VERATTIA

DOCTOR-LED CLAIM-RISK REVIEW

ILLUSTRATIVE COMPOSITE · PORTFOLIO SAMPLE

A synthetic composite, not a real client audit. The page elements below are fabricated, deliberately generic examples of wording commonly seen on UK online-pharmacy weight-management pages. They reproduce no real business, quote no one and identify no one. What is real is the method: the named rule each element engages and the three-register safer rewrites.

Weight-Management Landing Page

Illustrative online-pharmacy composite · not a real client

BLACK Overall regulatory risk **VERY HIGH** **Evidence confidence**

This composite models a public weight-management landing page of the kind operated by a large UK online pharmacy, reviewed against the CAP Code (Sections 3, 12 and 13), the joint ASA/MHRA/GPhC enforcement position on weight-loss prescription-only medicines, and the MHRA Blue Guide. As constructed, the page is structurally non-compliant: it functions as a public-facing promotional surface for prescription-only medicines, naming POMs, displaying dose-tier prices, deploying GLP-1 and injection signalling, carrying medicine-specific testimonials and an in-house pharmacist endorsement, and presenting a side-by-side active-ingredient comparison matrix. The remediation required is structural, not cosmetic.

ASSET TYPE

Public landing page (organic and paid-traffic destination)

SECTOR

UK online pharmacy, weight-management category

AUDIENCE

General public; non-gated, no eligibility wall

FRAMEWORKS APPLIED

CAP Sections 3, 12, 13 · joint ASA/MHRA/GPhC enforcement position on weight-loss POMs · MHRA Blue Guide · GPhC distance-supply guidance

PUBLISH-BLOCKERS IDENTIFIED

10 BLACK · 7 in-context · 2 AMBER · 1 RED · 1 pending MHRA verification

RECOMMENDED ACTION

Take down and rebuild as a consultation-led service page

Illustrative composite prepared by Verattia for portfolio and demonstration use. Not a real client audit; no real business is depicted, quoted or identified. Not legal, regulatory or medical advice.

0 1

Executive Verdict

Structural breach, not cosmetic

The composite combines, on a single public surface, every element the joint ASA/MHRA/GPhC enforcement position was designed to address: named prescription-only medicines, per-dose pricing, 'weight-loss injection' and GLP-1 language, a POM-naming customer testimonial, an in-house pharmacist endorsement of 'medicated treatments', and an active-ingredient comparison matrix. Under CAP Code 12.12, prescription-only medicines cannot be advertised to the public; regulator practice treats the configuration on this page as direct-to-public POM promotion.

The remediation required is therefore structural: an architectural pivot from a product-led retail page to a consultation-led service page, with paid traffic, internal linking and substantiation governance reworked accordingly.

Top five publish-blockers

1. Named medicines with public pricing and dose-tier price tables, for example a 'how much does [GLP-1 medicine] cost?' panel with a low-to-high dose price ladder, plus 'from £' tiles for each named medicine.
2. A public comparison matrix listing active ingredients, route, dose strengths and efficacy/timeframes, which is BLACK by default on a public page.
3. POM-signalling language: 'weight-loss injections', 'injectable', 'GLP-1', 'self-injectable pen', 'four-week supply'.
4. Outcome and timeline claims in a named, priced POM context, such as 'up to [X]% of starting weight' and 'results within a few months', escalated to BLACK in context.
5. An endorsement stack: a customer testimonial naming a POM combined with a named in-house pharmacist quote endorsing medicated products and dosage reviews.

Why the configuration matters commercially

The exposures below are illustrative regulatory and commercial risks that flow from the configuration described above. They are not predictions of enforcement against any party and do not constitute legal advice.

ASA complaint risk	A live page that names POMs, prices them and uses 'weight-loss injection' and GLP-1 framing is the configuration captured by the joint enforcement position. Public or competitor complaints can trigger an ASA ruling, a published adjudication, and on-record requirements to amend or remove the page.
MHRA enforcement	Public-facing POM advertising falls within the MHRA's remit under the Human Medicines Regulations. Responses range from informal advice and required undertakings to formal directions, referral and, in serious cases, prosecution. Quantified outcome and timeline claims compound the underlying advertising issue.
GPhC fitness-to-practise	Where a named pharmacist is publicly associated with the endorsement of medicated weight-loss products, GPhC standards on advertising, public trust and professional judgement are engaged. This can lead to investigation and, in escalated cases, fitness-to-practise proceedings and oversight of the registered pharmacy.

