

INDEX

SECTION	PAGE
1. Scope	3
2. General Requirements	4
3. Claims, Quotations and References	6
4. Data Presentations	9
5. Comparisons	10
6. Advertising/Promotion Systems (APS)	17
7. Disclosure/PI Requirements	23
8. Clearance Procedure and Operations	29
9. Complaints and Appeals Procedures.....	33
10. Monitoring the Program... ..	41
11. Definitions	42

For further information, or for details on sending material to PAAB for review, please contact:

PAAB

~~375 Kingston Road, Suite 200~~

~~300-1305 Pickering Parkway~~ Pickering ON L1V 4A3P2

Tel: (905) 509-2275

Fax: (905) 509-2486

E-mail: info@paab.ca

Web Site: www.paab.ca

Date of revision: ~~April 17, 2009~~ January 1, 2013 ~~Oct 31st, 2012~~ July 1 2013

BACKGROUND INFORMATION ON THE PAAB

VISION

Trusted healthcare product communication that promotes optimal health

MISSION

To provide a preclearance review that fosters trustworthy healthcare communications within the regulatory framework.

VALUES

Integrity, Competency, Credibility, Independence, Excellence, Transparency

MANDATE

The 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 accurate, balanced and evidence-based, and reflects current and best practice.

The PAAB also monitors trends in health product advertising and promotion and adjusts its code and practices as required to fulfill its mandate.

PAAB SCOPE

~~The scope of the PAAB includes promotional healthcare product communication for prescription, non-prescription, biological and natural health products to health care professionals in all media.~~

~~PAAB also provides advisory comments on direct-to-consumer materials for prescription drugs. PAAB's Scope evolves with the regulatory framework.~~

In granting the PAAB approval and with it the authorization to use the PAAB logo on advertising materials directed to healthcare professionals, the PAAB will adopt the standards specified in this code to all categories of healthcare products including prescription drugs, non-prescription drugs, biologicals, and natural health products. The PAAB is recognized for making decisions about claims in advertising for healthcare professionals ~~for healthcare professionals~~ based on the review of scientific evidence. The PAAB will not grant approval or the use of its logo for advertising materials directed to healthcare professionals, or patients or consumers that do not meet the standards of evidence of this code irrespective of the category of healthcare product.

The PAAB reviews materials developed by pharmaceutical manufacturers predominantly for the purpose of advertising or promoting a product to healthcare professionals ~~to healthcare practitioners~~ and increasing their ~~their~~ awareness of that brand. By their very nature, the utility of these materials in providing complete information about a product is limited; however the 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.

Key activities of the PAAB include:

- maintaining a Code of Advertising Acceptance, which is approved by representatives of member organizations
- ~~preclearing advertising prior to publication dissemination, to ensure claims meet Code standards. The scope of this Code currently includes advertising of Healthcare Products (s11.2) to health professionals, in all media. The scope of this Code currently includes advertising of Healthcare Products to health professionals and Patient Information provided to patients through healthcare professionals in all media [s11]~~
- ~~Providing an advisory service regarding Direct-to-Consumer promotion and Patient Information with respect to of federal schedule F and schedule D listed healthcare products in all media. the PAAB provides a user fee advisory service on direct to consumer promotional activities regarding the treatment of disease with Federal Drug Schedule F and Schedule D biological drugs that would require a prescription for sale in Canada~~
- training, adjudicating complaints, administering penalties, reporting of infractions, and other activities to encourage compliance with this code.
- ~~maintaining liaison with Health Canada, and Industry associations and stakeholders to promote an open sharing of information.~~
- consulting widely with stakeholders on matters of policy related to this code.

