

# The PAAB Code of Advertising Acceptance

Version date: February 1, 2024

## 1.1 About PAAB

The Pharmaceutical Advertising Advisory Board (PAAB) is comprised of a group of multi-stakeholder industry experts that work together to advocate truthful and balanced health product representation that is compliant with federal legislative regulation. Overseeing trusted healthcare communications since 1976, PAAB operates as an independent advisor for preclearance with patient well-being as its top priority.

In granting preclearance and with it the authorization to use the PAAB logo on advertising materials directed to healthcare professionals, PAAB will adopt the standards specified within the Code of Advertising Acceptance (Code) to all categories of healthcare products, including prescription drugs, non-prescription drugs, biologicals, homeopathy and natural health products. PAAB is recognized for making decisions about claims in advertising for healthcare professionals based on the review of evidence. PAAB will not grant approval or allow the use of its logo for advertising materials directed to healthcare professionals, patients or consumers that do not meet the standards of evidence defined within the Code, irrespective of the category of healthcare product. PAAB reviews materials developed by pharmaceutical manufacturers predominantly for the purpose of advertising or promoting a product to healthcare professionals and increasing their awareness of that brand. By their very nature, the utility of these materials in providing complete information about a product is limited; however, PAAB ensures that any information provided about a product is evidence-based and that there is a balance between claims about benefits and possible risks. The PAAB preclearance service is recognized and endorsed by Health Canada. PAAB maintains a liaison with Health Canada regarding the regulation of promotional activities for healthcare products.

1. PAAB is a not-for profit, self-financing organization funded by the fees paid by advertisers for preclearance review and not for the acceptance of materials
2. PAAB offers an opinion service for direct-to-consumer materials.

### 1.1.1 The PAAB Commitment

PAAB is an independent review agency whose primary role is to ensure that healthcare product communication for prescription, non-prescription, biological and natural health products is truthful, accurate, balanced, and evidence based, and reflects the current and best practice. PAAB monitors trends in health product advertising and promotion, and adjusts its Code and practices as required to fulfill its mandate

### 1.1.2 Membership to PAAB

PAAB was incorporated in 1976 with a multi-stakeholder Board of Directors. The following organizations are members of PAAB and have appointed official representatives to its Board:

- Best Medicines Coalition (BMC)
- BIOTECanada
- Canadian Association of Medical Publishers (CAMP)
- Canadian Dental Association
- Canadian Generic Pharmaceutical Association (CGPA)
- Canadian Healthcare Communications Providers (CHCP)
- Canadian Medical Association (CMA)
- Canadian Pharmacists Association (CPhA)
- Consumers Council of Canada (<http://www.consumerscouncil.com/>)
- Food, Health & Consumer Products of Canada (FHCP)
- Innovative Medicines Canada
- Nurse Practitioner Association of Canada (NPAC)

Health Canada participates as an ex-officio observer on the Board of Directors and acts as advisor to PAAB, without relinquishing any part of its authority under the Food and Drugs Act and Regulations

## 1.2 Description of the Code

The Code is the standard by which PAAB reviews health product advertising communication for preclearance. The Code has been created and approved by a multi-stakeholder board to promote communications that enable industry to present products in a manner that is truthful, consistent with the TMA, evidence-based and offers a balanced view of benefits and risks. The standards within the Code are designed to promote an ethical approach to providing factual health product information; an approach that results in an opportunity to make optimum health choices. The purpose of the Code is to foster full, fair and balanced disclosure.

The Code can be viewed in two formats:

1. Sequential Order
2. Organized by Key Principles

### 1.2.1 Materials Regulated as Advertising

Materials regulated as advertising and subject to preclearance review by PAAB are classified based on the following guideline supplied by Health Canada:

*“Advertisement includes any representation by any means whatever for the purpose of promoting directly or indirectly the sale or disposal any food, drug, cosmetic or device.”*

For further clarification on how Health Canada uses contextual factors to help determine whether a given message is advertising, see the below links to information supplied by Health Canada:

1. The Distinction Between Advertising and Other Activities
2. Regulatory Requirements for Advertising

### 1.2.2 How to Navigate the Code

Choosing the right method of viewing the Code for your purpose:

#### **Sequential Order**

This format offers users an overall understanding of PAAB, its relationship to Health Canada, the goals of preclearance, and the Code standards.

#### **Key Principles**

This format has been created to simplify the preclearance review process. In this format, the Code standards are broken down and separated into sections that reflect the corresponding principle that inspires a particular requirement. The principles highlight the fundamentals of ethical health product communications to offer full, fair and balanced disclosure. PAAB employs these principles in its review for preclearance. This format can assist in understanding of the nature of the review process and subsequent decisions. During the submission process, users are encouraged to consider their communications with these key principles in mind.

- Truthfulness
- Consistency
- Transparency
- Relevancy

**Additional information** on the Code standards can be accessed via Supplementary Guidance and Advisory documents. The Q&A resource called Ask PAAB is an opportunity to submit a question directly to PAAB, or view previous or similar enquires and responses on a related topic. It can be accessed [here](#) or from the main menu.

## 1.3 PAAB Services & The Scope of the Code

### **A) PAAB Services:**

The PAAB preclearance and review service covers promotional communications regarding Health Product Information that are directed to Healthcare Professionals, Patients and/or Consumers.

- The PAAB preclearance and review service is recognized and endorsed by Health Canada. PAAB maintains a liaison with Health Canada regarding the regulation of promotional activities for healthcare products.
- PAAB is a not-for-profit, self-financing organization funded by the fees paid by advertisers for preclearance review, and not for acceptance of materials.
- PAAB offers an advisory service for direct-to-consumer materials.

Regulations for DTCA (<http://www.paab.ca/resources/current-regulations>)

**B) The Scope of the Code of Advertising Acceptance:**

The Scope of the Code of Advertising Acceptance applies to all Advertising/Promotion Systems in both official languages of Canada (English and French) distributed via all media to healthcare professionals and patients.

No media is exempt as a vehicle for distribution of advertising or promotion. Examples of media include print, audio, visual, audio/visual, electronic and computer means of communication.

## 1.4 Audiences & Types of Communications Covered by the Code

- A. PAAB Services cover promotional communications regarding Health Product Information that are directed to Health Care Professionals, Patients and Consumers.
- B. The Code applies to all communications in which claims, quotes and references are made for healthcare products or in relation to healthcare product issues, meaning single entity and compound prescription and non-prescription pharmaceutical products, biologicals, natural health products and homeopathy products.
- C. The Code applies to Advertising/Promotion Systems generated by advertisers or their agents, wherein the advertiser's product or a competitor's product is cited by either trade name or non-proprietary name. This includes any identifiable branding element.
- D. The Code applies to all Advertising/Promotion Systems and corporate messages directed to licensed members of the professions of medicine, dentistry, naturopathy, homeopathy, nursing, pharmacy and related health disciplines, to institutions, and to patient information that will be distributed by or recommended by a healthcare professional.
- E. The proposed layout, including copy and illustrations, for APS intended for distribution to health professionals must be submitted to PAAB for preclearance. In the instance that copy decks are submitted in two languages only one format of the layout in either language is required.
- F. Both English and French advertising copy must be submitted for preclearance, if the same material is to be presented in both languages. APS produced in other languages that are translated from a PAAB approved APS should not carry PAAB logo, it may however, include a disclaimer stating the item was translated verbatim from a PAAB approved APS.
- G. The sponsoring company shall be responsible for accuracy of translation of APS.
- H. The Code applies to all digital formats and media. This includes Internet, Audio, Visual, Audio/Visual (AV), Electronic, and Social Media advertising promotion systems. The Code applies

equally to websites and other electronic online activities within the sponsor's control or influence where the intended audience is Canadians.

- I. Media covered include, but are not limited to: banner ads, e-mail marketing campaigns, online patient drug therapy adherence programs, search engine marketing and optimization techniques, social media platforms, networks and bookmarks, widgets, gadgets, mobile platforms and applications, tablet software, blogs, wikis, Really Simple Syndication (RSS) feeds, CDs, DVDs, computer software, online detailing including but not limited to self-directed HCP or company representative directed, slide programs, video and television, coding systems (such as QR) and other online/Internet media/platforms.
- J. When creating these APS, the sponsor should consider content, target audience and federal drug schedule within all of the requirements of the Code.
- K. See more information on digital formats and media. <http://code.paab.ca/digital-formats-media.htm>

## 1.5 Materials Not Subject to Preclearance

### A) Learning Materials

Information materials that have been independently controlled and prepared, with industry involvement limited to purchase and/or sponsorship of the distribution (e.g. a textbook). Collaterals such as reports that contain sections of accredited Healthcare Professional Meetings or Continuing Education (CE) events or activities organized independently of the sponsor of the materials and those materials are not focused on, or provide emphasis on, the sponsor's product(s). **This means these materials do not promote the sale of the sponsor's product(s).** See the Health Canada guideline "The Distinction Between Advertising and Other Activities," regarding the section: "Continuing medical education, scientific/medical exhibits and conferences" that states: "reports, edited scripts or recorded videos of the proceedings, in whole or in part, that concern a health product are disseminated by the sponsor or its agent **to a wider audience**".

1. Please note that these items are not required for PAAB preclearance review, however, they may fall under the definition of "advertising" in the Food & Drugs Act and Regulations. See the Health Canada Policy "The Distinction Between Advertising and Other Activities" on the Health Canada website. See definition of advertising.
2. Materials that are created by the academic organizers of accredited Continuing Education events or activities may be distributed at the event or to the registrants of that meeting at a later date.
3. If materials are to be distributed after the event to non-participants of the event by a sponsor company, and product or therapeutic claims, comparative data or statements regarding the sponsor's products are emphasized; the complete document must be

submitted to PAAB for preclearance. The respective roles of the authors and the sponsoring pharmaceutical company must be stated clearly on the title page.

