THE DIVINNI PROVIDER NETWORK

FOR PHYSICIANS JOINING THE NETWORK

The Divinni Standard

The care network administrator for cash-pay care. A published bar for legitimacy, product integrity and patient oversight, that any pharmacy, prescriber or clinic can choose to meet.

LegitScript Certified | 503A Pharmacy Network | Zero Membership Fee

WHY A STANDARD IS NEEDED

A booming market with no referee

Online GLP-1 and men's sexual health care is growing fast. Quality, oversight and pricing are being set by whoever moves quickest, and regulators are still catching up.

1,700+
FDA adverse event reports on compounded semaglutide and tirzepatide through May 31, 2026, likely undercounted

55
FDA warning letters to telehealth firms in 2026 over misleading GLP-1 marketing (30 in March, 25 in June)

+101%
Growth in telemedicine applications to LegitScript over the past year, as platforms and payers demand proof

Why the Divinni Provider Network? Patients are already leaving your office for online platforms that compete on price and convenience, and too many end up with products and oversight no physician would sign off on. The Divinni Provider Network brings those patients back to a real clinic: yours. You keep your visit fee, patients are referred to you by zip code, and every medication comes from certified pharmacies at published prices.

Why a Care Network Administrator? A network is only as good as the rules behind it. Someone has to credential the pharmacies, negotiate pricing on behalf of every clinic, set the monitoring standards, and measure outcomes the same way for everyone. That is Divinni's role: the administrator that keeps the network accountable, so you can practice with confidence.

1 Counterfeit and imported product

Counterfeit Ozempic has turned up in the U.S. supply chain. FDA blocks GLP-1 ingredient imports with quality concerns and warns against "research use only" products being sold for human use.

2 Oversight on paper only

Med spas and online prescribers can operate with a medical director who exists mostly on paper. State rules vary, and states such as Indiana (March 2026) are only now tightening them.

3 Questionnaire medicine

Rapid online intake with little ongoing physician monitoring, even for patients who need it. FDA has received reports of dosing errors, some leading to hospitalization.

4 Labels you cannot trust

FDA has seen compounded product labels naming pharmacies that do not exist, products arriving warm, and unlawful ingredient forms.

5 A price squeeze on clinics

Questionnaire-based telehealth sets visit and drug prices that a staffed clinic cannot match, pulling patients out of local practices and weakening the clinics that provide continuity of care.

6 No bar to point to

Outside LegitScript certification, nothing requires an online seller to show a physician how it sources, supervises or measures outcomes. Physicians cannot tell good from bad.

The result is a market where the safest operators and the riskiest look the same on a landing page. **The Divinni Standard** exists to change that: a published, measurable bar, with proof a physician can request.

Sources: FDA (Concerns with unapproved GLP-1 drugs, current as of 10/01/2026); Becker's Hospital Review (Sep 2026, Jul 2026); SafeMedicines (May 2026); LegitScript via PPC Land (Sep 22, 2026); Rimo; Pabau. Details and links in the Divinni Quality & Market Data Book.

THE DIVINNI STANDARD

Five pillars. Twenty measurable criteria.

Every criterion is scored 0 to 5 against a written definition, with documents a physician can request. A star rating appears only when every scored criterion is complete.

Legitimacy

25% of the score

- LegitScript-certified pharmacy
- LegitScript-certified prescriber
- Active state 503A licenses
- Named physician of record, actually involved

Product integrity

25% of the score

- FDA-registered ingredient sources, batch certificates
- No research-use or unapproved forms
- Label names the real dispensing pharmacy
- Validated cold chain; compounding only with documented clinical need

Clinical oversight

25% of the score

- Clinician evaluation before the first prescription
- Scheduled ongoing monitoring
- Titration and dose-error protocols
- Adverse-event capture and MedWatch reporting

Economics and transparency

10% of the score

- Published medication prices
- Clinic keeps its visit fee
- No kickbacks; fixed per-medication fee

Measured outcomes

15% of the score, clinic-held

- Clinic-owned flowsheets track adverse events, hospitalizations, 90-day continuation and a clinical endpoint for each disease state
- Clinics may share totals, never patient data

Star ratings by disease state

DISEASE STATE	ENDPOINT ON THE CLINIC FLOWSHEET	5-STAR TARGET
Weight loss / GLP-1	% body-weight change at 12 and 24 weeks; stopped for GI intolerance	★★★★★
Sexual health	IIEF-5 change from baseline; patient-reported satisfaction	★★★★★
Hormone replacement	Lab values in target range; symptom score change	★★★★★
Wellness and longevity	Repeat-lab improvement where a deficiency was documented	★★★★★
Hair loss	Physician-graded photo comparison at 6 months	★★★★★
Skin care	Physician-graded lesion count or acne grade at 12 weeks	★★★★★

An open standard. Any pharmacy, telehealth group or clinic can score itself against the same twenty criteria and choose to meet them. Divinni publishes the method, so physicians can compare Divinni and anyone else on the same terms. Programs whose clinics do not share outcome totals are rated on the first four pillars. Scorecards and supporting documents are in the Data Book.

The 5-star column shows the target a program must reach under the Standard, not an issued rating. Compounded products must follow FDA's 503A rules, including a documented clinical reason for any formulation that is essentially a copy of an approved drug.

WHAT IT MEANS FOR YOUR CLINIC

Better care. Better economics.

The same forces pushing patients online are pushing clinics down. Divinni is built to reverse that, with a standard behind it.

How the Standard pays off

1. **You keep your visit fee**
   You set it and collect it in full. Divinni never touches it, and there is no membership fee.
2. **We bring patients back to clinics**
   Divinni's in-house marketing company, C-Media 360, advertises every program and refers patients to participating clinics by zip code, so people comparing online prices find a local physician instead.
3. **Two new revenue lines**
   Medication profit at published prices, plus the extra visit and any CPT codes you judge appropriate.
4. **Clear, published pricing**
   One published price list for every referred patient, with pricing we continue to negotiate with federally registered 503A pharmacies.
5. **Programs organized by disease state**
   Seven programs, each laid out with its own protocols, so you elect only the ones you want to treat.

Built to deliver

A 100,000 sq ft fulfillment facility, so orders ship at the volume a growing network needs.

LegitScript certification at the physician and pharmacy level, the credential that Google, Meta and the major card networks recognize.

Proof you can request

Certificates, license numbers, batch certificates of analysis and a one-page clinical flowsheet for every program are available to every network physician. The flowsheets stay in your chart; Divinni does not collect patient data.

Joining takes four steps

1. Join free
No cost to be listed in the network.

2. Choose programs
Elect only what you are comfortable treating.

3. Get listed
Patients find you by zip code and physician name.

4. Treat and earn
See the patient, keep your fee, add medication profit.

Raise the standard with us.

Free to join. Open to any clinic ready to meet the same bar.

DIVINNI.CO