MEMBERSHIP ON THE PAAB

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

Association of Faculties of Medicine of Canada ([AFMC](#))
 Association of Medical Advertising Agencies
 Best Medicines Coalition ([BMC](#))
[BioteCanada](#) [BIOTECanada](#)

Canada's Research-Based Pharmaceutical Companies ([Rx&D](#))

Canadian Association of Medical Publishers ([CAMP](#))
 Canadian Generic Pharmaceutical Association ([CGPA](#))
 Canadian Medical Association ([CMA](#))
 Canadian Pharmacists Association ([CPhA](#))
[Consumers Council of Canada](#)
~~[Canada's Association for the Fifty-Plus](#)~~ [Canadian Association of Retired Persons \(CARP\)](#)
~~(CARP)~~

~~Fédération des médecins spécialistes du Québec~~ Fédération des Médecins du Québec (FMOQ)
Consumer Health Products Canada
~~NDMAC~~ CHPC

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

The PAAB is a not-for profit, self-financing organization funded entirely by the fees paid by advertisers for preclearance review (not for the acceptance). A fee schedule and review request ~~form~~ registration information are available from the PAAB web-site www.paab.ca.

1. Scope

The PAAB Code of Advertising Acceptance applies to all Advertising/Promotion Systems (APS) ~~[Section 6]~~ Subject to Section 6.6. the code applies to in both official languages of Canada (English and French) distributed via all media ~~[s11-2]~~.

The Code applies to all communications in which claims, quotations and references are made for healthcare products, meaning single entity and compound prescription and non-prescription pharmaceutical products, biologicals, ~~and~~ natural health products, and homeopathy products. ~~[s11-3]~~.

The Code applies to all APS and ~~institutional-corporate~~ messages directed to licensed members of the professions of medicine, dentistry, naturopathy, homeopathy, nursing, pharmacy and related health disciplines and institutions and to patient information that will be distributed by or recommended by a health care professional. The PAAB provides a user fee advisory service on direct to consumer promotional activities regarding the treatment of disease with Federal Drug

Explanatory Notes

- 1.1** Subject to the exemptions outlined in Section 6.6, the Code applies to APS 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.
- 1.2** No media are exempt as vehicles for the APS. Media include print, audio, visual, audio/visual, electronic and computer means of communication.

Schedule F and Schedule D biological drugs that would require a prescription for sale in Canada. The allowable activities are stated in the Health Canada guideline “The Distinction Between Advertising and Other Activities” and that document is used as the basis for the review. The PAAB advisory 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.

For exemptions refer to Section 6.6.

- a) All proposed copy and illustrations for APS intended for distribution to health professionals must be submitted for PAAB review and clearance prior to use.
- ~~a) [See guidelines on the the PAAB web-site for appropriate submission practices.](#)~~
- b) (Both English and French advertising copy must be submitted for clearance, 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 the PAAB logo and may include a disclaimer stating the item was translated verbatim from a PAAB approved APS.
- c) The sponsoring company shall be responsible for accuracy of translation of APS.

2. General Requirements

Explanatory Notes

- 2.1** All Advertising/Promotion Systems (APS) ~~(s11)~~ must be accurate, complete and clear and designed to promote credibility and trust. Statements or illustrations must not mislead.
- 2.1.1** The prescribing information and/or link must be clearly presented within the main message as described in section 7.
~~The prescribing information as described in s7, should accompany form an integral part of the the advertising message (s11.2).~~
- 2.1.2** In the advertising message (s11.2) portion, the advertiser must present a fair balance of risk to benefit.
- 2.1.3** In submitting the advertising for review, the advertiser attests that the data used to support claims is current and does not conflict with the body of evidence in the field.
- 2.2** In all APS for pharmaceutical products, the brand or trade name, the non-proprietary (generic) name and the Federal drug schedule of the product must appear in juxtaposition at least once ~~within both~~ advertising copy ~~and prescribing information.~~ The indications should be stated in a manner that clearly reflects the Terms of Market Authorization.
- 2.2.1** The non-proprietary name must be the same as that cited in the Health Canada authorized product monograph. Terms of Market Authorization.
- 2.2.2** The required designations must meet minimum type-size requirements (8 point on 9 point), be in good contrast, and be legible.
- 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.
- 2.3.2** If claims from individual studies are used, advertisers are encouraged to provide information regarding the total number of similar studies conducted (in terms of patients, interventions, design) from a systematic review of available evidence to reduce selection bias or claims based on exaggerated study findings.
- 2.4** APS must reflect an attitude of caution with respect to drug usage, with emphasis on rational drug therapy
- 2.4.1** The advertising message should include reference to the safety profile as reflected by consistent with the

