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September 22, 2025

Andrew Ferguson
Chairman
Federal Trade Commission
600 Pennsylvania Avenue, NW
Washington, DC 20580

Re: Petition for an Investigation and Enforcement Action Against Online Telehealth Platforms Marketing Compounded GLP-1 Drugs and Fakes

Dear Chairman Ferguson:

The National Consumers League (NCL), a leading non- profit 501(c)3 advocacy organization working to prevent fraud in the marketplace and protect the health and well-being of consumers – together with 12 consumer safety, health policy, women's health, chronic disease prevention and pharmacy organizations – respectfully submits this petition to ask the Federal Trade Commission (FTC) to undertake a thorough investigation of the pervasive, deceptive and misleading marketing practices of telehealth platforms. These practices expose consumers to unsubstantiated claims and misleading inferences regarding safety, efficacy and the comparability of the ingredients used in compounded GLP-1 products as compared to FDA approved products. These telehealth platforms include but are not limited to Hims & Hers[1], Henry Meds[2], Willow[3], Eden[4], Noom[5], and Medvi[6].

Our organizations are taking this step now that a September 9, 2025 Presidential memorandum[7] directs the Food and Drug Administration (FDA) to ensure accuracy in direct-to-consumer prescription drug advertising and the Make America Healthy Again Strategy Report calls on the FTC to apply its existing authorities to misleading advertising of DTC telehealth companies.[8] Since the deluge of false and misleading claims about GLP-1 medicines represents one of the most problematic forms of DTC drug advertising, our organizations believe this petition is a roadmap for the FTC to identify and take enforcement action against telehealth platforms whose direct-to-consumer advertising practices mislead consumers about the safety of compounded GLP-1 products, increase their risk for harm, and violate FTC's prohibition against false and deceptive advertising.

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[1] hims. "Telehealth for a Healthy, Handsome You," 2025.; hers. "Hers for Women's Health," 2025.
[2] Henrymeds.com. "Henry Meds: Online GLP-1 Weight Management, TRT & More," 2025.
[3] Willow. "GLP-1 Weight Loss Medication - Effortless Weight Loss," 2025.
[4] Eden. "Eden | GLP-1 Treatments | Prescription Health Personalized for You," 2025.
[5] Noom. "Noom Med - GLP-1 Medications for Weight Loss." Noom: Lose weight and keep it off., 2025.
[6] MEDVi. "MEDVi - Personalized Weight Loss Solutions," 2025.
[7] The White House. "Memorandum for the Secretary of Health and Human Services the Commissioner of the Food and Drugs" The White House, September 9, 2025
[8] MAHA Commission. Make Our Children Healthy Again. The White House.September 9, 2025 at page 9

The volume of violative advertising of GLP-1 drugs cannot be understated. A 2024 report from LegitScript found a 1,200 percent increase in "violative or problematic" GLP-1-related ads between 2022 and 2024 that misled consumers and "potentially endanger unsuspecting consumers."[9] Similarly, a 2025 study of 79 websites selling compounded GLP-1s published in the *JAMA Health Forum* found alarming levels of misleading information that deceive consumers into believing that compounded GLP-1s are safe and effective, FDA-approved or generic versions of FDA approved drugs.[10]

Also of concern, patient safety experts warn that the source of the active pharmaceutical ingredients (API) used in compounded GLP-1s is often from China, where quality standards can vary widely and the API may go uninspected. According to the Brookings Institution, less than a quarter of Chinese facilities marketing bulk quantities of the GLP-1 drug semaglutide have been inspected since they began marketing the product.[11] Additionally, new health risks are now a possibility for consumers as compounders and telehealth companies pivot to promoting "personalized" versions of GLP-1s with added vitamins or microdoses of GLP-1s that have never been studied.

Because deceptive advertising hinders the ability of consumers to be aware of these risks, thousands of Americans have experienced serious health problems related to dosing errors and reactions to harmful ingredients in compounded GLP-1 products. As of September 9, 2025 , FDA has received 1,424 reports of adverse events associated with compounded GLP-1 drugs, including reports of 329 hospitalizations, and 23 deaths.[12] Importantly, because most compounding pharmacies are not required to report adverse events from compounding drugs, the FDA indicates it is "likely that adverse events from compounded versions of GLP-1 drugs are underreported."[13] Moreover, poison control centers have seen a nearly 1,500 percent increase in calls since 2019 related to overdose or side effects of injectable weight loss drugs and have managed 3,633 GLP-1 agonist related exposure cases as of April 30, 2025. [14]

What is especially concerning is the harm caused to US women, the primary users of GLP-1 drugs, especially young women,[15] older women,[16] women of color and especially Spanish-speaking communities.[17] Not only does deceptive advertising encourage some women to take a compounded GLP-1 even though they do not meet the medical criteria for weight loss treatment, but lack of insurance coverage for anti-obesity medicines increasingly drives vulnerable populations to a confusing and often dangerous marketplace. This is because obesity treatment is frequently not covered by insurance plans unlike other chronic conditions.