Reputational damage	Adjudications, regulator notices and trade-press coverage are durable and indexable. A single ruling can shape future search results, complicate paid-media approvals across networks, surface in due-diligence reviews, and erode the trust signals that pharmacy-led services rely on.

0 2

Asset Snapshot

What was reviewed

Asset type	Public landing page (organic and paid-traffic destination)
Sector	UK online pharmacy, weight-management category
Audience	General public; non-gated, no eligibility wall
Page architecture	A single landing surface presenting medicines, prices, a comparison matrix, testimonials and a 'select your treatment' journey
Medicines named on-page	Two named GLP-1 medicines, a third product of uncertain status, and an oral weight-loss medicine of unspecified strength (shown here as generic placeholders)
Promotional devices	Dose/price ladder · 'from £' tiles · comparison matrix · POM-naming testimonial · named pharmacist endorsement · quantified efficacy · time-to-result framing · supply/delivery framing
Key omissions	Balanced risk disclosure (side effects, contraception advice for users of certain weight-loss medicines, regain on discontinuation); eligibility gating before product exposure
Reviewed against	CAP Code Sections 3, 12 (12.11, 12.12, 12.18), 13 (13.9, 13.10) · joint ASA/MHRA/GPhC enforcement position · MHRA Blue Guide · GPhC distance-supply guidance

