

# Peptide Reference Sheet

101 peptides researched. 16 categories. Everything you need to make catalogue decisions.

For: our team — PT / Coach / The Peptide Reference    Date: 16 April 2026

101 peptide files + 16 category summaries

## The Big Picture

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**101**

Peptides Researched

**14**

Strong Evidence +  
Legal Pathway

**~25**

Usable With  
Disclaimers

**2–3**

Banned or  
Legally Dangerous

**~15**

Rx-Only Drugs  
(Wrong Channel)

**~17**

Thin Evidence  
(Consider Dropping)

## Do Not Sell — Legal Red Flags (Australia)

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Banned — Schedule 9 (same category as MDMA)

PEPTIDE	STATUS	WHAT IT MEANS FOR YOU
<b>Melanotan II</b>	<b>BANNED</b> Schedule 9 from Feb 2026	Reclassified after 89 adverse-event reports (including 2 melanoma cases). Cannot sell, cannot possess without a research licence. <b>Remove from catalogue immediately.</b>
<b>BPC-157</b>	<b>CONTESTED</b> S9 claimed from 1 Jul 2026	Sources split between Schedule 4 and Schedule 9. <b>You must check the TGA Poisons Standard July 2026 instrument yourself.</b> If S9, then PDA and BPC-157 Arginate are also banned.

### Don't sell Melanotan I either

Melanotan I is actually **Afamelanotide**, a TGA-approved drug sold by Australian company Clinuvel under the brand **Scenesse**. Selling MT-I as a "research chemical" puts you directly against an approved Australian product. Real IP and regulatory exposure.

## Prescription-Only Drugs — Not Your Channel

Legit medicines but they belong with doctors, not in a coaching catalogue. Educate on them if you want, but don't stock them.

DRUG	WHAT IT TREATS	KEY NOTE
<b>Semaglutide / Tirzepatide</b>	Weight loss	TGA-approved brands only. <b>TGA restricted compounded GLP-1s Oct 2024.</b>
<b>Teriparatide / Abaloparatide</b>	Osteoporosis	Abaloparatide newly TGA-approved Feb 2025 (Eladynos)
<b>Octreotide / Lanreotide</b>	Cancer / Acromegaly	Oncology drugs
<b>Teduglutide</b>	Short bowel syndrome	PBS authority-only
<b>Leuprolide / Goserelin</b>	Prostate cancer, endo	Oncology hormones
<b>Ziconotide</b>	Chronic pain	Intrathecal pump only; 95% side-effect rate
<b>BMP-2</b>	Bone surgery	Adverse events under-reported 10-50x by Medtronic
<b>Cerebrolysin</b>	Stroke / neuro	Rx in Russia/EU only
<b>Lonapegsomatropin</b>	GH deficiency	<b>Not a secretagogue</b> — it's a GH drug. Miscategorised.

## Not Actually Peptides — Remove from Peptide Catalogue

**NAME****WHAT IT ACTUALLY IS**

**Tesofensine** Small-molecule drug, similar to sibutramine (heart concerns). Only approved in Mexico.

**AICAR** Small-molecule AMPK activator. Also WADA-banned.

**Noopept** Dipeptide mimetic — technically a small molecule. Include with that caveat.

## WADA-Banned — Flag for Athlete Clients

**If your PT clients compete in drug-tested sport** (CrossFit, powerlifting, athletics, cycling, triathlon, etc.) they must know these are prohibited:

**WADA CATEGORY****PROHIBITED PEPTIDES**

**S2** Peptide Hormones All IGF peptides, TB-500 / TB4, all GH secretagogues (CJC-1295, Ipamorelin, Sermorelin, GHRP-2, GHRP-6, Hexarelin, Tesamorelin, MK-677, MOD GRF 1-29)

**S0** Non-Approved BPC-157 and all arginate forms (PDA, BPC-157 Arginate)

**S4** Metabolic Modulators AICAR (also not a peptide)

**Bottom line:** If a client is tested, the only safe categories are skin/collagen peptides (topical) and carnosine (supplement).