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[9] LegitScript. "LegitScript's Data Reveals 1200% Increase in Violative and Problematic Advertisements for GLP-1 Medications." LegitScript, July 16, 2024.
[10] Chetty, Ashwin K, Mahima Chillakanti, Reshma Ramachandran, et al. "Online Advertising of Compounded Glucagon-like Peptide-1 Receptor Agonists." JAMA Health Forum 6, no. 1 (January 17, 2025).
[11] Wosińska, Marta E. "The Wild East of Semaglutide." Brookings, April 21, 2025.
[12] Food and Drug Administration. FDA Adverse Events Reporting System Public Dashboard,data on compounded September 9, 2025
[13] Food and Drug Administration. "FDA's Concerns with Unapproved GLP-1 Drugs Used for Weight Loss." U.S. Food and Drug Administration, December 18, 2024.
[14] America's Poison Centers. "America's Poison Centers - GLP-1," 2025.
[15] See Willow ad on page 8.
[16] Willow Health. "Are You Being Held Captive by Your Weight? Set Yourself Free with Personalized, Physician-Prescribed Treatments." Facebook, September 11, 2025.
[17] GLP-1. "Ads." Facebook.com, 2025.

Telehealth companies are subject to the prohibitions against false and deceptive advertising in the Federal Trade Commission Act (FTC Act).[18] We commend the FTC's recent action against the telehealth company NextMed to stop the company's deceptive marketing practices related to GLP-1s, and we therefore urge FTC to take appropriate action against the other companies engaging in similar deceptive practices.[19]

The Exploitative Market for Unapproved GLP-1s

A recent article published in the August 2025 issue of the *Journal of the Endocrine Society* succinctly describes the threat to consumers and health systems from the growth of sales of GLP-1 weight-loss medications outside the regulated drug supply system.[20] Factors fueling this threat include the desire for rapid weight loss options, inadequate regulatory frameworks, and the widespread availability of compounded products through online platforms and social media.

By way of background, drug compounding refers to the custom preparation of medications by pharmacists or licensed professionals so patients can take medicines prescribed by a physician when they need a different dosage, have an allergy to an ingredient, or have a need that cannot be satisfied by commercially available products.[21] Because these medications are usually one-of-a-kind modified drugs, the Federal Food, Drug, and Cosmetic Act (FDCA) exempts compounded drugs from key requirements, including premarket approval and adequate directions for use in labeling, if they meet certain conditions.[22]

As single use drugs, these exemptions make sense, but insufficient regulatory oversight presents significant safety risks when compounded drugs that are not tested and approved by the FDA are mass marketed to millions of consumers. Accordingly, the American Diabetes Association (ADA) released a statement on December 2, 2024 recommending against using non–FDA-approved compounded GLP-1 products due to safety, quality, effectiveness concerns, and uncertainty about their content.[23] Reinforcing ADA's action, patient safety organizations and medical societies have raised concerns that there is insufficient data on the bioequivalence, biodistribution, and elimination of compounded GLP-1

[18] The FTC has repeatedly asserted its authority to enforce against deceptive advertising for prescription drug products. The Memorandum of Understanding (MOU) between FTC and FDA provides that FTC has primary responsibility to regulate the truth and falsity of all advertising of foods, drugs (other than prescription drugs), devices, and cosmetics, while FDA has primary responsibility on the truth and falsity of prescription drug advertising. See Memorandum of understanding between federal trade commission and food and drug administration (May 1971). Since issuance of the MOU, the FTC has expressed its view that the MOU does not "limit the FTC's jurisdiction or prohibit the agency from taking action against deceptive labeling claims or obtaining orders that address all forms of marketing, including claims that appear in labeling." See Health Products Compliance Guidance at 3 (2022). Rather, in the FTC's view, the intent of the MOU is to act as a rough division of labor such that the agencies do not unduly duplicate actions. Additionally, FTC has been more active in regulating the advertising of prescription drugs in recent years. Indeed, in the past, FTC has acted against clinics promoting weight-loss programs that involved the use of prescription drugs. See FTC v. Pacific Medical Clinics Management, Inc., No. 90–1277–GT(CM), 1992 WL 121677 (S.D. Cal. Apr. 8, 1992).

[19] Federal Trade Commission. "Complaint, In the Matter of Southern Health Solutions, Inc., et al." July 14, 2025. FTC File No. 232-3040. PDF.

[20] Nakhil Sood, Rohini Garg. Global Rise of Compounded Weight-Loss Medicines: A Worrisome Trend. Journal of the Endocrine Society, Volume 9, Issue 8, August 2025

[21] These compounding exceptions were developed prior to the acceptance of telehealth; medications were prescribed by physicians who first saw their patients and evaluated their needs based on tests and evaluations done in person

[22] LII / Legal Information Institute. "21 U.S. Code § 353a, 353b- Pharmacy Compounding," n.d.

[23] Neumiller, Joshua J., Mandeep Bajaj, Raveendhara R. Bannuru, et al. "Compounded GLP 1 and Dual GIP/GLP 1 Receptor Agonists: A Statement from the American Diabetes Association." Diabetes Care, December 2, 2024.

formulations, which may use different salt forms, excipients, or delivery systems, affecting absorption, peak plasma concentrations, and therapeutic outcomes.[24]

Unfortunately, many Americans are not aware of these safety concerns due to an exploitative online market that began when FDA declared a national shortage of branded GLP-1 drugs in 2022, which allowed licensed compounding pharmacies to temporarily sell non-comparable versions of GLP-1 drugs to fill the supply gap.[25] Because booming consumer demand for GLP-1s was a primary reason for the shortages, it was a gold rush situation for outsourcing facilities and compounding pharmacies and allowed telehealth companies, med-spas, weight loss clinics and others to exploit regulatory loopholes to build a large market with aggressive direct-to-consumer advertising on television, social media, and online and through paid "influencers" who plug GLP-1 versions as safe, easy to administer and "doctor-approved" while not disclosing safety and health risks in promotional materials.