0 3

Claim-by-Claim Audit

Every modelled element with rule citation, risk grade and required action

Grades: BLACK = publish-blocker · BLACK in context = blocked by surrounding context · RED = serious rewrite · AMBER = caveats / verification · GREEN = acceptable. Evidence: A–D standard; X = blocked by POM-advertising risk regardless of substantiation strength. All names and prices are illustrative.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
WM-001	'Medicated weight-loss injections and capsules'	BLACK	**CAP 12.12**	A regulator-flagged public-facing POM signal in this category.	Remove from the public page.
WM-002	'Start losing weight with our clinically proven treatments'	BLACK in context	**CAP 12.12 · 3.7**	Functions as an efficacy hook for prescription medicines on a page that names and prices POMs.	Remove; reframe as service-led.
WM-003	'Injectable weight-loss medications from £79'	BLACK	**CAP 12.12**	'Injectable + price' is direct public promotion of weight-loss POMs.	Remove entirely.
WM-004	'Get a four-week starter supply from £79'	BLACK	**CAP 12.12**	'Supply + price' frames retail access to prescription treatment.	Remove; if any pricing is public, price the consultation only.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
WM-005	'See results within a few months of starting your treatment'	BLACK in context	CAP 12.12 · 13.9 · 13.10	A timeline promise becomes a prohibited POM outcome hook on a named, priced POM page.	Remove from the public page.
WM-006	'Can help you lose up to [X]% of your starting weight'	BLACK in context	CAP 12.12 · 13.9 · 3.7	A quantified weight-loss outcome on a POM-promotional page is publish-blocking.	Remove.
WM-007	'How much does [GLP-1 medicine A] cost?' + dose/price table ([low dose] £129 to [high dose] £299)	BLACK	CAP 12.12	Public naming and per-dose pricing of a POM is a core publish-blocker.	Remove the medicine name and all price/dose tiers.
WM-008	Product tile: '[GLP-1 medicine A] from £129'	BLACK	CAP 12.12	A named POM and price tile is direct public POM promotion.	Remove the tile.
WM-009	Product tile: '[GLP-1 medicine B] from £79'	BLACK	CAP 12.12	A named POM and price tile is direct public POM promotion.	Remove the tile.
WM-010	Product tile: a third named product (status uncertain)	BLACK verify	CAP 12.12	A named product and price is unsafe; do not assert licensing or classification without MHRA evidence.	Remove the tile; verify via MHRA before any external reference.
WM-011	Product tile: '[oral weight-loss medicine] from £39' (strength not specified)	AMBER	CAP 12.11 · 3.1	Strength/classification ambiguity (P vs POM) and adverse adjacency to the POM catalogue.	Remove from this page; reintroduce only with verified strength/classification on a non-POM page.
WM-012	'Medicines such as [A] or [B] mimic the GLP-1 hormone...'	BLACK	CAP 12.12	Names POMs and uses GLP-1 terminology that regulators flag as POM-signalling.	Remove from the public page.
WM-013	Testimonial: '[medicine] has completely changed my life...'	BLACK	CAP 12.12	A public testimonial naming a POM is prohibited promotion.	Remove from all public surfaces.
WM-014	A named in-house pharmacist endorsing 'medicated weight-loss products' and dosage reviews	BLACK in context	CAP 12.18 · 12.12	Health-professional endorsement sits within a POM-promotional context.	Remove the promotional quote; retain credentials only as neutral governance.
WM-015	Comparison matrix: active ingredients · route · dose strengths · efficacy/timeframes	BLACK	CAP 12.12 · 13.9	A public-facing medicine catalogue and comparison is prohibited POM promotion.	Remove the matrix entirely.
WM-016	'In a few simple steps, have your treatment delivered to your door'	BLACK in context	CAP 12.12	Delivery framing implies guaranteed prescription supply on a POM page.	Remove from the public page.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
WM-017	'Get medicated treatments from a trusted supplier'	BLACK in context	CAP 12.12 · 3.1	'Supplier' retail framing plus a 'trusted' substantiation issue.	Remove supplier language.
WM-018	'We will approve your ongoing use of our weight-loss medicines'	BLACK in context	CAP 12.12	Frames ongoing medicine supply as the public offer.	Reframe as clinical safety and suitability reviews.
WM-019	BMI eligibility cue ('BMI 30+, or 27+ with a condition') on a POM-promotional surface	AMBER	CAP 12.12	BMI cues contribute to POM-signalling when combined with injection, price and medicine content.	Keep only in neutral 'service suitability' copy after all POM cues are removed.
WM-020	'Select your treatment' (step in the journey)	RED	CAP 12.2 · 12.12	Reads like retail selection rather than clinician-led prescribing.	Replace with clinician-led assessment language.

Risk grade key. BLACK = publish-blocker (must not go live). BLACK in context = publishable elsewhere but blocked by surrounding POM-promotional context. RED = serious risk requiring substantive rewrite. AMBER = needs caveats, restructuring or verification. GREEN = acceptable as written. Evidence grade. A–D = standard substantiation grading; X = publication blocked by POM-advertising risk regardless of substantiation strength.

04

Regulatory Narrative

Why the configuration fails

The central failure mode is structural, not cosmetic. Under CAP Code 12.12, prescription-only medicines cannot be advertised to the general public; the joint ASA/MHRA/GPhC enforcement position on weight-loss POMs confirms that named medicines, prices, dose tables, 'weight-loss injection' language, GLP-1 framing, pen and self-injection imagery, and POM-naming testimonials all qualify as prohibited public promotion. This composite combines all of these elements on a single surface, which is treated by regulators as a public-facing promotional page for prescription-only weight-loss medicines.

Three secondary risk vectors compound the core breach. First, public quantified outcome and timeline claims (for example 'up to [X]% of starting weight' and 'results within a few months') on a page that names and prices POMs are escalated to BLACK in context: the surrounding context converts what would otherwise be a CAP 3.7 substantiation question into a publish-blocker. Second, the named in-house pharmacist quote endorsing 'medicated treatments' engages CAP 12.18; placement within a POM-promotional context elevates rather than mitigates risk. Third, the comparison matrix (active ingredient, route, dose strengths and efficacy/timeframes) is BLACK by default on a public page; it is a medicine catalogue irrespective of any accompanying disclaimers.