4. Sponsorship statements must not include any listing of product(s) in order to fall within this section. This means if products are listed in information materials and statements it will trigger preclearance requirement.

**B) Person-to-Person Correspondence**

This applies to a single letter carrying a personal response or message and does not apply to multiple personal letters initiated by the company.

**C) Government Agency Correspondence**

This refers to requirements over which PAAB has no jurisdiction such as, but not limited to, drug recalls or warning notices.

**D) Contextual use of a Healthcare Product Name**

Use of a healthcare product name may only be used in a context not linked to therapeutic or promotional messages. The following is permitted:

- i. Company price lists containing no therapeutic claims, price comparisons or claims of company or product merit, status or issues.
- ii. A message comprised only of the words “now on provincial formulary” (or equivalent) in a manner which is not linked to a therapeutic message in any way and does not include a coverage criteria or code.
- iii. A message of “available at company X”.
- iv. A message of “Congratulations to company X on their 30th anniversary – sponsored by Company X makers of product Y”.
- v. Images of packaging materials are acceptable if no therapeutic claims are visible.

**E) Corporate Messages that do not Contain Product Information or Product Lists**

**F) Patient Information direct from and consistent with the Product Monograph or when the information is solicited by the patient directly from the manufacturer**

## 1.6 How to Submit to PAAB - The Process & Operations

**A) Submission of Material**

1. The fee for the review of submitted materials is charged in accordance with the fee schedule published annually. Invoices are rendered after the completion of the initial review. Fees due are for preclearance review and not for the final acceptance of the material.

2. All materials submitted to PAAB will be confidential unless otherwise stated by the sponsor.
3. PAAB will make the Final assessment of the category for billing purposes
4. Each Individual Advertising / Promotion System should be submitted separately for preclearance.

#### **B) Requirements for Preclearance**

1. All submitted materials are evaluated by PAAB, with appropriate consultation, when warranted.
2. Preclearance is conditional upon compliance with all applicable requirements of the PAAB Code of Advertising Acceptance.
3. The sponsor must provide a submission form with the indication of approval of a sponsor Company Official from the Medical, Regulatory or Compliance department prior to PAAB submission. This will confirm that the Advertising / Promotion System(s) is consistent with the approved Terms of Market Authorization and that the claims and or any direct quotes used are supported by references that meet the standards of the Code.
4. Data on File must be made available to the Commissioner and may be classified as 'Confidential' by the advertiser or the author pending publication.
5. Copies of all reference sources cited in an Advertising / Promotion Systems must be provided to the Commissioner for verification of claims and or quotations.

#### **C) Timelines and Requirements**

1. PAAB endeavors to supply comments of the initial preclearance review within 10-business days of the receipt of the complete submission to the offices of PAAB. PAAB will not begin the review process until all the necessary documentation has been received.

View Submission Checklist and the References Checklist before sending your material.

#### **D) Duration of Preclearance**

1. The maximum effective duration of preclearance for advertising is 12 months.
2. All advertising scheduled for presentation beyond 12 months must be resubmitted for preclearance at least 6 weeks prior to expiry of the applicable preclearance period.
3. Under special circumstances, such as an adjustment to a new 12 month advertising schedule or a delay in production of new material, the Commissioner may extend the preclearance beyond the 12 month period. Extensions at no fee charge shall be restricted to no longer than 2-consecutive months. Longer extensions shall be subject to the full fee applicable to the particular type of advertisement.

#### **E) Accepted Advertising / Promotion Systems**

1. PAAB will provide written notification of acceptance of the Advertising / Promotion System to the submitting company or agency. PAAB approved Advertising / Promotion Systems are allocated an identification code comprising of the PAAB Logo, advertisement registration number, type of ad, language(s) and effective 12-month preclearance period.

2. The identification code should be included in all insertion orders for the information of publishers.
3. The PAAB logo must appear in both the display and product information sections of the advertisements.

#### **F) Accepted Advertising / Promotion Systems**

##### **1. Proposed APS Requiring Revisions**

An APS found unacceptable by PAAB Reviewers, whether on first submission, resubmission after revision, or resubmission after expiry of the effective preclearance period, will be returned to the advertiser with a memorandum identifying the questionable points and portions of the APS requiring modification, and an explanation of the basis for the negative ruling.

##### **2. Clarification of Review Decisions**

Further clarification of the Reviewer's ruling will be provided on request, through correspondence or by telephone. Subject to availability and workload, Reviewers may agree to requests for meetings with advertisers at the offices of PAAB, if it will facilitate the review process. Fees may be applicable in certain instances. See Fee Schedule. Review decisions may be escalated to the Chief Review Officer (CRO) with the following procedure: after having discussed a written review comment with the PAAB Reviewer, responding in writing and receiving a subsequent PAAB letter about the same issue, the sponsor may choose to request a teleconference with the CRO for clarification of the issue.

#### **G) Withdrawal of Preclearance**

##### **1. Conditions for Withdrawal of Preclearance**

At any time, the Commissioner may withdraw PAAB preclearance and request suspension of publication of an Advertising / Promotion Systems (APS) on the following grounds: on the basis of a complaint upheld under Complaints & Appeals; cases where regulatory or independent medical advice suggest that the claims may constitute an imminent and/or significant health hazard; instruction from the Board; new information coming to light judged significant by the Commissioner; error or omission of fact. To effect the withdrawal of preclearance, the Commissioner will write to the advertiser, providing the notification that preclearance is withdrawn, along with a rationale for this action. This letter will also contain a schedule setting out by which date use of the material is to cease. The Commissioner, in consultation with the advertiser, shall determine this schedule so that the schedule is reasonable with regard to operational concerns.

##### **2. Advertisers' Obligations when Clearance is Withdrawn**

If PAAB acceptance of an APS is withdrawn during the effective preclearance period, and the ruling is not appealed under the Right of Appeal, the advertiser shall take the necessary action to withdraw the affected APS from publication or other use according to the schedule set by the Commissioner, or if none was detailed, at the earliest feasible date. Before distribution is resumed, the offending Advertising Promotion System must be revised and resubmitted for PAAB preclearance and these changes must be acceptable to the Commissioner before use.



# 1.7 How to Register a Complaint or Make an Appeal

## A) Introduction

This section contains a guide for the resolution of complaints against pharmaceutical advertising that is subject to preclearance by PAAB. In following these administrative procedures, it should not be necessary for organizations to act through legal counsel. As with all self-regulation, organizations are encouraged to act in the spirit of the Code to seek resolution and abide by those terms, even in specific situations that are not directly anticipated within this section.

PAAB will rule on all complaints relating to materials sponsored by health product manufacturers that fall within the scope of the Code.

See Health Canada Guidance Document “Health Canada and Advertising Preclearance Agencies’ Roles Related to Health Product Advertising” for more information.

## B) Access to Complaint Procedure

Complaints against Advertising/Promotion Systems (APS) may be lodged by: health professionals, health care organizations, pharmaceutical companies, federal regulatory bodies including Health Canada and drug payer organizations including provincial ministries of health.

## C) Access to Complaint Procedure

### 1. Format and Content of Complaint

Complaints must be in written form. The complaint should set out in a clear manner such that the aspects of the APS that are the subject of complaint are defined clearly and refer to the sections of the Code that the APS is alleged to violate.

### 2. Attachments to the Complaint

A copy of the APS under dispute should be attached. Articles or other information cited in the complaint also should be attached, unless these sources have been cited as references in an APS reviewed and accepted by PAAB.

### 3. Complaints against APS not reviewed by PAAB

Complaints may also be lodged against promotional material that does not carry the PAAB logo and appears not to have been accepted by PAAB. In these cases, complaint letters should first assert that the piece should have been reviewed by PAAB, and then may complain against subject material of the Advertising / Promotion Systems (APS) alleged to violate the Code. As soon as the advertiser has been notified of the complaint against an APS that had not been issued a PAAB acceptance, any further use of that APS must cease until the complaint has been reviewed and a ruling issued.

## D) Signing Authority

A senior official of the complainant organization must sign complaints. If the organization has directed a third party, such as an advertising agency, to prepare a complaint, the senior official must sign to indicate his or her concurrence.

**E) Process if Complainant is a Pharmaceutical Company**  
**Complaint Resolution Stage 1:**

**1. Intercompany Dialogue**

PAAB wishes to encourage direct communications between the complainant and the advertiser. The complainant company should address the letter of complaint, described in Complaint Letters, directly to the advertiser, with a copy sent to the Commissioner.

**2. Advertiser's Response**

The advertiser shall make written response to the complainant no later than 10-business days after the complaint is received at the advertiser's place of business. A copy of the response should be sent to the Commissioner. The response shall address each part of the complaint, and indicate whether the advertiser intends to revise the APS or, if not, why the APS does not violate the Code. Such a response might show, for example, how the contested claims are adequately supported by the references cited in the APS.

**3. Procedure if Advertiser Not Notified**

If the complainant does not notify the advertiser but sends a letter of complaint to the Commissioner, the Commissioner will provide a copy to the advertiser. The 10-day period for response will begin on the date of receipt of this copy at the advertiser's place of business.

**4. Special Intercompany Dialogue Procedures**

Companies are encouraged to meet in an attempt to resolve the dispute. If a resolution is found, or an extension to the 10- day response period is needed, the complainant should notify the Commissioner.

**5. Options Facing Complainant**

When the complainant receives a response from the advertiser, the complainant may wish to assess whether to:

- i) Continue discussion with the advertiser, possibly by writing another letter narrowing the points of dispute;
- ii) Accept the advertiser's response and therefore not pursue the complaint;  
or
- iii) Conclude that further intercompany dialogue will not be productive and therefore seek review by the Commissioner in Stage 2. The complainant should send a letter of intent to proceed to Stage 2. The Commissioner should receive the letter within 10-business days of the date of receipt of the advertiser's Stage 1 response by the complainant. The Stage 2 allegations should be clearly stated. Failure to comply with this section will result in the Commissioner voiding the complaint. If the complainant requests action after the 10-business day deadline, they may file a new Stage 1 complaint.