[s11-6] 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

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 product monograph should be included in the body copy. Boxed messages in product monographs for products with NOC/C's should be included in the advertising message (s11.2). 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 advertising of nonprescription drugs and natural health products,~~With respect to nonprescription healthcare products (i.e. over the counter, natural health and homeopathic products), -the fair balance requirement can be met by inserting the following statements into the APS.

i) For Products with a Product Monograph: "Please consult the Product Monograph available at www.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.

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 for information to assist in benefit-risk assessment.

Always direct the patient to read the label". The indication must appear within the APS. [s7.2.1]

~~For products with a Product Monograph: "See Prescribing Summary on page XX for information to assist in benefit-risk assessment. Always direct the patient to read the label."~~

i) (ii) For products without a Product Monograph: "See Warnings, Cautions, and Directions of Use at www.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.

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 licence is included in the APS [s7.2.1].

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. [See s7.2.1]

~~"See Warnings, Cautions and Directions of Use on page XX for information to assist in benefit-risk assessment. Always direct the patient to read the label." (Note: also see s7.2.1).~~

2.5 The Code does not accept APS that are prejudicial to any sex, 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~~should 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 quotation(s) from references, 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'.
- 2.7** 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 [gifts-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.
- 2.9** The sponsor must provide a submission form with the [name-indication of approval](#) of a sponsor company official from the Medical or Regulatory or Compliance department prior to PAAB submission. This will confirm that the APS is consistent with the approved [Product Monogr Terms of Market](#)
- 2.6.1** The Code does not accept statements that claim directly, or indirectly, 100percent clinical efficacy or safety.
- 2.6.2** The advertiser may make properly supported absolute statements when describing product properties (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'.
- 2.8.1** Such presentations must also conform to individual association codes of marketing practices [such as the Rx&D, BIOTECanada, CGPA](#) ~~such as the Rx&D, CGPA or NDMAC Codes or guidelines set and~~ by health professional organizations [such as CMA or CPhA](#) ~~mw2~~.
- 2.8.2** For purposes of this Code 'practical value' shall be limited to items useful to the healthcare professionals in their practice, and/or as teaching aids for patients.

Authorization⁶ and that the claims and/or quotations are supported by references that meet the standards of the PAAB code.

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 had 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 indications should be stated in a manner that clearly reflects the Terms of Market Authorization^[MW1].

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 types⁷) 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.

⁷ For example, the same applies to the recommended use for products having a product licence.

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.

3. Claims, Quotations and References

3.1 Claims and/or quotations in Advertising/Promotion Systems (APS) must be consistent with, and within the limitations of, the Health Canada Terms of Market Authorization (TMA) [s11], or prescribing information (PI) [s11] for products with no product monograph. Any APS containing direct or indirect product claims [s11-7] and/or quotations from the scientific literature must include a complete listing of the scientific references. Labeling must be authorized by Health Canada.

Explanatory Notes

3.1.1 Clinical/therapeutic claims [s11] **must** be based on published, well-controlled and/or well-designed studies with clinical and statistical significance clearly indicated. Publication in peer-reviewed journals is usually a good criterion for establishing scientific rigor but Review articles, pooled data, meta-analysis, post-hoc analysis, and observational studies are generally regarded as not being high-level evidence to support claims in drug advertising but data included in the product monograph

~~may be acceptable. Additionally, high quality meta-analysis and observational studies can be acceptable. Non-clinical claims must be well supported by evidence".reviewers may reject those studies when warranted. Review articles, pooled data, meta-analysis and post-hoc analysis are generally regarded as not being high-level evidence to support claims in drug advertising. Non-clinical claims must be well supported by evidence.~~

3.1.2 Unpublished data are regarded as having received independent review when:

- i) There is evidence that the ~~final full~~ study manuscript has been accepted by the editor of a peer-reviewed journal for future publication.
- ii) The data have been reviewed as part of a submission to Health Canada and there is evidence of acceptance indicated by inclusion in the Product Monograph. Citation in the bibliography section of the product monograph does not indicate proof of acceptance by Health Canada.