The narrow exemption for incidental medicine information does not rescue this page. Regulator practice distinguishes a public landing or homepage surface from deeper clinical-information pages reached after eligibility steps. A page that is the destination of organic and paid traffic, names medicines, prices them and invites a 'select your treatment' journey is a landing surface and is treated accordingly. Remediation is therefore an information-architecture problem: medicine-specific content, where lawful at all, cannot live on, or be linked from, a paid-traffic landing surface, and must sit only inside appropriate gated clinical-information areas that are not promoted to the public.

A fourth issue, separate from the POM-advertising breach, is misleading-by-omission risk. Even after POM promotion is removed, a compliant service page should not be silent on safety-relevant information a reasonable consumer would expect, most notably the breadth of side effects, contraception advice for users of certain weight-loss medicines, and realistic expectations including weight regain on discontinuation. These belong in clinical-information areas, not on a promotional landing page, but their absence from the broader site architecture should be remediated alongside the takedown.

Finally, two product-classification edges require care. A third product of uncertain status is treated as pending MHRA verification: no statement about its licensing or classification should be made externally without MHRA evidence. An oral weight-loss medicine is graded AMBER because its legal classification (P versus POM) depends on strength, which is not specified; the safest position is to remove it from this page and reintroduce it only on a non-POM-adjacent page once strength, classification and required information are confirmed.

05

Safer Wording Bank

Three calibrated registers per element, conservative to commercial

Conservative is the lowest-risk option, suitable for paid-traffic landing surfaces. Balanced is acceptable for an organic service page after the POM content has been removed. Commercial is the most assertive copy that remains within scope; sense-check it against the final page architecture before going live.

ORIGINAL FRAMING	CONSERVATIVE	BALANCED	COMMERCIAL
'Medicated weight-loss injections and capsules'	Weight-management consultations	Clinician-led weight-management support	Start a pharmacist-led weight-management consultation
'Start losing weight with clinically proven treatments'	Weight-management support	Evidence-informed, pharmacist-led support	Personalised support for your weight-management goals
'Injectable weight-loss medications from £79'	Book a weight-management consultation	Check whether our service is suitable for you	Begin your online, pharmacist-led assessment
'Four-week starter supply from £79'	Consultation available online	Suitability is assessed before any treatment is considered	Start with a pharmacist-led assessment
'See results within a few months...'	Progress varies.	Timelines vary and are reviewed during follow-up.	Regular pharmacist reviews help you stay on track.
'Lose up to [X]% of starting weight...'	Your pharmacist will discuss realistic goals.	Outcomes vary; goals are set and reviewed with clinical support.	Build a personalised plan with ongoing pharmacist support.
'How much does [medicine] cost?' + dose/price table	Costs are discussed after clinical assessment.	If clinically appropriate, options and costs are explained after assessment.	Complete an assessment to understand next steps and costs.
Named-medicine product tile	Weight-management consultation	Assessment for suitable weight-management support	Start your pharmacist-led consultation

ORIGINAL FRAMING	CONSERVATIVE	BALANCED	COMMERCIAL
Third (unverified) product tile	Weight-management consultation	Alternative options may be discussed after clinical assessment.	Explore suitable options during your pharmacist-led consultation.
'[Oral medicine] from £39' (strength unspecified)	[Medicine] (strength stated) may be available after pharmacist assessment.	[Medicine] (strength stated) may be available in line with its licensed use, following assessment.	Ask your pharmacist whether [medicine] could be suitable for you.
'Medicines such as [A] or [B] mimic the GLP-1 hormone...'	Different options can be discussed during consultation.	Your pharmacist will explain suitable options, benefits and risks.	Understand your options with pharmacist guidance.
POM-naming customer testimonial	(Delete)	'The pharmacy team supported me throughout my consultations.'	Customers value our pharmacist check-ins and support.
Named-pharmacist endorsement of medicated products	Delivered by qualified pharmacy professionals.	Delivered by GPhC-registered pharmacy professionals.	Pharmacist-led support from assessment to follow-up.
Active-ingredient comparison matrix	Options are discussed after clinical assessment.	If suitable, your pharmacist will explain options, benefits and risks.	Get tailored recommendations after your pharmacist assessment.
'Treatment delivered to your door'	Our pharmacist-led consultation service.	A structured pathway: assessment, consultation and follow-up.	Pharmacist-led support from assessment to ongoing reviews.
'Select your treatment' (journey step)	Complete your assessment.	Your pharmacist will assess suitable options.	Start your assessment and get pharmacist guidance.