**6. Registration of Complaints to Proceed to Stage 2 Resolution**

In order for a complaint to pass to Stage 2, the complaint must be registered by sending written confirmation to the Commissioner that the company wishes to pursue the

complaint. A registration fee of \$500 will be charged to the complainant company at this time; the fee is refundable if the complaint is found valid.

**7. Procedure if Advertiser Does Not Respond**

If no response from the advertiser is received by PAAB or the complainant within 10-business days of the date of receipt of the complaint, the complainant company is entitled to move immediately to request registration of the complaint.

**8. Registration of Complaint in Exceptional Circumstances**

The Commissioner is permitted to register a complaint (and proceed to the Stage 2 review), before the 10-day period for advertiser's response has elapsed when regulatory or independent medical advice suggests that the claims may constitute an imminent and/or significant health hazard. No registration fee will be charged in these cases.

**F) Process if Complainant is not a Pharmaceutical Company**

**Complaints resolution Stage 1:**

**1. Initiation of Complaint**

The complainant may address the letter of complaint, described in Complaint Letters, to the Commissioner.

**2. Notification of Advertiser**

The Commissioner will then send a copy of the complaint letter to a Senior Official of the advertiser, unless the complainant specifically requests anonymity; in that case the Commissioner will provide an excerpt of the complaint to the advertiser.

**3. Advertiser's Response**

The advertiser shall make written response to the Commissioner no later than 10-business days after receipt of the complaint. The Commissioner will ensure that the complainant receives a copy of the response. The response shall address each part of the complaint, and indicate whether the advertiser intends to revise the APS or, if not, why the APS does not violate the Code, showing, for example, how the contested claims are adequately supported by the references cited in the APS.

**4. Registration of Complaint**

In order for a complaint to pass to Stage 2, the complaint must be registered. In Complaints Resolution Stage 1, complainants other than from pharmaceutical companies are not liable to pay registration fees. If the advertiser does not respond by 10-business days after receipt of the complaint, registration is deemed to occur on the subsequent business day. If the advertiser does respond within 10-business days, the complainant may request registration by notifying the Commissioner. The complainant should send a letter of intent to proceed to Stage 2. The letter should be received by the Commissioner within 10-business days of the date of receipt of the advertiser's Stage 1 response by the complainant. The Stage 2 allegations should be clearly stated. **Failure to comply with this section will result in the Commissioner voiding the complaint.** If the complainant requests action after the 10-business day deadline, they may file a new Stage 1 complaint.

## **5. Registration of Complaint in Exceptional Circumstances**

The Commissioner is permitted to register a complaint (and proceed to Stage 2 review) before the 10-day period for advertiser's response has elapsed, for example, when regulatory or independent medical advice suggests that the claims may constitute an imminent and/ or significant health hazard.

### **G) Complaints Resolution Stage 2: The Commissioner's Reassessment**

#### **1. Commissioner's Reassessment**

Once a complaint has been registered, the Commissioner will conduct a reassessment of the complaint and may issue rulings.

#### **2. Scope of the Reassessment**

In the reassessment, the Commissioner shall examine the letter of complaint and the advertiser's response. The review shall include evaluation of the data supporting promotional claims and if the APS had been previously reviewed, an examination of the way the Code was applied. The Commissioner may consult with PAAB Reviewers to request a revised opinion based on additional considerations, or may engage external advice.

#### **3. Outcomes of the Reassessment**

The Commissioner will attempt to clarify the issue and narrow down the areas of disagreement. If an agreement between complainant and advertiser is thought to be feasible, the Commissioner may recommend further dialogue, a face-to-face meeting or other conciliation attempts. If none is possible, the Commissioner will issue a ruling, rejecting or accepting all or part of the complaint and as part of this ruling may withdraw clearance for the APS. Also the ruling may address the issue of whether a registration fee under Section 1.7.E.6: Registration of Complaints to Proceed to Stage 2 Resolution

#### **4. Timelines**

The Commissioner's reassessment will be completed within 15-business days, although this period may be extended by two weeks if written notice is given to both companies.

### **H) Complaint Resolution Stage 3: The Review Panel**

#### **1. Right of Appeal**

This right exists for the use of pharmaceutical industry sponsors of advertising. Either the complainant or advertiser has the right to appeal the Commissioner's reassessment ruling to a Review Panel. Notice of appeal must be provided within 5- business days after the date of the ruling, in a letter to the Commissioner from a senior official of the organization.

#### **2. Composition of Review Panel**

The appeal will be heard by a Review Panel, comprised of three qualified individuals. The Commissioner will select these three persons from a larger pool of individuals named by national organizations in response to a request from PAAB; the pool may contain physicians, pharmacists or senior pharmaceutical marketing officials. The Commissioner will request one Panelist to act as Chair. Subject to availability of Panelists, the hearing shall normally be held within 6 weeks of receipt of notice of appeal.

**3. Panel Decisions**

Decisions by review panels are binding and final.

**4. Objection to the Selection of Review Panel Members**

Each party will be notified in writing of the selected Panel Members. Either party may object to the inclusion of an individual Panelist if the objecting party has a reasonable apprehension of bias on the part of such Panelist. Such objection must be registered in writing to the Commissioner within 2-business days.

**5. Conflict of interest**

Each person acting as a Review Panelist will be required to attest that he or she has no conflict of interest in participating in the appeal process.

**6. Costs**

The party that is unsuccessful at appeal (whether that is the complainant or the advertiser), is liable to pay \$5,000 plus actual costs for the review panel and preparation. In the event that the Review Panel decides partially in favour of both companies, the panel shall determine the appropriate sharing of costs between the two companies.

**7. Written Submissions**

The appellant must assemble its case in writing, along with supporting literature. If this material is extensive, the appellant is encouraged to provide an executive summary of no more than 5 pages in length. Per Complaints Resolution Stage 2 this material must be delivered within 15 business days of the said ruling to the Commissioner (meaning 10 business days after expiry of the right to appeal) who will ensure it is distributed to Panelists and to the other party. The appellant is permitted one extension of 5 business days for the delivery of the written case if notice of the extension is provided to the Commissioner and the other party.

After receipt of the written case, the other party will have 15-business days to prepare a written response and deliver it to the Commissioner, and is permitted one extension of 5-business days for the delivery of the written response if notice of the extension is provided to the Commissioner and the appellant.

If either the written case or the response is longer than 20 pages, including appendices, 5 copies of the complete package should be delivered.

The Commissioner will ensure that the written case and the response are delivered to the panel members and to both parties to the appeal, at least 7-days in advance of the panel hearing.

**8. Oral Presentation**

The appellant will be called upon to make a brief and concise oral presentation of its case. The other party will then have an opportunity to respond. A PAAB Reviewer will be permitted to describe the basis for the original ruling. Panel members may then direct questions to any party. The Chair may permit questions or comments from one party to the other, subject to both sides being given equal opportunity.

The oral presentations are intended to summarize the written arguments. Neither company may employ any new evidence that was not cited in the written case.

**9. Panel Decision Process**

After the oral presentation, the panel will retire for a private discussion before making its decision. The decision will be made by majority vote. The conclusions made by the Panel will be sent to both parties via electronic means within 5- business days of the hearing. A signed hard copy of the decision will be delivered to both parties thereafter.

**10. Implementation of Panel Decision**

If the Panel decision is not clear concerning the implementation of the decision on the clearance status of a particular APS, or concerning the schedule for replacing the withdrawn APS discussed in Withdrawal of Preclearance (/processoperations.htm#1\_6\_1), the Commissioner will write an implementation letter to specify the effect of the panel decision.

**11. Attendance at the Hearing**

The two parties are asked to limit their representation at the meeting to three persons.

**12. Public Reporting**

Information such as the parties involved, a summary of the major points at issue, and whether the appeal was upheld in Review Panel decision may be reported to the public.

**13. Failure to Co-operate with Procedure**

It is anticipated that Stage 3 Review Panel hearings will be rare, and all companies are expected to co-operate with these procedures. The Commissioner may deem a company to have failed to co-operate with the procedure if, for example, it refuses to prepare a written response or to appear at the hearing, or objects in an unreasonable manner to the selection of panelists. If the company fails to co-operate and, in the opinion of the Commissioner, is likely to gain a material commercial benefit from this failure to co-operate, the Commissioner is authorized to proceed with the Review Panel hearing and decision without that company's co-operation. In such a case, the Commissioner is directed to ensure a high degree of fairness in the processes of the Review Panel, in the selection of Panelists, and presentation of written and oral material before the Panel.

#### **14. Modifications to Review Panel Procedure if Complainant is not a Pharmaceutical Company**

Certain procedures in Complaints and Appeals will be modified when the complainant is not a pharmaceutical company:

- i) These complainants are not liable to pay costs in Costs.
- ii) If the advertiser has taken the issue to appeal (because the advertiser lost the Stage 2 Commissioner's reassessment), and the complainant does not wish to play an active role at the Review Panel stage, the Commissioner will take steps to ensure that the complainants' case is brought forward for assessment by the Review Panel, including the preparation and submission of a written response based largely on the initial complaint, and presentation of an oral submission.
- iii) If the complainant has taken the issue to appeal, and in the opinion of the Commissioner the questions at issue are principally policy issues that should be brought to the attention of the Board of Directors, the Commissioner is authorized to send the issues to the Board of Directors for discussion rather than to invoke the Review Panel Complaints Resolution Stage 3. After this discussion, the Board of Directors would authorize a response to the complainant. The referral to the Board of Directors is appropriate when the questions at issue, in the opinion of the Commissioner, relate more to the complainants' views as to how the PAAB Code should be written rather than matters of fact or interpretation of the existing Code.