## The Best 14 — Strong Evidence + Legal Pathway

Ranked by quality of evidence, safety record, and how well they fit your channel.

## TIER 1 Flagship Products (Strongest Evidence)

### 1 Semaglutide / Tirzepatide — Weight Loss

Best weight-loss evidence ever produced. Tirzepatide beats semaglutide head-to-head (-20% vs -14% body weight). Semaglutide also reduces heart attacks by 20%.

PT Angle: ~30-40% of weight lost is muscle. Lean-mass preservation protocols are your biggest differentiator.

Legal: TGA-approved brands only. Compounded versions now restricted in AU (Oct 2024).

### 2 Tesamorelin — Growth Hormone Release

Only GH-releasing peptide with a current FDA-approved product (Egrifta). Strongest Phase 3 data in the entire GH secretagogue class.

### 3 Ipamorelin — Growth Hormone Release

Cleanest profile — releases GH without spiking cortisol or prolactin (proven in the 1998 Raun study). Strong community safety track record.

### 4 Sermorelin — Growth Hormone Release

FDA-approved 1990 (Geref). **Withdrawn 2008 for commercial reasons, not safety** — correct the common myth.

## TIER 2 Strong Evidence, Some Legal Complexity

## 5 **BPC-157** — Tissue Repair

Three human pilot studies. First proper Phase 2 trial (hamstring strain) recruiting Feb 2026. Community favourite for injury recovery.

**Critical: May move to Schedule 9 (banned) on 1 July 2026. Check the TGA ruling before stocking.**

## 6 **GHK-Cu / Copper Peptide** — Tissue Repair + Skin

Only tissue-repair peptide with mainstream cosmetic-ingredient status. Decades of topical evidence. Injectable is S4 but topical is freely available.

## 7 **TB-500 / TB4 Fragment** — Tissue Repair

Strongest clinical pipeline of the injectables. Phase 3 dry eye, Phase 2 heart attack recovery. New fragment-specific human trial started Feb 2026.

**WADA-prohibited — flag this for any tested athletes.**

## 8 **PT-141 / Bremelanotide** — Sexual Health

FDA-approved as Vyleesi. Not registered in Australia but best evidence in the sexual-health category. Educational content only in AU.

## 9 **Kisspeptin** — Sexual Health

Imperial College London published two strong trials (2022 women, 2023 men) in JAMA Network Open. Most promising modern research in this space.

**TIER 3** Good Evidence, Niche Fit

## 10 **Thymosin Alpha-1** — Immune Support

Approved in 35+ countries (Zadaxin). Over 11,000 patients in safety data. FDA opened the compounding pathway Sept 2024.

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## 11 **Matrixyl** — Skin / Cosmetic

Only cosmetic peptide with an independent (non-manufacturer) human clinical trial. Beat Argireline in a head-to-head study.

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## 12 **Carnosine** — Anti-Ageing

Only anti-ageing peptide legal to sell as a supplement in Australia. Active Phase II trials at Monash University.

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## 13 **LL-37** — Antimicrobial + Immune + Tissue Repair

Triple-role peptide. Clinical wound trial data showed 50-68% venous leg ulcer reduction (topical). Monash University is a global hub for this research — Australian angle.

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## 14 **Angiotensin 1-7 / TXA127** — Cardiovascular

Only heart-focused peptide with real clinical traction. FDA Orphan Drug status. Phase II trial for muscular-dystrophy heart damage running since March 2024.

# Naming Traps — Fix These in Your Catalogue

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## **CJC-1295 — RENAME THIS SKU IMMEDIATELY** ACTION

"CJC-1295" is sold as two completely different products. **CJC-1295 DAC** = long-acting (~8-day half-life). **MOD GRF 1-29** = short-acting (~30-minute half-life). Most vendors selling "CJC-1295" are actually selling MOD GRF 1-29. Split your listing into two.