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 a rigorous peer-review process similar to the attached

journal.

- 3.1.3** Non-evidence based statements such as those from adverse drug reaction reporting systems or testimonials are not acceptable.
- 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 ~~the indications or dosage of~~ a product claim must not be relegated to a footnote. Example - an indication or dosage that is limited or that is restricted to a specific group of patients.
- 3.1.7** With respect to advertising of nonprescription drugs without a Product Monograph, a Senior Regulatory official of the Market Authorization Holder (MAH) may provide an attestation to PAAB to confirm that a claim has been approved by Health Canada. "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 \(DIN\) \[s11\] products transitioned to Natural Product Numbers \(NPNs\) \[s11\], , the previously accepted Product](#)

Monograph will be considered acceptable evidence to support claims made regarding the transitioned (Natural Health Product) NHP[s11]. This does not apply to products whose ingredients [s11] were altered. The previously accepted Product Monograph may not be used to support claims which are inconsistent with the current Terms of Market Authorization.

3.1.8-9 The PAAB can allow the use of sub-group analysis **with specific conditions**. See the “PAAB Supplementary Guideline for the Use of Subgroup analysis in Advertising”

3.1.910 Secondary outcomes should be clearly identified as such and the primary endpoint of the study should always be ~~mentioned~~ presented in close proximity. See the “PAAB Supplementary Guideline for the Use of Secondary Outcomes in Advertising”.

3.1.10

3.1.11 ~~S~~The PAAB can allow the use of observational studies **when specific acceptance criteria are met**. See the “PAAB Supplementary Guideline for the Use of Observational Studies in Advertising.”

3.2 All reference materials, both published and unpublished (data on file), should be the most recent available and should be consistent with current Canadian medical opinion and practice and within the limitations of the Health Canada accepted ~~product monograph or prescribing information~~ TMA.

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

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

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, that has been completed or has been presented at a medical meeting, and includes information that is not included in the Health Canada Terms of Market Authorization, ~~should~~ 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 quotations.
- 3.5** APS containing claims or quotations 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 negative findings in a prominent manner.
- 3.6** Quotations 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 s5.13.

4. Data Presentations

4.1 All data presented in Advertising/Promotion Systems (APS) including charts, graphs, and 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 labeled and the source(s) indicated.

4.2 Statistics must be presented so as to accurately report the findings , and help in making reliable and valid conclusions. ~~reflect their validity, reliability and level of significance.~~

Explanatory Notes

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.

4.2.1 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. ~~Where confidence intervals and p-values are available, both should be reported. The use of 95% confidence interval is encouraged in preference to p-value unless it is not feasible. The use of 90% CI is acceptable for presentations of pharmacokinetic data.~~ Information such as patient numbers, time span, dosage, etc. that are needed to assess the data may appear in the web link destination containing product summary box in the prescribing information [\[s11\]](#).

-

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. See s8.4(a).

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 PAAB 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 [s11].

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 (e.g. 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 for APS
- 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.

4.4.3 Where mandated by the consumer advertising regulations (see 6.5.6), the web link destination must be 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. The 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 PAAB 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” .

~~4.4 Advertising sponsors are encouraged to promote data from clinical trials that are part of a bona fide registry. If possible the sponsor should provide a link to the registered information in the APS.~~ ~~4.4.1 The PAAB endorses the “Ottawa Statement on Trial Registration” <http://ottawagroup.ohri.ca/>~~

5. Comparisons

As part of the PAAB Code, reprinted here in **bolded type** is the text of the Part 5 “Policy” from the Health Canada directive entitled *Principles for Comparative Claims [s11](#) 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:

Explanatory Notes

- 5.1** the compared drugs/products have an authorized indication for use [\[s11\]](#) 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, [\[s11\]](#), e.g., at equivalent part(s) of their authorized dose ranges (e.g., maximum vs. maximum dosage), in a similar population, and
- 5.3** the claim does not conflict with the terms of market authorization [\[s11\]](#) of the compared products¹, and

5.4 the claim is of clinical relevance [\[s11\]](#) 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.²**

5.6 the claim and its presentation should:

- i) identify the compared entities³, and**
- ii) the medicinal use related to the claim where this is not readily apparent⁴, and**
- iii) not obscure the therapeutic use of the advertised product/ingredient⁵, [\[s11\]](#), 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 if subjective end-points are included in the study. Comparative claims should be relevant to current medical opinion and practice.