#### **I) Appeals of negative PAAB preclearance rulings for a proposed APS**

##### **1. Right of Appeal**

Apart from appeals relating to third-party complaints that are defined in Sections 1.7.B to 1.7.H, an advertiser who has submitted a proposed APS has the right to appeal a negative clearance ruling, on first submission or resubmission.

##### **2. Discussion with Commissioner**

Advertisers are encouraged to discuss their differences first with the Commissioner. The advertiser may request that the Commissioner review the file, and the Commissioner may confirm or revise the negative preclearance ruling.

##### **3. Appeal to Review Panel**

If not resolved in: "Discussion with Commissioner", and if the company wishes to appeal an issue further, a written notice of appeal must be signed by a senior official of the appellant organization asking that the matter be heard by a Review Panel.

##### **4. Procedure for Review Panel**

The Commissioner will ask the PAAB Chair to convene a panel of three PAAB Directors to hear the complaint and make a decision. A decision shall be sought within 30 days. If the appeal is unsuccessful, the appellant company is liable to pay \$5,000 plus actual costs.

## **J) Penalties, Remedial Measures & Public Reporting of Complaints**

### **1. Appropriate Penalties**

In rulings on complaints and in the implementation of Panel Decisions, the Commissioner may set out penalties against companies for Code violations. The appropriate penalty will be selected in accordance with the degree of the Code violation. Examples of penalties could range from immediate withdrawal of offending advertising, to notices in annual reports or newsletters, to public letters of apology. The Board of Directors may develop a Guideline on Penalties that outlines for the Commissioner's use a hierarchy of appropriate penalties, including penalties other than those mentioned above, with sanctions of increasing severity for serious or repeated violations. The Commissioner may inform the appropriate trade association to assess the complaint ruling for further penalties if warranted.

### **2. Remedial Measures**

When material has been disseminated that is substantially misleading, or where the information may cause inappropriate product use or constitutes an imminent and/or significant health hazard, the Commissioner may require remedial measures contained in letters of correction or published notices. The Commissioner must approve content and form of these remedial measures. The remedial measures should be distributed to the original target audience using the same or similar media and must be implemented within 30-days of the Commissioner's instruction.

### **3. Public Reporting**

The Commissioner is authorized to make public reports of notable Code violations in vehicles such as annual reports and newsletters. These reports shall include identification of the advertiser, the method of distribution, whether the information was submitted for PAAB review, the reason why the information was found to violate the Code, penalties required and any other relevant information. Particular attention is to be given to repeat offenses, and to advertisers that refuse to comply with a Commissioner's ruling or Review Panel decision.

### **4. Reporting to Board Members**

The Commissioner also will make annual summary reports of complaints and their disposition to Board members, including ex-officio members representing regulators.

### **5. Health Canada**

Where complaints have been brought to PAAB for resolution, and the advertiser has not complied with rulings by the Commissioner or a Review Panel, the Commissioner shall inform Health Canada to request an investigation within the requirements of the Food and Drugs Act. The Commissioner is also expected to bring to the attention of Health Canada advertising believed to present an imminent or significant health hazard.



Detailed procedures are described in the current Health Canada document, setting out PAAB and Health Canada roles and consultation related to advertising review. View Health Canada's Guideline document "Health Canada and Advertising Preclearance Agencies' Roles Related to Health Product Advertising".

## 1.8 Definitions

### **Advertising or Promotion**

For purposes of this Code, advertising or promotion or advertising/promotion system (APS) is defined as any paid message communicated by Canadian media, with the intent to influence the choice, opinion or behavior of those addressed by commercial messages. This definition applies even if the information:

- A) has been published independently of the manufacturer e.g. clinical reprints, meeting reports;
- B) is from an independent authoritative source;
- C) is unchanged and complete;
- D) is claimed to be educational material. Distribution of any unsolicited material about a pharmaceutical product is deemed to be advertising if the information or its distribution serves to promote the sale of that product, either directly or indirectly.

### **Applications (app)**

Apps are programs that typically run on Smartphones and are accessed either through download or through the App Store for the user's platform. When the App Store includes reviews of the app products, Pharma should ensure that wording of reviews fall within the restrictions of Canadian regulations.

### **Clinical Relevance**

Refers to the practical value of the claim itself in assisting prescribers and consumers to select an appropriate therapy and to the practical value of a statistically significant effect when one treatment is compared to another.

### **Coding System**

The abbreviated computer codes created to transmit messages in brevity or secrecy (e.g., QR codes).

### **Comparative Claim**

A statement that compares an identified attribute of one drug product/ ingredient to that of another drug product(s)/ ingredient(s) in terms of comparability or superiority.

### **Conditions of Use**

The circumstances, under which the product is used for the authorized indication, e.g. with adjunctive therapies, in-patient vs. outpatient, daytime vs. nighttime use.

### **Consumer**

Members of the general public.

### **Continuing Education (CE) Event or Health Professional Meeting**

A group learning activity such as a course, conference, congress, symposium, workshop, seminar or meeting, sponsored by an accredited CME provider e.g. medical school CME offices, Royal College accredited National Specialty Societies, the national and provincial chapter offices of the College of Family Physicians of Canada (CFPC), Fédération des médecins omnipraticiens du Québec (FMOQ), Fédération des médecins spécialistes du Québec (FMSQ) and the Canadian Council for Continuing Education in Pharmacy (CCCEP). Rounds are not considered to be Health Professional Meetings in the context of Meeting Reports.

#### **Current Data**

1. Published or unpublished clinical or laboratory studies which have not been superseded by more recent and relevant data and information.
2. Market research data valid at the time of submission of the Advertising/Promotion System.

#### **Drug Identification Number (DIN)**

The 8-digit number located on the label of prescription and over-the-counter drug products that have been evaluated by Health Canada and approved for sale in Canada.

#### **Established Healthcare Product**

Any prescription, non-prescription or Natural Health Product manufactured and/or marketed in Canada for 2 years or longer.

#### **Fair Balance**

Refers to the presentation of accurate and fair assessment of the risks as well as the benefits of the drug. Fair balance is achieved when the overall presentation of information in the APS does not convey a deceptive impression of the drug's risk or benefits.

#### **Healthcare Product**

A substance or mixture of substances manufactured, sold or represented by a specific manufacturer for in vivo use in the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical state, or the symptoms thereof; or in restoring, correcting or modifying function(s) in humans. This includes: drugs listed on all schedules of the Food & Drugs Act and Regulations that have a Drug Identification Number (DIN) assigned by Health Canada; and Natural Health Products that includes traditional herbal medicines; traditional Chinese, Ayurvedic (East Indian) and Native North American medicine; homeopathic preparations; and vitamin and mineral supplements that have a Health Canada assigned NPN or DIN-HM and "pharmaceutical products".

This **excludes** medical devices and cosmetics\* as defined in the Food and Drugs Act and Regulations; products used for in vitro diagnosis of conditions, both normal (pregnancy test kits) or in connection with disordered states of health (blood glucose monitoring devices for diabetes, contact lens solutions, etc.); and food and vitamins being promoted purely for the maintenance of normal health.

*\*Therapeutic cosmetics, e.g. medicated and hypoallergenic preparations, are classed as pharmaceutical products. Advertising/Promotion Systems (APS) for such products must be submitted for PAAB review and clearance. Healthcare Professional (HCP) Licensed members of the professions of medicine, dentistry, naturopathy, homeopathy, nursing, pharmacy and other related disciplines.*

**Healthcare Professional (HCP)**

Licensed members of the professions of medicine, dentistry, naturopathy, homeopathy, nursing, pharmacy and other related disciplines.

**Indication(s) For Use**

Is (are) the therapeutic/diagnostic/prophylactic use(s) defined in the authorized product information, and may include limitations to the drug product's use, such as the applicability to a specific population e.g. pediatric, or other special conditions e.g. in combination with other therapies.

**Ingredient**

Refers to the active ingredient(s) unless otherwise qualified.

**Linking**

Providing the ability to display or activate another document or website from a point on the current document or website.

**Marketing Benefit Claim**

A statement that is designed to promote the sale of a health product. It often highlights a specific product attribute i.e. "longer lasting" or "tastes great".

A promotional statement designed to inform about the product's availability and benefits so as to form/alter the audience's opinion of the medication. It can be explicit (i.e. text) or implicit (i.e. images), comparative or non-comparative. It can relate to pharmacological or non-pharmacological properties of the product.

Not all statements about a product are "marketing claims of benefit". Common examples of product messaging which are not considered marketing benefit claims include product reconstitution instructions, monitoring instructions, dosing modifications for special populations and storage instructions when these are presented as instructions/burdens rather than features/ benefits (i.e. presented to instruct rather than alter/form the audience's opinion of the medication in a positive way). How a statement is framed can sometimes affect whether it is a marketing benefit claim. For example, the copy "Arbace: Convenience of a single daily dose" is a marketing benefit claim, while "Patients should be instructed to take a single dose daily at the same time each day" is not.

**Media**

For the purpose of this Code, media encompasses all means of distribution of Advertising/Promotion Systems (APS) to the health professions.

**Natural Health Products (NHP)**

Naturally occurring substances that are used to restore or maintain good health. They are often made from plants, but can also be made from animals, microorganisms and marine sources. They come in a wide variety of forms like tablets, capsules, tinctures, solutions, creams, ointments and drops.

**Natural Product Number (NPN)**

This is a number that identifies that a natural health product has been licensed by Health Canada.

**New Healthcare Product**

Any prescription or non-prescription product manufactured and/or marketed in Canada by a particular company for a period of less than 2 years. Use of the word 'new' or statements implying "new" in advertising should be restricted to 1 year after initial marketing.