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## **PDA vs BPC-157 Arginate — Same Thing**

"PDA" (Pentadeca Arginate) and "BPC-157 Arginate" are the exact same peptide. The claimed "7x better absorption" figure is from the patent holder's own unpublished data — not peer-reviewed. Fine to sell, just don't claim it's different.

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## **TB-500 vs Thymosin Beta-4 — Not Always the Same**

When vendors sell "TB-500," they usually mean a 7-amino-acid fragment (LKKTETQ), not the full 43-amino-acid protein. Ask your supplier for the sequence length on the Certificate of Analysis.

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## **Thymosin Alpha-1 vs Thymosin Beta-4 — Completely Unrelated**

Different genes, different receptors, different functions. Alpha-1 = immune. Beta-4 = tissue repair. Don't cross-substitute.

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## **Melanotan I vs Melanotan II — Different Legal Status**

Melanotan I = Afamelanotide = Scenesse (TGA-approved, Australian company Clinuvel). Melanotan II = **Schedule 9 BANNED**. Different molecules, completely different legal status.

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## **"Somatorelin" — HOLD THIS SKU** ACTION

Technically the scientific name for GHRH itself. When a supplier sells "Somatorelin," it's genuinely unclear what you're getting. Don't list until you have a Certificate of Analysis confirming the exact molecule.

# Junk Science Warnings — What to Call BS On

THE CLAIM	THE REALITY
"IGF-1 LR3 builds muscle in humans"	Zero human hypertrophy trials exist. All data from rats. Also accelerates tumour growth in animal studies.
"MGF is a natural muscle builder"	The free MGF peptide has literally never been found in human tissue. Market is based on lab-dish experiments.
"GDF-11 reverses ageing (young blood)"	Refuted 2015 — original test couldn't tell GDF-11 from myostatin. GDF-11 actually <i>blocks</i> muscle repair.
"Dihexa is the most powerful nootropic"	Key study is formally retracted. Mechanism raises cancer concerns.
"Argireline is needle-free Botox"	FDA study: less than 0.22% gets past the skin surface. Zero reaches the muscle. Mechanism physically cannot work.
"DSIP is a powerful sleep peptide"	Gene was never found. Placebo-controlled human data is disappointing. Matt Walker calls it scientific overconfidence.
"FOXO4-DRI clears senescent cells safely"	2022 study found it worsened pulmonary hypertension. Routinely left out of marketing.
"LR3 has a 20-30 hour half-life"	Anti-doping researchers measured it in 2021: disappeared from blood in under 4 hours.
"BPC-157 Arginate has 7x absorption"	Figure comes from the patent holder's own unpublished data. No peer-reviewed confirmation.
"Epithalon extends telomeres"	All evidence from one Russian lab (Khavinson). No independent Western replication. Zero registered clinical trials.

# Your To-Do List

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- 1 Check BPC-157 legal status.** Go to [tga.gov.au](http://tga.gov.au) and pull the Poisons Standard July 2026 instrument. If Schedule 9, remove BPC-157 + PDA + Arginate from catalogue. This is the #1 action.
- 2 Confirm Melanotan II ban.** Same process: pull the Poisons Standard February 2026 instrument. Every source citing the S9 ban is a commercial peptide website — get the government document.
- 3 Split the CJC-1295 listing.** Create two separate products: "CJC-1295 DAC" and "MOD GRF 1-29." Stop using bare "CJC-1295."
- 4 Add a WADA-prohibited tag.** Put an unmissable flag on every banned peptide. Athletes competing in tested sport need to see this.
- 5 Hold "Somatorelin."** Don't list until you have a Certificate of Analysis from your supplier confirming the exact molecule.
- 6 Decide on Rx-only products.** Educate on them or hand off entirely to doctors? Pick one approach.
- 7 Lead GLP-1 education with muscle loss.** 30-40% of weight lost on semaglutide/tirzepatide is lean mass. Muscle-preservation protocols are your PT differentiator.
- 8 Verify expert quotes.** Named quotes (Trigili, Huberman, Attia, etc.) couldn't be verified to specific videos. Confirm before using in content.
- 9 Consider dropping weak-evidence peptides.** Adamax, Leuphasyl, Snap-8, Progeline, Rigin, Humanin, Vilon, Thymalin, PEDF Fragment, Cortistatin, Klotho fragments, PTHrP Fragment, Spantide, Substance P antagonists, Cortexin, N-Acetyl Semax, N-Acetyl Selank.