06

Action Plan

Six phases, sequenced for risk and pace

PHASE	WORKSTREAM	WINDOW	DETAIL
Phase 1	**Stop-the-bleed**	24–48 hours	Take the public landing page offline or strip it to a holding state. Remove every POM brand name, active ingredient, dose-tier price, 'from £' tile, comparison matrix, 'injection / pen / GLP-1 / four-week supply' wording, quantified efficacy and timeline claim, the POM-naming testimonial, and the named-pharmacist endorsement quote. Suspend any paid search, paid social and affiliate traffic that lands on the page. Remove the page from sitemaps and request reindexing; suppress cached snippets where possible.
Phase 2	**Rebuild as a consultation-led service page**	1–2 weeks	Replace the product-led page with a service-led page describing pharmacist-led assessment, clinical oversight and follow-up reviews, without implying that a POM is the likely or default outcome. Move any medicine-specific information into appropriate gated clinical-information areas that are never used as landing surfaces and never linked from advertising. Rewrite the 'select your treatment' journey as an assessment-first journey. Retain pharmacist credentials only as neutral governance copy, separate from any medicine reference.

PHASE	WORKSTREAM	WINDOW	DETAIL
Phase 3	**Architecture & traffic governance**	2–4 weeks	Audit internal linking so no public surface (homepage, category, blog, hub, footer) links into medicine-specific content as a destination. Reconfigure paid media so no creative, keyword, ad copy or landing-page mapping drives users onto a page that names, prices or compares POMs. Apply the same logic to email, SMS, social and influencer activity. Treat any public POM comparison matrix as BLACK by default.
Phase 4	**Verification, substantiation & sign-off**	Parallel · 2–4 weeks	Verify the third product's identity, marketing-authorisation status and legal classification via the MHRA Products portal before any external reference; default to pending verification until evidence is in hand. Verify any oral-medicine strength and classification before reintroduction on a non-POM page. Build a substantiation pack for any retained efficacy or 'evidence-informed' claims to CAP 3.7 standard. Establish a CAP / MHRA / GPhC sign-off workflow with named reviewers and a recorded decision log.
Phase 5	**Patient-safety completeness**	Parallel · 4–6 weeks	On the appropriate inner clinical-information areas, ensure balanced, non-misleading risk framing: side-effect breadth, contraception advice for users of certain weight-loss medicines, realistic outcome expectations, regain on discontinuation, and the role of ongoing reviews. This is a misleading-by-omission control, separate from the POM-advertising remediation, and protects the rebuilt service page from a downstream CAP 3 issue.
Phase 6	**Post-rebuild validation**	Before traffic restoration	Re-audit the rebuilt page end to end before any traffic is restored. Run a fresh element-by-element review against the same frameworks. Confirm no POM brand names, prices, dose tables, comparison matrices, POM-naming testimonials or pharmacist endorsements of medicated products have re-entered the page or its inbound surfaces. Verify all retained substantiation, MHRA-classification checks and sign-off records from Phase 4 are in place. Restore organic indexing and paid traffic only once validation is signed off and a recorded decision log is filed.

Disclaimer

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What is real is the method: a clinician-led claim-risk review of public-facing marketing wording against publicly available UK regulatory frameworks, including the CAP Code, the joint ASA/MHRA/GPhC enforcement position on weight-loss prescription-only medicines, and the MHRA Blue Guide. It is not legal advice, regulatory advice, medical advice, or a guarantee of compliance with the requirements of the ASA, CAP, MHRA, GPhC or any other regulator or statutory body.

No part of this composite should be read as implying that any regulator endorses, approves or certifies Verattia or any party. Risk grades, evidence grades and rewrites reflect the reviewer's professional opinion and may not anticipate future guidance, enforcement or changes in product status; product licensing and classification should be verified independently via the MHRA Products portal. No patient-identifiable data has been used.

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