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.⁶

5.7.1 Adverse events and clinical efficacy data quoted from two or more Product Monographs, derived from studies that were not head-to-head, are not acceptable support for comparative claims of clinical safety or efficacy, as 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 PAAB Code acceptance standards. [See the “PAAB Supplementary Guideline for Use of Observational Studies in Advertising.”](#)

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 Product Monograph)

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 the statistical significance level of $p < 0.05$, which can also be stated in terms of 95% confidence intervals. Where confidence intervals and p-values are available, both should be reported. The use of 95% confidence interval is encouraged in preference to p-value unless it is not feasible. Where confidence intervals and p-values are both available, the manufacturer may decide to report both. 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.

5.9.1 PAAB can allow the use of claims of comparative efficacy from non-inferiority trials, but with specific conditions. See "PAAB Supplemental Guideline for comparative effectiveness claims based on non-inferiority trial data."

5.10 *All direct and indirect comparisons* must not mislead, and be supported by reliable current data [\[s11\]](#).

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

- i) Comparisons of adverse events or efficacy of a product or drug ingredient ~~to 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.
- ii) Pharmacoeconomic and quality of life claims must be supported by high-quality studies. Disclosure of study parameters, Section 5.11, is important for interpretation of results. See the PAAB Supplemental Guideline for the Use of Pharmacoeconomic

["Studies in Advertising" and the PAAB Supplemental Guideline for the Use of Quality of Life \(HRQoL Studies in Advertising\)".](#)

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).

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

iv)

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

Market share and price claims must be based on and referenced to current authoritative data [11.8] and must not state or imply therapeutic equivalence.

Other non-therapeutic product claims [\[s11\]](#) such as taste or packaging require support from adequate, unbiased and statistically valid data.

Information from two or more Product Monographs on products' properties⁷ and on instructions for use or use limitations⁸ 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 Product Monographs 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 in prominent type size (a minimum of 8 point on 9 point) by disclosure of relevant study parameters that would aid the reader in interpreting the data, e.g., patient numbers and p-value or confidence intervals(CI). This information should be in prominent type size (a minimum of 8 point on 9 point[MW3]). 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 prescribing information (PI), in the Prescribing Summary Box (see 7.3 A).

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

5.13 *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.

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

Claims of therapeutic equivalence must be based on valid comparative evidence.

- 5.14** Formulation - Studies using non-Canadian products are not accepted unless the advertised Canadian product is identical (ie 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.
- 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., most effective, least toxic), or is accorded special status (e.g., the standard, 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** *Trade Marks.* Copy must acknowledge competitors' trade marks.
-
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. i.e., 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. i.e., 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. e.g., Indications, Contraindications, Warnings, Precautions, and information on dosage, administration and overdose.

6. Advertising/Promotion Systems (APS) Categories

Advertising/Promotion Systems (APS) must conform to PAAB Code requirements.

6.1 Journal Advertisement APS

Journal advertisements are designed to promote an advertiser's products to health professionals via the media [\[s11\]](#) of single [11.9] or multi-sponsored publications.

Journal advertisements must be submitted for PAAB acceptance prior to distribution to health professionals.

Each discrete advertisement in a publication must satisfy the PAAB Code requirements.