# Quick Category Guide

CATEGORY	BEST PICK	ONE-LINE VERDICT
<b>GH Secretagogues</b>	Tesamorelin, Ipamorelin	Tesamorelin has best data; Ipamorelin is the community favourite
<b>Tissue Repair</b>	BPC-157, TB-500, GHK-Cu	BPC-157 is king if it stays legal; GHK-Cu is the safe topical play
<b>Weight Loss</b>	Semaglutide, Tirzepatide	Tirzepatide wins head-to-head; your PT angle is lean-mass preservation
<b>IGF / Anabolic</b>	None recommended	Zero human trials, tumour risk, all WADA-banned — educate but don't promote
<b>Cognitive</b>	Semax, Selank	Russian-approved for decades; limited English peer review but best safety in class
<b>Sexual Health</b>	PT-141, Kisspeptin	PT-141 is FDA-approved; Kisspeptin has strongest new research
<b>Immune</b>	Thymosin Alpha-1	35+ country approvals, huge safety dataset, compounding path now open
<b>Anti-Ageing</b>	Carnosine, SS-31	Carnosine is the only legal supplement; SS-31 just got FDA approval
<b>Skin / Cosmetic</b>	Matrixyl	Only one with an independent clinical trial; Argireline doesn't penetrate skin
<b>Cardiovascular</b>	Angiotensin 1-7	Only one with real clinical traction; everything else is preclinical
<b>Gut</b>	BPC-157 (cross-ref)	BPC-157 is the real gut peptide; larazotide's Phase 3 failed
<b>Antimicrobial</b>	LL-37	Triple-role (antimicrobial + immune + wound); clinical wound trial data

CATEGORY	BEST PICK	ONE-LINE VERDICT
<b>Bone &amp; Joint</b>	None for The Peptide Reference	All are prescription drugs (Forteo, Eladynos, INFUSE)
<b>Sleep</b>	None recommended	DSIP is the only option and the evidence is poor
<b>Pain</b>	KPV, ARA-290	The actual pain peptides are hospital-only; these two from Tissue Repair are your picks
<b>Oncology</b>	None for The Peptide Reference	All are prescription oncology drugs

# Good News You Can Use in Content

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**Sermorelin wasn't pulled for safety.** FDA-approved 1990, withdrawn 2008 because the manufacturer stopped making it. Most people in the space get this wrong.

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**Teriparatide's cancer warning was removed.** After 15 years of watching real patients, the FDA removed the osteosarcoma black-box warning in November 2020. Rat data didn't translate.

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**SS-31 (Elamipretide) just got approved.** September 2025 — first mitochondrial-targeted peptide ever approved by the FDA (for Barth syndrome). Longevity community is watching the healthy-ageing pilot that started November 2025.

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**Thymosin Alpha-1 compounding pathway opened.** FDA removed it from the "do not compound" list in September 2024 — significant for immune-support protocols.

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**Abaloparatide just landed in Australia.** TGA-approved February 2025 (Eladynos). 86-91% vertebral fracture reduction in 18 months.

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**Ipamorelin's selectivity is proven, not just claimed.** The 1998 Raun study directly measured it: GH release without cortisol or prolactin spikes. Hard data, not community lore.

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**Monash University is a global leader** in polymyxin / antimicrobial peptide research — an Australian angle when talking about LL-37.

Built from 16 parallel research agents cross-checking ClinicalTrials.gov, PubMed, bioRxiv, ChEMBL, and named expert sources (16 April 2026). For full citations and detailed breakdowns, open the individual peptide files in [content/peptides/](#) or the category summaries in [docs/peptide-research/](#). Always verify TGA scheduling against the official Poisons Standard instruments before making catalogue decisions.