**Observational Study**

An observational study draws inferences about the possible effect of a treatment on subjects, where the assignment of subjects into a treated group versus a control group is outside the control of the investigator. This is in contrast with experiments, such as randomized controlled trials, where each subject is randomly assigned to a treated group or a control group before the start of the treatment.

**Ongoing Study**

For the purpose of this code, an ongoing study is a study which is still in the data collection stage. It is important to note that once data gathering is complete, and/or an interim analysis is conducted, the study no longer meets the definition criteria for an “ongoing” study, even if the data has not been published, made public (e.g. at a medical/scientific meeting), or a follow/extension study is underway.

**Patient**

A person who has been prescribed a drug product by a health care professional.

**Pharmacologic Classification**

Identifies the pharmacologic action of the healthcare product (anxiolytic, diuretic, antibiotic, analgesic, etc).

**Prescribing Information (PI)**

Includes important information that may be required for the optimal, safe and effective use of a drug product, such as mechanism of action; indications and contraindications for use; and dosage instructions. For example, for healthcare products having a Product Monograph, the information provided in Part I of that monograph constitutes prescribing information. PAAB considers a link to the Terms of Market Authorization for any product (whether prescription or non-prescription) to satisfy this code’s requirement for a link to “prescribing information”.

**Product Claim**

A claim related to general merit, quality of life, economics, market position or status, or comparative advantage.

**Rational Drug Therapy**

Appropriate therapy, recommended or prescribed, that may be expected to remedy or ameliorate a disordered state of physical or mental health or that may be employed for diagnosis and prophylactic purposes to prevent or lower the incidence of illness.

**Really Simple Syndication (RSS)**

A simple XML schema that allows readers to pull data and display it any way they choose. Used for blogs and press releases to expand the ways people can access the information.

**Representative**

For the purpose of this code, representative research findings are those in which the evaluated sample reflects the population of interest.

**Risk Communications**

Risk communications are used as part of any risk management program. For the purpose of this code, “risk communications” refers to communications issued by (or in collaboration with) Health Canada to

convey new or emerging health product safety information about the promoted product. For more information, please refer to the Health Canada guidance document “Description of Current Risk Communication Documents for Marketed Health Products for Human Use”.

**Scare Tactics**

A strategy intended to manipulate opinion about a particular issue by arousing an exaggerated sense of fear or alarm.

**Search Engine Marketing (SEM)**

A form of Internet marketing that involves the promotion of websites by increasing their visibility in search engine results pages through optimization (both on-page and off-page) as well as through advertising (paid placements, contextual advertising, and paid inclusions).

**Search Engine Optimization (SEO)**

The process of improving the visibility of a website or a web page in a search engines’ “natural” or unpaid (“organic” or “algorithmic”) search results.

**Self-care Products**

For the purposes of this code, self-care products includes over the counter, natural health, and homeopathic products. Note that it does not include ethical drugs or schedule D drugs.

**Senior Official**

A person fulfilling one or more of the following functions in an organization: Chief Executive Officer, Vice President, Head or Director of Marketing, Medical or Regulatory, Senior Counsel.

**Single Sponsor**

Any commissioned communication prepared or controlled by the manufacturer or its agent such as journals, newsletters and other publications.

**Social Media**

The broad term for internet activities that engage or encourage engagement through online discussions or interactions. E.g.: blogs (personal online journal comprised of entries/posts), microblogs (Twitter), chat rooms, forums, video/photo sharing (YouTube, Flickr), social networking (Facebook), podcasts, user forums/discussion groups, wikis (website where content is added, modified or deleted by the users), news aggregation (RSS), apps etc.

**Terms of Market Authorization (TMA)**

Information in the Product Monograph, labeling and product license and the document that assigns a Drug Identification Number (DIN), Natural Health Product number (NPN) or homeopathic product number (DIN-HM), including related product labeling material and prescribing information, authorized by Health Canada.

**Therapeutic Claim**

A claim of effectiveness and/or safety of a healthcare product for the purpose(s) intended.

**Therapeutic Classification**

Identifies the condition(s) of therapeutic use of the healthcare product e.g. migraine, hypertension, peptic ulcer, psoriasis, etc.

**User-generated Content (UGC)**

Any material that is created by and posted by, a user. Examples of user-generated content are: a “like” rating on an article, a link rated and forwarded, a comment added into an open text field, a descriptor selected from a list of choices, a photo or other media uploaded.

**Uniform Resource Locator (URL)**

The “human-friendly” addresses of resources on the Internet. An example is: [www.PAAB.ca](http://www.PAAB.ca).

**Valid**

For the purposes of this code, valid research findings are those in which the research instrument (e.g. the clinical trial) is designed/implemented such that it can actually measure that which it is intended to measure.

**Web Link Destination**

The webpage produced by clicking a provided electronic link or by entering a provided URL into the browser address bar.

## 2 General Requirements

Advertising/Promotion Systems must be truthful, consistent with the Terms of Market Authorization, offer a balanced view of risks and be supported by relevant evidence.

### 2.1

All APS must be accurate, complete and clear so as to promote credibility and trust. Statements or illustrations must not mislead.

#### 2.1.1

The product information and/or link must be clearly presented within the main message, as described in Section 7.

#### 2.1.2

In the advertising message portion, the advertiser must present a fair balance of risk to benefit.

### 2.2

In all APS for pharmaceutical products, the brand or trade name, the non-proprietary or generic name and the Federal drug schedule of the product must appear in juxtaposition at least once within advertising copy and must

be in good contrast and be legible. For example <sup>Pr</sup>ARBACE™ (Arbasartin Sodium). The Federal drug schedule is not required to be disclosed for non-prescription products.

### **2.2.1**

The non-proprietary name must be the same as that cited in the Health Canada Terms of Market Authorization.

## **2.3**

APS must be presented in a manner that accurately interprets valid and representative research findings.

### **2.3.1**

Statements that are out of context or distort the conclusions of the author(s) are not acceptable.

## **2.4**

APS must reflect an attitude of caution with respect to drug usage, with emphasis on rational drug therapy and proper patient selection for the advertised product. The advertising copy should provide sufficient information to permit assessment of risk/benefit in a prominent manner, whereby the prominence of risk information must be comparable to the prominence of benefit in the main body copy.

### **2.4.1**

The advertising message should include reference to the safety profile that is consistent with the Health Canada Terms of Market Authorization.

### **2.4.2**

Special warnings, precautions, clinically significant serious adverse events, Notice of Compliance with Conditions (NOC/c) or use limitations cited in the TMA should be included in the body copy. Boxed messages in Product Monographs for products with NOC/c should be included in the advertising message. Examples include abuse potential for narcotics or CNS agents, or specific directions for use in special patient groups such as the elderly, pediatric, pregnant women, nursing mothers, women of childbearing age, etc.

### **2.4.3**

With respect to self-care products, the fair balance requirement can be met by inserting the following statements into the APS:

- i) **For Products with a Product Monograph or Health Canada approved Prescribing Information:** “Please consult the Product Monograph [or Prescribing Information] available at [websitepage.ca](http://websitepage.ca) for information to assist in benefit-risk assessment. Always direct the patient to read the label”. This should be followed proximally by a statement that the Terms of Market Authorization is also available upon request through a stated phone number. The indication must appear within the APS. Note that for electronic APS, the phone number is not required if an electronic link is provided to the Product Monograph. In those cases, the linkage statement should be “Please click here for the Product Monograph available at [www.websitepage.ca](http://www.websitepage.ca) for information to assist in benefit-risk assessment. Always direct the patient to read the label”. The indication must appear within the APS. See Section 7.
- ii) **For Licensed Products Without a Product Monograph or Health Canada approved Prescribing Information:** “See Warnings, Cautions, and Directions of Use at [websitepage.ca](http://websitepage.ca) for information to assist in benefit-risk assessment. Always direct the patient to read the label”. This should be followed proximally by a statement that the TMA is also available upon request through a stated phone number. The indication must appear within the APS. See Section 7. A link to a website for information on warnings, cautions and directions of use is not required if all relevant text from the Health Canada labeling and product license is included in the APS. See Section 7.2.1.

Note that for electronic APS, the phone number is not required if an electronic link is provided to this risk information. In those cases, the linkage statement should be “Please click here for Warnings, Cautions, and Directions of Use to assist in benefit-risk assessment. Always direct the patient to read the label”. The indication must appear within the APS.

## 2.5

The Code does not accept APS that are prejudicial to any gender, race, occupation or patient group, or contravene the ethical values of the health professions.



### **2.5.1**

For additional guidance, the Reviewer has access to supplemental codes and guidelines.

### **2.5.2**

The advertiser must reconsider statements or visual presentations that are potentially offensive, or that may have a "negative effect" upon company or patient images.

## **2.6**

In company-generated copy or quote(s) from referenced material, no APS may state or imply in absolute terms that any product is 'safe', 'ideal', 'non-toxic', has 'guaranteed efficacy', is 'uniformly well tolerated', or has "totally predictable action or clinical effect".

### **2.6.1**

The Code does not accept statements that claim directly, or indirectly, 100 percent clinical efficacy or safety.

### **2.6.2**

The advertiser may make properly supported absolute statements when describing product properties (e.g. pharmacology, actions, kinetics, etc.) if these are presented or grouped separately from the clinical claims section; this avoids any extrapolation of laboratory superiority to imply clinical efficacy or advantage.

### **2.6.3**

The following are other examples of terms, which may not be used, in an absolute or categorical sense or in an unqualified manner: "avoids", "eradicates", "cures", and "eliminates".

## **2.7**

APS must not imitate the general layout, text or visual presentation of other pharmaceutical company advertisements in a way likely to mislead or confuse the reader.

## **2.8**

Promotional items offered in advertisements must be related directly to the product or its use(s), or be of practical value to the health professional.

Such items must withstand professional and public scrutiny. Items intended for distribution to patients via a health professional must be useful as aids to patients' understanding of, or adaptation to, their condition(s) or for encouraging compliance with recommended therapy.