On March 5, 2025, FDA declared that the shortage of GLP-1 products was over, prohibiting the marketing of compounded versions that are "essentially copies" of FDA-approved GLP-1s as of May 22, 2025.[26] Therefore, it is now illegal to sell compounded GLP-1 drugs except in the infrequent situations when a specific patient requires a compounded GLP-1 for a medically necessary reason that commercially available versions cannot meet.

But what former FDA Commissioner David Kessler described as a "reckless national experiment with compounded new weight loss drugs" still exists – this time with online sellers attempting to circumvent regulations by adding ingredients or modifying the dosage to claim they are offering "personalized" versions of GLP-1 drugs.[27] Thus, brands such as Hims & Hers, Henry Meds, and Noom, among others, have taken advantage of the regulatory exclusion to flood the market with their claims about "personalized," "tailored," or "custom" treatments for weight loss, including combining GLP-1 receptor agonists with such additives as vitamin B12, glycine, or other substances, or offering "microdoses"[28] with smaller amounts of the medication than commercially available, without showing such products meet an unmet therapeutic need.

Adding ingredients or modifying the dosage of compounded alternatives to FDA-approved GLP-1 medicines has not been studied, making the effect on the medication's safety and absorption unclear. With microdosing, there is the potential for the dose to be too low for a therapeutic benefit, and side effects like dizziness, and unforeseen complications exist, particularly for individuals with undiagnosed health conditions.[29]

Adding to the problem, the rise in popularity of GLP-1 weight loss medications has coincided with a surge in fraudulent products, such as patches,[30] gummies[31] and drops[32], that are widely marketed online

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[24] OAC. "Why OAC Warns against Compounded GLP-1 Medications." Obesity Action Coalition, March 24, 2025; Center for Medicine in the Public Interest. New CMPI Report Finds FDA Inaction on Illegal GLP-1 Compounding Threatens U.S. Patients, July 22, 2025; Padmanabhan, Surya and Mallampalli, Monica. Beware of Compounded Tirzepatide, Sleep Review, March 13, 2025

[25] National Consumers League. "The Influence of Disinformation on Attitudes and Beliefs About Compounded GLP-1 Drugs." Scandinavian Journal of Public Health 36, no. 8 suppl (November 1, 2008): 36–42.

[26] FDA. "CDER Statement." U.S. Food and Drug Administration, Updated on April 28, 2025

[27] Kessler, David. "TESTIMONY of DAVID KESSLER, House Committee on Oversight and Government Reform 'Restoring Trust in FDA: Rooting out Illicit Products.'" Congress.gov, April 9, 2025.

[28] Noom. "Microdosing GLP-1 for Weight Loss | Noom Microdose GLP-1 Rx Program." Noom: Lose weight and keep it off., 2025.

[29] Goodacre, Sandra. "The Benefits and Risks of Microdosing GLP-1s - EVEXIAS Health Solutions." EVEXIAS Health Solutions, 2025.

[30] PatchMD - Vitamin Patches and Supplements. "PatchMD," 2025.

[31] Trimi. "Revolutionize Your Weight Loss Journey with GLP-1 RX Gummies." Trimi, February 8, 2025.

[32] Skinnyrx.com. "SkinnyRx," 2025.

with deceptive descriptors like "GLP-1 booster" and claims that these products mimic the effect of prescription anti-obesity medicines. The exploitative market for unapproved GLP-1 products has grown into a highly lucrative industry—and one that is unchecked and unregulated in ways that harm consumers.

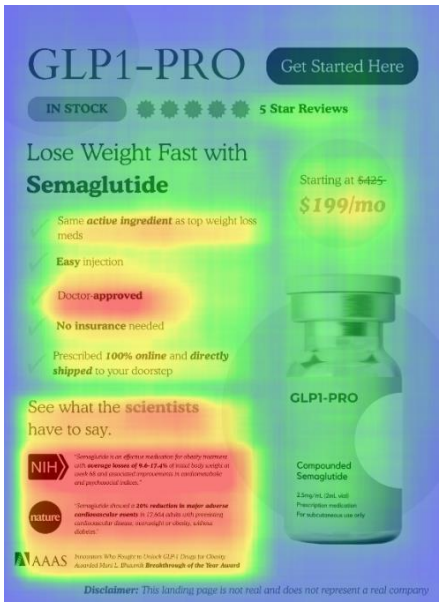
I. Consumer Understanding and Perceptions of Compounding and GLP-1s

Due to widespread advertising and extensive online disinformation about compounded GLP-1 weight loss drugs starting in 2022, consumers have been exposed to extensive misinformation and falsehoods about these products. However, since little was known about the extent to which aggressive direct-to-consumer advertising on television, social media, and online shaped perceptions about GLP-1 drugs, NCL commissioned a national survey of 1,500 women ages 18-55 to assess the attitudes and beliefs of the primary users of GLP-1s in the US.[33]

Fielded between March 19-31, 2025, by the research firm Dynata, LLC, the survey showed that online sellers of compounded GLP-1 drugs have been very successful in reinforcing misperceptions about these products. Due to how these products are hyped online, 71 percent of US women polled contend incorrectly that compounded GLP-1s must be tested and proven safe to be on the market, 55 percent say without substantiation that compounded versions are as safe as the branded versions, 53 percent wrongly think that compounded versions are FDA-approved, and 49 percent incorrectly believe that compounded versions have the same ingredients as the innovator drugs.[34]

Reinforcing these misperceptions, 81 percent of the respondents who looked at a mocked-up ad for a fictional GLP-1 drug said they believed the claims in the ad, including 42 percent who said the claim "doctor approved" means the drug was endorsed by medical professionals.[35]

While national survey data paints a troubling picture, culturally targeted disinformation compounds the risk. Spanish-language ads[36] often omit critical safety information altogether, reinforcing misconceptions that compounded GLP-1 drugs are FDA-approved. For many Latinas, especially those with limited English proficiency, these ads may be their only source of information.



