

No auto-shipping on a long script. A licensed provider looks at every order and every refill. That is both the safety claim and the regulatory one, and it is what separates a medical program from a subscription box.

DONE LOOKS LIKE

Every order in your partner portal shows the screening record, the reviewing clinician's name and license state, and the review timestamp before the pharmacy dispatch.

16 Pharmacy owns this

The pharmacy ships direct to the client. Nothing is delivered to your premises.

WHY IT IS ON THE LIST

The moment a box of medication arrives at your gym or studio, you are holding product, and item one on this list is broken. Direct shipment keeps the pharmacy's chain of custody intact and your business out of it.

DONE LOOKS LIKE

The pharmacy has the client's address, never yours. Your partner portal shows tracking to the client. No exceptions for convenience.

17 Practice owns this

Refills follow the protocol's cadence, not the client's request.

WHY IT IS ON THE LIST

A client who wants to reorder early is a clinical question, not a sales opportunity. Cadence is set by the protocol and the clinician; a program that ships on demand looks like a supply business.

DONE LOOKS LIKE

Refill timing is set in the protocol and enforced by the platform. Early requests route to the clinician. Your staff never override a refill date.

18 Practice owns this

Side effects and adverse events go to the clinician the same day. Staff never answer them.

WHY IT IS ON THE LIST

A side-effect message answered by a trainer is the single worst outcome a program can produce: a medical event handled by someone unlicensed, in writing. The clinician answers, and the record shows it.

DONE LOOKS LIKE

A same-day escalation path from any channel (front desk, text, social DM) to the portal. Every staff member knows the path. Adverse events are logged by the practice, never in your CRM.