### **2.8.1**

Such presentations must also conform to individual association codes of marketing practices such as the Innovative Medicines Canada, BIOTECanada, CGPA and by health professional organizations such as CMA or CPhA.

### **2.8.2**

For purposes of this Code "practical value" shall be limited to compliance with recommended therapy, items useful to the healthcare professionals in their practice, and/or as teaching aids for patients Innovative Medicines Canada, "Code of Ethical Practices" at [www.innovativemedicines.ca](http://innovativemedicines.ca) (<http://innovativemedicines.ca/>).

## **2.9**

Advertisements that are displayed in multiple portions over contiguous pages (such as, over pages 3, 5, and 7) may be deemed to be a single advertisement and reviewed as such provided each part can be easily identified as part of the complete ad. Portions of advertisements that will not be displayed on contiguous pages will be reviewed as discrete advertisements. The advertiser must inform the PAAB if ad portions will not appear contiguously.

## **2.10**

**Authorized Use:** An advertisement is misleading if it suggests that a drug is useful in a broader range of conditions or patients than that which have been approved by Health Canada. The segment of patients for whom the product is authorized should set the context for the corresponding benefits. Also, the indication(s) should be stated in a manner that clearly reflects the Terms of Market Authorization.

### **2.10.1**

Any content setting the boundaries for patient selection from the Indications and Clinical Use section of the Product Monograph (or equivalent section of other TMA types) must be presented prominently among, or prior to, the first set of marketing benefit

claims in the APS. This is only required for the indication(s) promoted within the piece. The same applies to the recommended use for products with a product license.

#### **2.10.2**

The TMA content “Drug X is indicated for” (or equivalent) must be presented verbatim at least once within the advertising message of the APS.

#### **2.11**

For review purposes, PAAB makes no distinction between leave-behind and non-leave-behind detail aids or representatives’ materials.

## **3 Making Statements: Claims, Quotes & References**

### **3.1**

Claims and/or quotations in Advertising/Promotion Systems must be consistent with, and within the limitations of, the Health Canada TMA. Any APS containing direct or indirect product claims and/or quotes from scientific literature must include a complete listing of the scientific references. Labelling must be authorized by Health Canada. See Making Comparisons, Section 5, for claims that are of a comparative nature.

#### **3.1.1**

Clinical or therapeutic claims must be based on published, peer-reviewed, controlled, and well-designed studies with clinical and statistical significance clearly indicated. Review articles, pooled data, meta-analysis, post-hoc analysis, are generally regarded as not being acceptable evidence in drug advertising. Data included in the TMA may be acceptable. Additionally, high quality meta-analysis and observational studies may be acceptable. Non-clinical claims must be well supported by relevant evidence.

#### **3.1.1.i**

Clinical and therapeutic APS presentations based on the following types of data are required to meet tailored standards outlined in the listed guidance documents:

- a. Real-World Evidence (including, but not limited to, observational studies). See the [RWE Guidance Document](#) for evidentiary and presentation format considerations.
- b. Subjective endpoints from unblinded RCTs. See the [Attention Icon Guidance Document](#) for presentation format considerations.
- c. Clinical studies from other jurisdictions where the **inactive** ingredients differ from the corresponding Canadian version of that product. The therapeutic use evaluated in the study must align with the use approved in Canada for that product. All relevant provisions of the code apply to inclusion of the study within advertising targeted to Canadian health professionals. See the [Attention Icon Guidance Document](#) for presentation format considerations.

### 3.1.2

Unpublished data is regarded as having received independent review when:

- i) There is evidence that an editor of a peer-reviewed journal has accepted this data (or study) for future publication.

or

- ii) The data has been reviewed as part of a submission to Health Canada and there is evidence of acceptance indicated by inclusion in the TMA. Citation in the bibliography section of the TMA does not indicate proof of acceptance by Health Canada.

Please note that abstracts presented at conferences and/or in journal supplements (such as study design and results analyses) that have not been subject to independent review are generally regarded as not having sufficient evidence to support claims and may not be used as reference in APS.

Papers published in journal supplements must demonstrate that the supplement has also been subject to a rigorous peer-review process similar to the attached journal.

### **3.1.3**

Non-evidence based statements such as testimonials regarding adverse drug reactions are not acceptable. Testimonial statements consistent with data and supported by evidence may be used.

### **3.1.4**

Claims based upon laboratory or animal testing reports should be separated and cannot be used to imply clinical significance, unless there is evidence of a valid clinical correlation.

### **3.1.5**

Claims or quotations that are out of context or inconsistent with the conclusions of the cited author(s) will not be accepted.

### **3.1.6**

Footnotes in close proximity may be used to augment information presented in the body copy. Information that is important for a clear and accurate understanding of a product claim must not be relegated to a footnote, (for example, an indication or dosage that is limited or that is restricted to a specific group of patients must not form part of a footnote and must be contained in the body copy).

### **3.1.7**

With respect to advertising of non-prescription drugs without a Product Monograph, a Senior Regulatory Official of the Market Authorization Holder (MAH) may provide confirmation that a claim has been approved by Health Canada, for example: "Name of the Market Authorization Holder hereby attests that the claim (specific expanded claim) has been authorized by Health Canada for (complete product Brand name)." The MAH may be asked to provide further information.

### **3.1.8**

For Drug Identification Number (DIN) products transitioned to Natural Product Numbers (NPNs), the Product License is the preferred evidentiary support for claims. However, the previously accepted

Product Monograph will be considered acceptable evidence to support claims made regarding the transitioned Natural Health Product (NHP). This does not apply to products whose ingredients were altered. The previously accepted Product Monograph may not be used to support claims that are inconsistent with the current TMA.

### **3.1.9**

PAAB may allow the use of sub-group analysis with specific conditions.

### **3.1.10**

Secondary endpoints should be clearly identified as such and the primary endpoint of the study should be presented in close proximity when warranted.

### **3.1.11**

PAAB may allow the use of observational studies when specific acceptance criteria are met.

## **3.2**

All reference materials, both published and unpublished should be the most recent available, consistent with current Canadian medical opinion and practice and be within the limitations of the Health Canada accepted TMA. Canadian guidelines are to be adhered to and only in the event that they are not available see the following for guidance on international guidelines. What Constitutes Current Medical Opinion.

### **3.2.1**

Current literature may be used to supplement information contained in the TMA or provide further verification of relevant information in the TMA.

### **3.2.2**

Literature used to support claims contained in the APS must be consistent with the indications, dosage regimens, and efficacy and safety information contained in the Health Canada TMA.

### **3.2.3**

Reference to research or ongoing studies may be made in a non-promotional context with no prominence on information that has not

been authorized by Health Canada. A study involving off-label use, which has been completed, has undergone an interim analysis, or has been presented at a medical meeting, and incorporates information that is not included in the Health Canada TMA, must not be mentioned in advertising.

### **3.3**

References cited in the APS must be available to health professionals on request, in English and/or French, either in their original form or translated. Data on file must be made available to the Commissioner and may be classified as 'Confidential' by the advertiser or the author (pending publication).

A copy of the summary of the Data on File must be provided to health professionals upon request.

### **3.4**

Copies of all reference sources cited in an APS must be provided to the PAAB Commissioner for verification of claims and/or quotes.

### **3.5**

APS containing claims or quotes that emphasize only positive features of a pharmaceutical product, while ignoring significant negative findings, are not acceptable.

#### **3.5.1**

The body copy must contain reference to any negative findings in a prominent manner.

### **3.6**

Quotes excerpted from published or unpublished scientific literature must be verbatim as presented in the source, and in context. Any deletions should be identified by a series of dots. Deletions of negative findings or other significant information relative to the product and or its use(s) will not be acceptable.

### **3.7**

Claims or selected quotations must not refer to other products or different formulations of the same active ingredients unless authoritative data are available to warrant cross-referencing between products. See Equivalence Section 5.13.

# 4 Presentation of Data

## 4.1

All data presented in Advertising/Promotion Systems (APS) including: charts, graphs, tables or other reproductions extracted from reference studies or other sources or reproduced by artwork, must be accurate, complete and clear. The source(s) must be identified. Each adaptation of data should be so labelled and the source(s) indicated.

### 4.1.1

In charts, graphs, tables and other reproductions extracted from the reference studies; the advertiser must not introduce data or imply conclusions that do not appear in the references.

### 4.1.2

An advertisement should include all pertinent titles, legends and other designations appearing in the reference.

### 4.1.3

Adaptations of data must be presented in a manner that does not add or subtract from conclusions of the author(s) unless required under a separate provision of the Code.

## 4.2

Statistics must be presented so as to accurately report the findings and to help make reliable and valid conclusions.

### 4.2.1

Statistical information should include dosage and the level of significance (e.g. confidence interval [CI] and/or p-value), in the presentation. Where confidence intervals and p-values are both available, the manufacturer may decide to report both. The use of 95% CI is encouraged in preference to p-value. Information such as patient numbers, time span, dosage, etc. that are needed to assess the data, may appear in the web link destination containing the Terms of Market Authorization (TMA).



#### **4.2.2**

The advertiser must honor market research company agreements and must submit a release of market share claims from the source of the data. Data should be the most current available, at least within the past six months.

#### **4.2.3**

Reporting clinical trial results in relative or proportional terms may lead to misinterpretation of the true benefit and degree of a treatment effect. APS which present results using these methods of reporting, namely relative risk (RR) or relative risk reduction (RRR), must also include an indication of the absolute treatment effect. This can be presented as absolute risk reduction (ARR), number needed to treat (NNT) and/or the actual comparative clinical results or rates. The overall presentation should reflect the true magnitude of benefit and not magnify the clinical effect. Undue emphasis on treatment effects in relative terms, by means of graphic presentation or differences in type size, is not acceptable.