Mocked up ad from NCL survey

[33] Supra Footnote 25
[34] Supra Footnote 25
[35] Supra Footnote 25
[36] Supra Footnote 17

Collectively, these findings reveal that the deluge of deceptive and misleading advertising online confuses the public, prevents consumers with obesity from making fully informed decisions about their treatment, and puts patient safety at risk.

II. Deceptive Advertising by Telehealth Platforms Marketing Compounded GLP-1s

NCL has conducted a review of the marketing practices employed by several online telehealth platforms that market compounded GLP-1s. Our findings indicate that these platforms engage in misleading and deceptive marketing practices that pose significant risks to consumers. Specifically, our review has revealed three categories of practices that violate the FTC Act: a) omission of material risk information, b) statements and omissions that are misleading to a reasonable consumer regarding FDA approval, and c) unsubstantiated claims regarding product safety and efficacy.

Omission of Material Risk Information

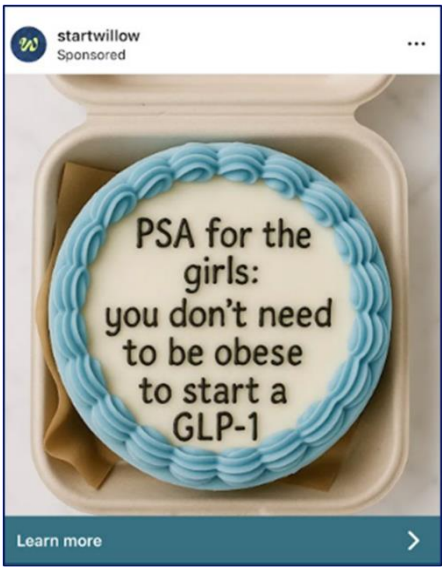
Advertisements are deceptive under the FTC Act if they fail to disclose material information. For example, black-letter FTC law requires advertisers to disclose any significant limitations on an advertised health benefit.[37] However, advertisements by telehealth companies for compounded GLP-1s often highlight the potential benefits of these medications without adequately disclosing the associated risks and side effects. Some telehealth companies omit all risk and safety information in direct-to-consumer television advertisements. Others include incomplete, vague, superimposed risk disclaimers that are insufficient[38] and only state that the products "may differ in risks, benefits, and side effects."[39]

Such attempts at disclaimers fail well established standards for clear and conspicuous disclosures required under FTC law and encouraged by the 2025 MAHA report. By omitting or inadequately disclosing such material information, these companies create a misleading impression regarding the safety of unapproved compounded GLP-1 drug products (see Henry Meds ad below).

[37] FTC, Health Products Compliance Guidance at 7 (2022).
[38] Henry Meds, "Henry Meds TV Spot, 'Pssst: $297,'" iSpot, 2025; Henry Meds, "Henry Meds TV Spot, 'Pssst: $100 Off,'" iSpot, 2025; Henry Meds, "Henry Meds TV Spot, 'Weight Loss Medication,'" iSpot, 2025; Henry Meds, "Henry Meds TV Spot, 'Why People Are Choosing Henry Meds,'" iSpot, 2025; hers, "Hims & Hers Big Game Commercial: 'Sick of the System,'" YouTube, January 28, 2025;Hers, "Hers TV Spot, 'Healthcare as It Should Be: Weight Loss,'" iSpot, 2025; Hers, "Hers TV Spot, 'Sonya: GLP-1 Injections,'" iSpot, 2025; Hers, "Hims TV Spot, 'Health Care for Weight Loss,'" iSpot, 2025; Hims, "Hims TV Spot, 'See Real Results Sooner,'" iSpot, 2025; Hims, "Hims TV Spot, 'Treatments Starting at $69 per Month,'" iSpot, 2025; Hims, "Hims TV Spot, 'GLP-1 Injections,'" iSpot, 2025; Noom, "Noom TV Spot, 'GLP-1: Post Office,'" iSpot, 2025; Noom, "Noom TV Spot, 'Lauren,'" iSpot, 2025; Noom, "Noom TV Spot, 'GLP-1: Clay,'" iSpot, 2025; Noom, "Noom TV Spot, 'GLP-1: Look at This,'" iSpot, 2025; Noom, "Noom TV Spot, 'GLP-1: Cam,'" iSpot, 2025.
[39] Henry Meds, "Henry Meds TV Spot, 'GLP-1: Robina, Michael, Bre and Paul,'" iSpot, 2025;Henry Meds, "Henry Meds TV Spot, 'Weight Treatment Plan: Better Health on Your Terms,'" iSpot, 2025.