### **4.3**

Data presentations which are misleading or ambiguous, or which distort the original meaning or interpretation, either directly or by implication, are in violation of the Code.

#### **4.3.1**

Company-generated charts/graphs, etc. from pooled studies may not be acceptable.

#### **4.3.2**

Company-generated charts/graphs, etc. must not distort the conclusions of the author(s) by visual manipulation.

### **4.4**

Reference lists and study parameters may be moved to a web link destination.

#### **4.4.1**

A prominent statement within the main advertising message must identify that this content can be accessed at the web link destination. The linkage mechanism may be a URL (for example in a print tool) or

an electronic link. The URL may be supplemented, but not replaced, by an electronic coding system (e.g. a QR code or a bar code).

#### **4.4.2**

The reference list and study parameters are assessed by PAAB during review of the corresponding APS. A separate review of the link destination webpage is not required where the contents of that page are limited to the following:

- Product logo (without tagline) and/or the corporate logo
- Reference list and/or study parameters
- TMA and risk communications
- An optional link to the post-gate homepage when the web link destination is part of a broader site
- An optional footer containing legal elements such as the privacy policy, terms of use, and contact information
- Optional branding colour scheme without images

Web link destination pages having additional content (whether text or images) are required to be submitted for PAAB review as a separate APS.

#### **4.4.3**

Where mandated by the consumer advertising regulations, the web link destination must either be gated or de-indexed from search engines. If the site is gated, the URL or electronic link promoted in the APS must bypass the gate such that password entry is not required to access these disclosure documents. The URL and electronic link must therefore be promoted only to HCPs.

#### **4.4.4**

Reference citation format should be clear and complete. PAAB may require changes where there is an off-label or misleading claim in the title.

#### **4.4.5**

When relegated to link destinations, the APS reference list and study parameters must take one of the following forms:

##### **Different link destinations for each APS:**

- Each link destination contains the reference list and study parameters specific to the corresponding APS

- The reference numbers and sequence in the link destination match those in the APS
- Within the preclearance process for the corresponding APS, the entire list of references and study parameters would undergo PAAB review

**Single link destination common to each of this product's APS:**

- The link destination houses a master list of the references and study parameters used across this product's advertising campaign
- The reference numbers on the destination webpage match those in the APS (although the sequence will likely differ)
- Within the PAAB preclearance process for the corresponding APS, those references and study parameters relating to the piece are reviewed
- The Market Authorization Holder must remove references and corresponding study parameters from the master list if acceptance of all APS utilizing those references expires

**4.4.6**

The content on the destination site must be in the same official language as the APS.

**4.4.7**

The Market Authorization Holder is required to ensure that the link and the destination are maintained for the duration of the period for which traffic is sent to that link/destination or for the period of use of the "originating piece".

## 5 Making Comparisons

Forming part of the PAAB Code, reproduced here in bold, (Section 5.1 to 5.6) is the text of the Part 5 "Policy" from the Health Canada directive entitled Principles for Comparative Claims Related to the Therapeutic Aspects of Drugs.

**Consistent with the provisions of Section 9 (1) of the Food and Drugs Act, pharmaceutical manufacturers are required to observe the**

**following principles in making claims that compare the therapeutic aspects of drugs:**

### **5.1**

**The compared drugs/products have an authorized indication for use in common, and the comparison is related to that use; or, in addition to the common indication for use, a second authorized indication is claimed as an added benefit of the advertised drug, and**

### **5.2**

**The comparison is drawn between drugs under the same conditions of use (e.g. equivalent part(s) of their authorized dose ranges (maximum vs. maximum dosage), in a similar population, and**

### **5.3**

**The claim does not conflict with the Terms of Market Authorization of the compared products (Note 1), and**

### **5.4**

**The claim is of clinical relevance in humans, i.e. relevant to treatment selection, and, where this is not readily apparent, its clinical relevance can be justified by the sponsor, and**

### **5.5**

**The evidence generated to substantiate the claim is conclusive and based on:**

- i) Consideration of all relevant data, and**
- ii) Scientifically accurate, unbiased, reproducible data obtained from studies conducted and analyzed to current scientific standards using established research methodologies and validated end points, and**
- iii) Appropriate interpretation of the data (Note 2).**

### **5.6**

**The claim and its presentation should:**

- i) Identify the compared entities (Note 3), and**
- ii) the medicinal use related to the claim where this is not readily apparent (Note 4), and**
- iii) Not obscure the therapeutic use of the advertised product/ingredient (Note 5), and**

- iv) **Not attack the compared drug product(s)/ingredient(s) in an unreasonable manner, and**
- v) **Be expressed in terms, language and graphics that can be understood by the intended audience.**

Advertisers are responsible for ensuring that comparative claims that fall within the scope of these Health Canada Principles, meet these requirements. Furthermore, all comparisons must satisfy the requirements of the full PAAB Code, including the following provisions:

## **5.7**

Comparative claims of efficacy and safety generally require support of evidence from head-to-head, well-designed, adequately controlled, blinded, randomized clinical studies. Open-label studies are generally not considered to be a high level of evidence and are not acceptable support for marketing benefit claims relating to subjective endpoints.

For standards pertaining to informational presentation of subjective endpoints in open-label trials see s.3.1.1.i.

Comparative claims should be consistent with current medical opinion and practice. Canadian guidelines are to be adhered to. In the event that they are not available, see the following document on what constitutes current medical opinion.

### **5.7.1**

Adverse events and clinical efficacy data quoted from two or more TMAs or derived from studies that were not head-to-head, are not acceptable support for comparative claims of clinical safety or efficacy. This is due to the fact that factors such as study methodologies, patient populations, dosing and measurement criteria used in the separate trials can vary widely. Furthermore, a side-by-side presentation of these adverse events and efficacy data, which lack comparability, could leave a misleading impression and does not meet the PAAB Code acceptance standards.

## **5.8**

Methodologies, endpoints and independent review. To be considered as evidence, clinical studies must use established research methodologies and validated endpoints. To aid in the assessment of these study parameters, PAAB looks for evidence that the full study results have been

subject to independent review, such as that found by achieving the publishing of study results, including statistical analyses, in a peer-reviewed journal. (Note 6)

#### **5.8.1**

Alternatively, unpublished data are regarded as having received independent review when:

- i) There is evidence that the full study manuscript has been accepted by the editor of a peer-reviewed journal for future publication, or alternatively when
- ii) The data have been reviewed as part of a submission to Health Canada and there is evidence of acceptance (such as inclusion in the TMA).

#### **5.8.2**

When presented only in the following form, study design and results analyses are not regarded as having been subject to independent review and are not sufficient evidence to be used as reference support for advertising claims:

- i) Abstracts presented at conferences and in journal supplements.
- ii) Papers published in journal supplements unless the advertiser can demonstrate that the supplement has also been subject to an adequate peer review process.

### **5.9**

**Analysis of Data:** To be considered as evidence, results must achieve an acceptable level of statistical significance. Where confidence intervals (CI) and p-values are both available, the manufacturer may decide to report both. The use of 95% CI is encouraged in preference to p-value. The use of 90% CI is acceptable for presentations of pharmacokinetic data. Failure of study results to demonstrate a statistically significant difference in the measured effect is not sufficient to support a claim of equivalence between the treatments studied.

### **5.10**

All direct and indirect comparisons must not mislead and be supported by reliable current data.

#### **5.10.1**

The following types of claims are subject to the requirements noted:

**5.10.1.i**

Comparisons of adverse events or efficacy of a product or drug ingredient may be supported by a peer-reviewed, published meta-analysis of data from studies in which the conditions of use of the compared drugs are consistent with those authorized in Canada.

**5.10.1.ii**

Pharmacoeconomic and quality of life claims must be supported by high-quality studies. Disclosure of study parameters (See Section 5.11) is important for interpretation of results.

**5.10.1.iii**

For comparisons of non-clinical data (e.g. pharmacokinetics and pharmacodynamics), no direct or indirect clinical conclusions may be made in advertising unless a strong correlation can be established (e.g. where the rate of absorption is a direct measure of the onset of symptom relief).

**5.10.1.iv**

Price comparisons that imply or suggest therapeutic equivalence are not acceptable. A disclaimer may be appropriate.

**5.10.2**

The following classes of claims are subject to these requirements noted:

- i) Market share and price claims, must be based on and referenced to, current authoritative data and must not state or imply therapeutic equivalence.
- ii) Other non-therapeutic product claims, such as taste or packaging, require support from adequate, unbiased and statistically valid Data.
- iii) Information from two or more TMA on products' properties (Note 7) and on instructions for use or use limitations (Note 8) may be acceptable as side-by-side presentations and in text form.

While the Code permits products to be accurately differentiated by these parameters, no clinical significance must be stated or implied where none has been proven, as is required under the Code for any statement. To ensure that clinical significance is not implied, a disclaimer may be required: "Data from separate product monographs; comparative clinical significance has not been proven."

Any such side-by-side presentation or statement must be complete, in that other data relevant to the presentation also contained in the TMAs must not be omitted. The presentation or statement must not be accompanied by a heading that implies an overall comparison of clinical efficacy or safety.

### **5.10.3**

In submitting the claim for review, the advertiser attests that the data is current and does not conflict with the body of evidence in the field.

### **5.11**

Disclosure of study parameters. The claim should be accompanied by or linked to disclosure of relevant study parameters that would aid the reader in interpreting the data such as patient numbers and p-value and/ or confidence intervals (CI). This information should be in prominent type size (a minimum of 8 point on 9 point). In no circumstances would extrapolation of the claim beyond the actual conditions of the supporting studies be acceptable. Information such as study methodology, description of patient type and number, disease severity, dosage range, study sites, etc. may appear with the product information.

### **5.12**

Context. Selective data presentations or claims which distort study findings, or which are out of context with study conclusions, are not acceptable.