This ad's insufficient disclaimer fails well established standards for clear and conspicuous disclosures required under FTC law

Moreover, the omission of material risk information extends beyond traditional advertising, with telehealth companies heavily relying on social media and online ads. In many cases, there is no disclosure whatsoever. These examples from Willow taken from the Instagram platform simply encourages viewers to learn more about compounded GLP-1s without any other factual information and irrespective of medical need.



Implied Claims of FDA-Approval, Sameness and Generic Status

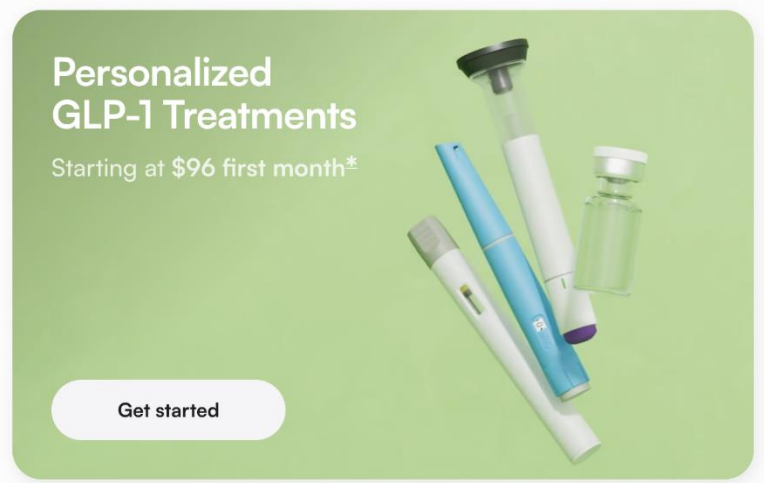
As explained above, compounded drugs are not evaluated by FDA for safety, effectiveness, or quality and thus, are not FDA approved. Although the FDA made this clear, telehealth entities repeatedly use tactics to imply that their compounded versions are FDA-approved. This is documented in the 2025 study by Yale and UCLA University researchers published in *JAMA Health Forum*, which showed that 36.7 percent of websites offering compounded GLP-1 drugs stated or implied that that the version was FDA-approved.[40]

Another way that telehealth entities imply FDA approval in advertising is by juxtaposing images of compounded drugs with easily recognized FDA-approved products. For example, during the 2025 Super Bowl, the telehealth company Hims & Hers aired a one-minute glossy commercial marketing unapproved compounded GLP-1s. During the advertisement, Hims & Hers displayed images of its compounded version of semaglutide alongside images strongly associated with the FDA-approved weight loss drug Ozempic®. Although the labels are blurred out, prefilled pens displayed in the advertisement clearly resemble Ozempic®.[41] Because the juxtaposition of the FDA-approved product with Hims & Hers' unapproved compounded GLP-1 products creates the impression that Hims & Hers' products are equivalent in safety and efficacy to Novo Nordisk's product, the advertisement misleads consumers and is deceptive.

Pens featured in Hims & Hers commercials look like branded medications

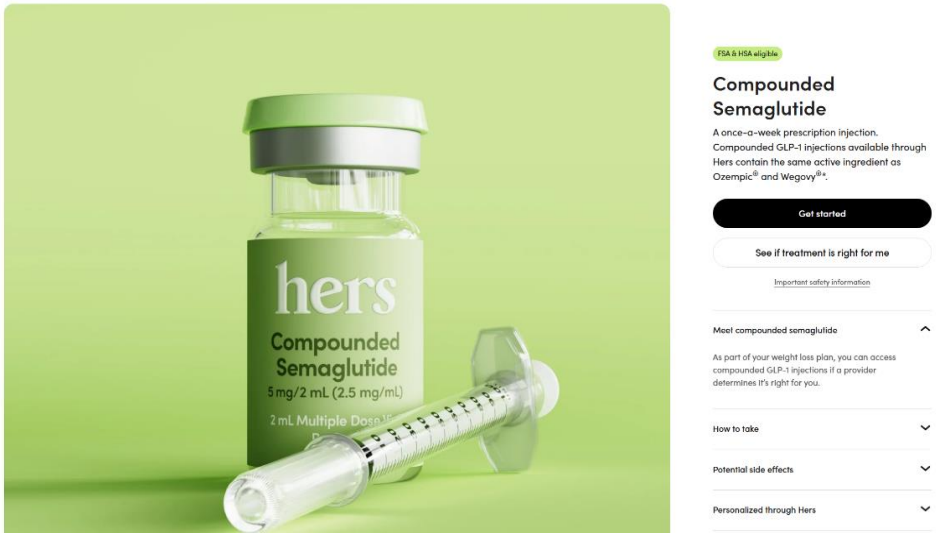
Additionally, many of these telehealth companies say they offer prescriptions for FDA-approved drugs such as Wegovy®, Ozempic®, Mounjaro®, and Zepbound®. These FDA-approved drugs are advertised alongside the compounded GLP-1s, further blurring the lines between what has been FDA approved and what is compounded. For example, the below image from the Eden website depicts a vial of compounded GLP-1 products next to injectable pens, which are associated with the drug products that are FDA-approved. Such images, which do not adequately distinguish the products that are FDA-approved from those that are not, may mislead and confuse consumers regarding the FDA-approval status of compounded GLP-1s.

[40] Supra Footnote 10
[41] "Hims & Hers Big Game Commercial: 'Sick of the System,'" YouTube, January 28, 2025. Id. at 00:23-00:24.