#### **5.12.1**

All advertising is subject to Code requirements for risk/benefit balance.

### **5.13**

Equivalence. Bioequivalence claims are based on valid comparative data, normally to standards currently in use by Health Canada. Accurate statements may be made about the interchangeability of products



recognized on various formularies. Claims of therapeutic equivalence must be based on comparative evidence.

#### **5.14**

Formulation. Studies using non-Canadian products are not accepted unless the advertised Canadian product is identical (for example identical master formula) to the corresponding non-Canadian product used in the original studies. A letter from the sponsor's Medical/Regulatory Department would be required. Where the inactive ingredients differ see s.3.1.1.i.

#### **5.15**

Scare tactics. Advertising that induces fear or uses scare tactics to introduce unwarranted concern will not be accepted.

#### **5.16**

Superlatives. Unless substantiation can be provided, advertisers may not claim or imply that a product has a superlative feature or function (e.g., comments such as most effective, or least toxic), or is accorded special status (such as being unique). Similarly, advertisers may not, without substantiation, claim or imply superiority or special status for a company, its personnel, services, or product line.

#### **5.17**

Trademarks. Copy must acknowledge competitors' trademarks.

#### Notes:

1. For drugs subject to Division 8, Part C of the Regulations, the Drugs Directorate Policy: Changes to Marketed Drugs provides guidance on product information changes that require the filing of a Supplemental New Drug Submission, Notifiable Change etc. For drug products assigned a DIN but are not subject to Division 8, Part C of the Regulations, Section C.01.014.4 of the Regulations identifies the product information changes that require a new DIN application, provided the new information does not render the product subject to Division 8, Part C of the Regulations.
2. Extrapolation beyond the actual conditions of the supporting studies is not acceptable.
3. e.g. hanging comparisons such as "better", "faster acting" are unacceptable, as are vague statements such as "compared to the leading brand...."
4. Where the advertised entity has more than one indication for use, it should be clear to which use the claim refers.

5. e.g. the comparative claim should be afforded no more prominence than the therapeutic use.
6. As defined by the International Committee of Medical Journal editors, a peer-reviewed journal is one that has submitted most of its published articles for review by experts who are not part of the editorial staff.
7. e.g. drug pharmacokinetics, pharmacodynamics and pharmaceutical information.
8. Indications, Contraindications, Warnings, Precautions, and information on dosage, administration and overdose.

## 6 Patient Information

Company controlled or prepared branded patient information is information that contains non-promotional material that is consistent with, and in addition to, the Health Canada approved patient information (e.g. the consumer information section of the product monograph, patient insert, approved product labelling). The information should focus on educating patients about particular diseases/conditions and optimal use of the product by the patient for whom it has been prescribed.

This information should address patients' expectations through encouraging meaningful dialogue between patient and healthcare professional and supplementing this dialogue with the best available evidence-based statements.

All health product information must be consistent with the Terms of Market Authorization (TMA), and should not contain promotional claims.

The Advertising/Promotion Systems (APS) could contain additional sources of health information from standard setting organizations. It should be written in clear, understandable and legible language.

Principles for education on optimal use of the product and diseases/conditions:

- Principle 1: Clarity of message
- Principle 2: Management of expectations
- Principle 3: Evidence-based information

# 7 Disclosure & Product Information

## 7.1

Product information in pharmaceutical Advertising / Promotion Systems (APS) must conform to the requirements outlined in Section 7.3 of the Code. Indications for use of a pharmaceutical product must conform to the Health Canada authorized Product Monograph, or, if there is no monograph, the accepted Prescribing Information. If neither of the above exists, the Commissioner will make an evaluation after consultation with the appropriate Health Canada official(s) and clinical consultants.

## 7.2

Product information, when required or when necessary, must form an integral part of the advertising message, which may be accomplished via a reference to a website link in a printed piece or by a direct electronic link to a website.

### 7.2.1

With respect to self-care healthcare products (such as over the counter, natural health and homeopathic products), if all relevant text from the Health Canada labeling and product license is included in the ad, then prescribing information is not required. Relevant text would include: the medicinal ingredients, the approved use, all cautions & warnings, contraindications, interactions, known adverse reactions and dosing information relating to the use(s) promoted in the APS. Only the uses mentioned (or alluded to) in the APS are required to be disclosed.

## 7.3

### **Advertising with Product Claim Link to Terms of Market**

#### **Authorization:**

One of the following must appear prominently within the main advertising message of the APS:

- Electronic link(s) to the current TMA (and Health Canada endorsed risk communications issued since approval of the TMA, if relevant)
- URL(s) for a webpage containing the current TMA (and Health Canada endorsed risk communications issued since approval of the

TMA, if relevant) accompanied by a statement that these documents are also available upon request through a stated phone number.

### 7.3.1

Requirements pertaining to presentation of the link within the APS:

#### 7.3.1a

For non-electronic APS, a URL should be presented in the following way: “Please consult the [specify the form of TMA (such as Product Monograph)] available at [www.websitepage.ca](http://www.websitepage.ca)”. This should be followed proximally by a statement that the TMA is also available upon request through a stated phone number.

#### **Additional URL statement requirements:**

- When a risk communication is included within the link destination, the statement must refer to it. For example, “... consult the Product Monograph and Dear Healthcare Professional Letter available at...”
- When study parameters and/or references are relegated to the link destination as described in Section 4.4, the statement must clearly indicate this. For example, “consult the Product Monograph, study parameters, and reference list available at...”

The URL may be supplemented, but not replaced, by an electronic coding system, such as a QR code or a bar code.

#### 7.3.1b

**An electronic link should be presented in the following way:**

“Please click here for [insert the form of TMA (e.g. Product Monograph)]”.

#### **Additional electronic link statement requirements:**

- When a risk communication is included within the link destination, the statement must refer to it. For example, “...click here for the Product Monograph and Dear Healthcare Professional Letter available at...”
- When study parameters and/or references are relegated to the link destination as described in Section 4.4, the statement must indicate this. For example, “...click here

for the Product Monograph, study parameters, and reference list available at...”

### **7.3.2**

#### **Requirements pertaining to the web link destination**

##### **7.3.2a**

##### **The following link destinations are acceptable:**

1. The TMA and the risk communication on the Health Canada website. The requirement relating to the TMA can be met by linking to the appropriate database search engine page (such as the Drug Product Database, Licensed Natural Health Products Database). This option may not be available for new products or those having recently undergone TMA revision due to Health Canada delays in posting which are beyond the advertiser’s control. The requirement relating to the risk communication can be met linking to the MedEffect Canada page.
2. A direct link to the TMA and the risk communication on the corresponding Canadian gated product website (such as [www.productnamePM.ca](http://www.productnamePM.ca))
3. A direct link to the TMA and the risk communication on the Market Authorization Holder’s corporate website (such as [www.companynamePM.ca](http://www.companynamePM.ca))

##### **7.3.2b**

##### **A separate review of the link destination webpage is not required where the contents of that page are limited to the following:**

- TMA and risk communications for APS
- Reference list and/or study parameters [s4.4]
- Product logo (without tagline) or the corporate logo
- An optional link to the post-gate homepage when the web link destination is part of a broader site
- An optional footer containing legal elements such as the privacy policy, terms of use, and contact information
- Optional branding colour scheme (but no images)

Web link destination pages having additional content (whether text or images) are required to be submitted for PAAB review as a separate APS.

#### **7.3.2c**

The content on the destination site must be in the same language as the APS.

#### **7.3.2d**

The Market Authorization Holder is required to ensure that the link and the destination are maintained for the duration of the preclearance period.

#### **7.3.2e**

Where mandated by the consumer advertising regulations, websites housing any content in addition to the TMA and risk communications must be either be gated or de-indexed from search engines (i.e. such that there is no consumer access through search engine results).

If the site is gated, the URL or electronic link promoted in the APS must bypass the gate such that password entry is not required to access these disclosure documents. The URL and electronic link must therefore be promoted only to HCPs.

### **7.4**

#### **Corporate Advertising / Promotion Systems (APS)**

These are designed to create and maintain a favorable image of a company, its products and its services. See Section 1.5: Materials Not Subject to PAAB Review.

These systems may be used at any time at the discretion of the advertiser but must be submitted for PAAB preclearance prior to publication. They must not contain therapeutic or other claims of product merit or status.

They may contain:

1. A general statement about the pharmaceutical company, its products and its service(s) and policies.
2. A partial or complete list or illustration of products manufactured and/or distributed by the company, along with their respective therapeutic or pharmacologic classifications
3. Product information does not have to accompany corporate advertising.

## **7.5**

### **Editorial Advertising / Promotion Systems (APS)**

Editorial advertisements are used to present company opinions on current issues, and disseminate updated information relative to therapeutic or pharmacologic class areas in which the company has a vested interest. This may include objective, balanced and scientifically rigorous information with discussion of therapeutic aspects of, or research related to, drugs. There is no emphasis on information specifically about the sponsor's product(s). The information on a specific drug is consistent with the current TMA for that drug.

- They comprise company-generated open letters, editorials, congress, conference and meeting reports, etc. published as paid advertising.
- They must be clearly identified as advertising to distinguish them from other editorial presentations.

All such materials must be submitted for preclearance prior to distribution to health professionals.

#### **7.5.1**

Publication by the company of single-sponsored editorial reports in compliance with the company's Health Canada authorized product(s) information is acceptable. In addition to identifying the article as advertising, the author(s) should be identified along with any link to the sponsoring company.

The material may make reference to investigational research and must include a disclaimer that a drug has not been authorized for such use in Canada and other pertinent qualifying information. Data presentations or any claims such as clinical efficacy, safety, dosage and administration for products that have not yet been authorized for marketing (pre-NOC) will not be accepted.

Healthcare Product branding elements should not be used in non-branded APS that contain statements, visuals, and references that would not be accepted in a product APS. All copyright regulations must be respected.