This image from Eden's website lacks any disclaimer about the difference between FDA-approved drugs and compounded GLP-1s.

Beyond implying FDA approval, a disturbing but common practice is claiming that unapproved compounded drugs have the "same active ingredient" as the FDA-approved medicines, as shown in the example below.[42] As FTC is likely aware, FDA does not approve the active ingredients in drug products, but rather approves drug products themselves (i.e., Wegovy® or Mounjaro®) after determining that the complete drug products are safe and effective for their intended uses. However, by using the term "same active ingredient," these claims evoke the well-established requirement under the FDCA that a generic drug product must have the same active ingredient as that in the reference listed drug.[43]



Taken from the hers website claiming to use the "same active ingredient" as Ozempic®.

[42] Hers, "Weight Loss Treatments for Women | Hers," hers, 2025,
[43] Justia Law. "21 U.S.C. § 355(j)(2).," 2021.

Such claims are misleading to a reasonable consumer, or, at best, confusing for consumers because unapproved compounded drugs are *not* generic versions of the FDA-approved drugs and have not been shown to satisfy FDA's standard of active ingredient sameness for a generic semaglutide product. Yet, implying that compounded GLP-1s are generic drugs is a growing concern. The 2025 Yale-UCLA study of online websites promoting compounded GLP-1s cited earlier found that 9 percent of the 79 websites offering compounded versions of semaglutide, tirzepatide, or liraglutide falsely said the compounded medications were generics. [44]

Failure to Disclose Material Information

FTC's Deception Policy Statement determines an ad to be deceptive if it contains a statement or omits information that is "material" and "misleading" – that is, important to a consumer's decision to buy or use a product.[45] Additionally, the FTC Act requires advertisers to clearly and conspicuously disclose material qualifying information to avoid deception.[46] Such disclosures should be difficult to miss and easily understandable by ordinary consumers.[47] However, telehealth companies routinely skirt these requirements when it comes to making clear the compounded GLP-1 drugs are not evaluated by FDA for safety, effectiveness, or quality and therefore are not FDA-approved.

For example, in the Hims & Hers Super Bowl advertisement described above, for merely a fleeting two seconds out of the 60-second running time, the advertisement prominently claims the GLP-1 version is "doctor-trusted" while flashing in small, hard to read type: "Compounded drug products are not FDA approved. The FDA does not evaluate compounded drug products for safety, effectiveness, or quality."[48]

Like the Super Bowl ad, Hims & Hers continue to say compounded GLP-1s are "doctor-trusted" on the company

[44] Supra Footnote 10
[45] Federal Trade Commission. "FTC Policy Statement on Deception," October 14, 1983. 103 F.T. C. 174.175
[46] FTC, Health Products Compliance Guidance at 8 (2022).
[47] *Id.*
[48] Supra Footnote 42, At 00:54.

The fact that the statement is quickly flashed across the screen while consumers' attention is being drawn to large type saying "doctor trusted" does not meet well-established standards for clear and conspicuous disclosures of material information, due to the small size of the flashing words, the much larger and more prominent font and size of the claim "doctor-trusted," and the competing visuals in the background. Accordingly, this disclosure and similar disclosures in other telehealth providers' ads are intended to be missed and not easily understandable to consumers, thus violating FTC's standards.

Because this deceptive practice works with consumers – NCL's survey finds that only 5 percent of the 1,500 women surveyed knew compounded drugs are not FDA-approved while 42 percent say "doctor approved" gives them confidence in the drug's safety – telehealth companies use the same misleading language in social media advertisements.[49]

On the Instagram ad below, Medvi says that their compounded GLP-1 medications are "trusted by experts" and "doctor-approved," with no substantiating claims from doctors. As such, the ad does not mitigate the deceptive impression that the advertised product has been shown to be safe, effective, and high-quality.

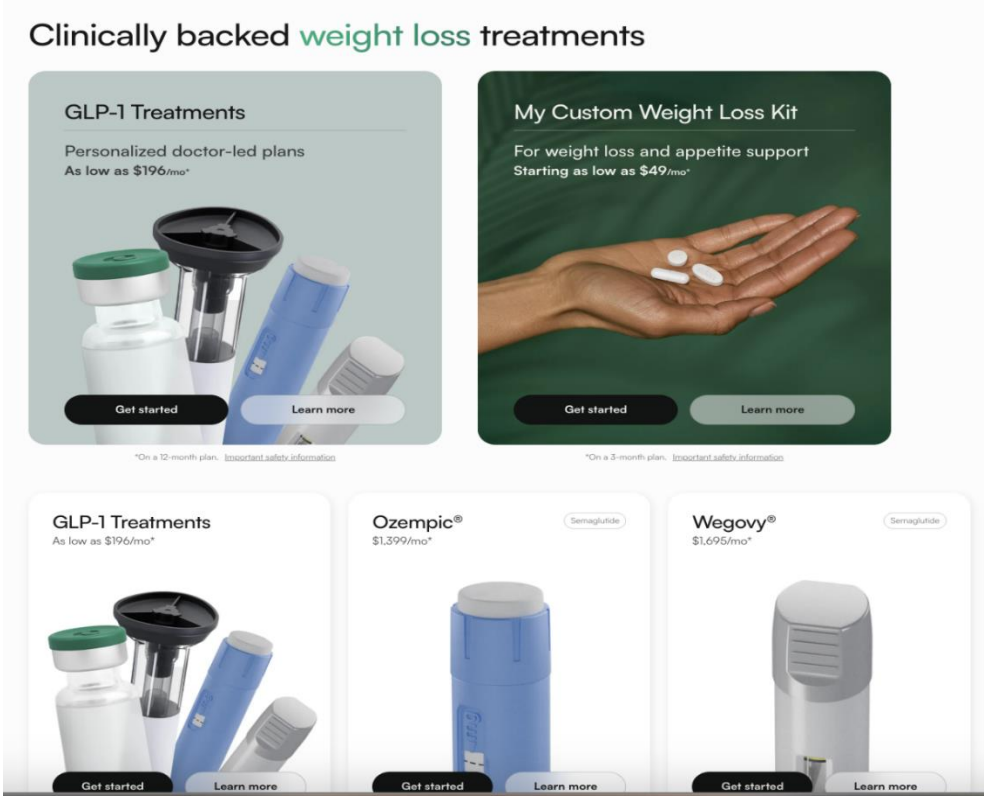
Unsubstantiated Claims Regarding Product Safety and Efficacy

An advertiser must possess adequate substantiation to support all objective product claims conveyed, expressly or by implication, to consumers acting reasonably in the circumstances.[50] However, telehealth companies frequently make claims implying that compounded GLP-1s have been

[49] Supra Footnote 25
[50] Claims about the health benefits or safety of prescription drugs require substantiation in the form of "competent and reliable scientific evidence," which, "[as] a general matter" will require randomized, controlled human clinical testing. Federal Trade Commission, "Health Products Compliance Guidance," at 12 (2022).

demonstrated to be safe and effective, although the National Consumers League is unaware of any clinical studies to substantiate the safety or efficacy of compounded versions due to the fact that these products are not evaluated by FDA.

As an example, the telehealth company Eden, which purports to sell FDA-approved GLP-1 drugs, lists on its website "Personalized GLP-1 Treatments" (the company's compounded GLP-1 offering) under the heading "Clinically backed weight loss treatments."[51] We are unaware of any clinical trials on Eden's unapproved compounded drugs, contradicting Eden's claim that their products are "clinically backed."



Screenshot from Eden website

[51] Eden, "Eden | GLP-1 Treatments," Tryeden.com, 2021

Similarly, an ad from RxPros on Instagram cites a quote from doctors claiming patients can lose 19 percent of their body weight, with no citation or study to back up this claim:

These safety and efficacy claims are particularly misleading because they are featured in advertisements that market GLP-1 products as a panacea that will be "life changing" but fail to provide basic information about the patient populations appropriate for weight management or the importance of lifestyle modification as part of a comprehensive weight management plan.

For example, a television advertisement by Henry Meds features an individual stating GLP-1 drugs "changed [her] life" while the Hims & Hers Super Bowl advertisement explicitly described the drugs as "life changing."[52] Yet, the ads for compounded GLP-1 versions often fail to give a fair balance of information about drug risks, such as which medical conditions or contraindications may put the individual at higher risk for adverse effects, or what characteristics or medical conditions could make the compounded GLP-1 drug less effective or not effective at all.

Without fair balance, which FDA regulations require for all approved prescription drugs, telehealth companies have succeeded in leading consumers to believe that the advertised weight-loss drug will benefit them when the medication may not be appropriate or safe for that person. Additionally, when the advertisements irresponsibly fail to include *any* information for consumers to assess whether a compounded weight-loss drug may be safe or effective for them, patients may not consider effective treatments that would be better tolerated and have fewer potential complications. These outcomes present an additional risk of patient harm.

[52]Henry Meds, "gethenrymeds on Instagram." December 20, 2024; Supra Footnote 42

III. The Depth of the Problem

On May 1, 2025, the National Consumers League issued a policy report, "*Compounding, Counterfeits and Confusion: Confronting the Infodemic of Disinformation on Obesity Treatments*," which concluded there is now a second obesity crisis in America – the escalating "infodemic" of false information and misleading claims circulating online about compounded GLP-1 drugs and fake GLP-1 products.[53]

As defined by the World Health Organization (WHO), an infodemic is a tsunami of information, some accurate but most misleading or false, that spreads online at lightning speed and is intended to deceive.[54] This is the case for weight loss drugs where an exploitative market of online sellers is taking advantage of regulatory gaps to hype alternatives to FDA-approved GLP-1 drugs with unsubstantiated claims of safety and ease of use. Yet, it is important to document just how insidious these practices are, and the harm caused to American consumers.

Focusing on those at most at risk for harm, the research firm Milliman estimates that there were 80 million prescriptions for compounded GLP-1 drugs in 2024 and as many as a million US adults were taking compounded GLP-1 drugs in early 2025.[55] Of these adults, 2025 data from the RAND American Life Panel finds women ages 30-49 are twice as likely as men to use GLP-1 drugs and women ages 50-64 have the highest use of GLP-1 drugs, with 20 percent reporting current or past use. [56] A study by Evernorth Research Institute also finds a spike in GLP-1 use among teens and young adults, with girls 14 years and even younger motivated to take a GLP-1 drug.[57]

Thus, while anyone seeking GLP-1 treatment without a prescription can be at risk, NCL's survey of 1,500 US women reveals that women and girls are especially likely to purchase GLP-1 medications from online sources, thereby increasing their risk of encountering products that are fraudulent or not approved by the FDA. This is due to such factors as feeling stigmatized by their weight, uncomfortable consulting with a physician, being eager for weight-loss solutions, and not having insurance coverage for treatment with an FDA-approved GLP-1 medication. Online sellers of GLP-1 products are especially savvy in marketing the benefits to women and girls, such as the Willow ad on page 8 of this petition where young girls are told they don't have to have obesity to start a GLP-1 at a time when many have concerns about body image.

These practices harm women generally, but patient safety advocates are especially concerned about the impact of misleading advertising targeting communities of color, who may be at higher risk of fraud than other US women and girls. Some researchers suggest that black and Hispanic women are less likely to be prescribed GLP-1 medications by doctors, even with a higher prevalence of obesity and diabetes, and especially if they do not have insurance coverage for obesity treatments, black and brown women are more susceptible to scams offering cheaper, potentially fraudulent or counterfeit alternatives online or through unconventional or illegitimate channels.[58] Latinas are uniquely vulnerable in this landscape. As the Brookings Institution has warned, "Targeting Latinos in Spanish is particularly problematic given that most social media platforms do not perform the same amount of fact

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[53] National Consumers League, "Compounding, Counterfeits and Confusion: Confronting the Infodemic of Disinformation on Obesity Treatments," accessed September 18, 2025,

[54] World Health Organization. "Infodemic." World Health Organization, 2025.

[55] Gruenhaupt, Mark, and Peter Heinen. "6 Things for Healthcare Stakeholders to Know about GLP-1s and Compounding." Milliman.com, 2025.

[56] Bozick, Robert. "Nearly 12 Percent of Americans Have Used GLP-1 Weight Loss Drugs; Medications Are Most Used by Women Aged 50 to 64." Rand.org. RAND Corporation, August 6, 2025.

[57] Evernorth Research Institute, "Pharmacy in Focus: Navigating the GLP-1 Conundrum," Evernorth Health Services, 2025

[58] Durham, Anissa. "New Obesity Drugs Are Seemingly Everywhere. Black Americans Feel Left Out." STAT, May 29, 2024.

checking in languages other than English, which results in misleading content staying live on these platforms for a much longer period of time than English content."[59]

There is no way to estimate the volume of misleading and deceptive advertising now circulating online promoting compounded GLP-1 weight loss drugs and fake GLP-1 products. However, it is clear that consumers are being saturated with misleading claims, amplified through social media which aids the spread of falsehoods, and uses algorithms to push content that is sensational and spurs emotional responses.[60]

At the very least, the deceptive marketing of unapproved GLP-1 products hinders informed decision-making by consumers. Yet, the consequences can be far worse –Americans tuning out the advice of the Food and Drug Administration and medical societies, extensive public confusion about the safety of important drugs to treat obesity, and incorrect beliefs that lead to risk-taking behaviors harmful to health.

Realizing what is at stake, there is widespread consensus among patient safety advocates, medical societies,[61] state attorneys general[62] and bipartisan members of Congress[63] that consumers deserve protection to ensure that "truthful, non-misleading and accurate" information about GLP-1 drugs reaches the public and bad actors are put out of business. In a letter to FTC Chairman Ferguson dated July 17, 2025, Senator Marsha Blackburn urged the commission to investigate the questionable online marketing practices surrounding GLP-1 receptor agonists; consumer and patient safety advocates concur. It is time to end the deceptive marketing practices that put people at risk.[64]

IV. Conclusion

Given the potential harm to consumers resulting from the deceptive marketing practices described above, we respectfully request the FTC take immediate action to investigate online telehealth platforms marketing compounded GLP-1 weight loss drugs and take appropriate enforcement actions under Section 5. Furthermore, we urge the FTC to specifically scrutinize the behavior of any telehealth platforms whose practices blur the lines between FDA approved drugs and compounded treatments marketed as copies. We would appreciate a meeting to discuss this matter.

We appreciate your attention to this urgent matter. Should you require any additional information or documentation to support our petition, please do not hesitate to contact us.

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[59] Sanchez, Gabriel, and Carly Bennett. "Why Spanish-Language Mis- and Disinformation Is a Huge Issue in 2022." Brookings, November 4, 2022.

[60] Emily Denniss and Rebecca Lindberg, "Social Media and the Spread of Misinformation: Infectious and a Threat to Public Health," Health Promotion International 40, no. 2 (March 31, 2025): 1–10,

[61] Supra Footnote 24

[62] National Association of Attorneys General. State and Territory Attorneys General Urge FDA to Take Action Against Counterfeit and Illegally Sold GLP-1 Drugs. February 19, 2025

[63] U.S. Senator Richard Durbin of Illinois. "Durbin, Marshall Draw FDA Attention To Misleading Drug Commercial Set To Run During Super Bowl," February 7, 2025

[64] U.S. Senator Marsha Blackburn of Tennessee. "Blackburn, Skrmetti Call for FTC Investigation into Questionable Online Marketing of Alternatives to FDA-Approved Weight Loss Medications," July 17, 2025.

Sincerely,

National Consumers League with:

Aimed Alliance

Alliance for Safe Online Pharmacies

American Medical Women's Association

Peter Pitts on behalf of Center for Medicine in the Public Interest

Health Equity Coalition on Chronic Diseases

Healthy Women

League of United Latin American Citizens (LULAC)

MANA, A National Latina Organization

National Asian Pacific Center on Aging

National Council on Aging

National Hispanic Council on Aging

Partnership for Safe Medicines

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