[A link to the prescribing information \(when required\) must be clearly identified within the main message as described in section 7\[MW4\].](#)

~~In journal advertisements, the main advertising message must carry the icon related to the prescribing information and the prescribing information must be clearly page referenced on the main message.~~

~~The publisher will be responsible for providing an alphabetical index with page numbers for the main message and prescribing information page clearly available within the publication.~~

6.2 Direct Mail APS

Direct mail is designed to promote an advertiser's products to health professionals via the Canadian postal service or other recognized delivery system(s).

These materials include printed advertising and information brochures, pamphlets, instruction sheets, business

Explanatory Notes

6.1.1 Publications include both print and electronic vehicles.

6.1.2 The prescribing information is an integral part of any journal advertisement.

6.1.3 Advertisements that are displayed in multiple portions over contiguous pages (e.g. 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.

6.2.1 Recognized delivery systems include electronic mail, fax transmissions, and computer networks or programs.

reply cards, surveys, etc. and any covering letter(s).

All such materials must be submitted for PAAB acceptance prior to distribution to the health professions.

~~Prescribing information (when required) should form an integral part of the presentation or be attached to it. A link to the prescribing information (when required) must be clearly identified within the main message as described in section 7.~~

6.3 Detail Aids APS

Detail Aids are designed to help professional representatives promote a company's products and/or services directly to health professionals. Detail Aids include printed or electronically presented advertising and promotional brochures, pamphlets, information and instruction sheets, point-of-purchase items and exhibits for conferences and other meetings. All such materials must be submitted to the PAAB prior to presentation to health professionals.

~~Prescribing information should form an integral part of the presentation or be attached to it when the item is left with the health professional. A link to the prescribing information (when required) must be clearly identified within the main message as described in section 7.~~

6.4 Service-Oriented Vehicle APS

Service-oriented vehicles are designed to contribute to the healthcare professional's/ patient's understanding of a condition or its treatment. Such materials include patient information [see s6.6(vi)] for exemptions] that is prepared or controlled by the manufacturer or its agent [11.10].

The acceptability of promotional items shall be subject to industry association standards for marketing practices and must be justifiable in the light of

6.3.1 Audio, audio-visual and computer programs are considered to be electronic detail aids that must be submitted for PAAB acceptance.

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

6.3.3 An APS comprised of a product monograph which has been embellished should not be labeled as "Product Monograph".

6.4.1 Examples of service-oriented vehicles include anatomical or diagnostic charts, diagrams and models, and medical or scientific tables.

6.4.2 Examples of patient information vehicles are company-controlled patient brochures, videos, - internet and other electronic presentations, 1-800 number scripts and sponsor-controlled communications that patients are directed to by healthcare professionals.

professional or public scrutiny.

All original copy and illustrations (or facsimiles) for use in such programs must be submitted to the PAAB for review and clearance.

~~Prescribing information (when required) should form an integral part of the presentation or be attached to it. A link to the prescribing information (when required) must be clearly identified within the main message as described in section 7.~~

6.4.3 Company controlled or prepared branded patient information is information that contains non-promotional material that is consistent with, and in addition to, the consumer information section of the product monograph. 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, and should not contain promotional claims.

The Advertising/Promotional System (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: Manage expectations
- Principle 3: Evidence-based information
- Principle 4: Un-biased sources of information

~~6.5 Internet, Audio, Visual, Audio/Visual (AV), Electronic, Social Media APS~~

~~These systems are designed to help professional representatives promote a company's products and/or services to health care professionals and consumers directly to health professionals or to disseminate information to patients and consumers. These systems include web-sites and electronic on-line activities, CDs, DVDs, cassette tapes, computer software, slides, film and television. All such material must be submitted to PAAB prior to presentation to health professionals.~~

~~**6.5.1** These guidelines apply to web-sites and other online activities such as banner ads, e-mail marketing campaigns, patient drug therapy compliance programs, search engine optimization techniques etc. including all activities where the intended or likely audience is Canadian health professionals. The same rules and regulations that apply to print-based product claims and advertising apply to electronic on-line activities controlled by pharmaceutical companies.~~

Prescribing information should form an integral part of the presentation or be attached to it, when the item is distributed to the health professional as ~~advertising or promotion.~~

6.5 Internet, Audio, Visual, Audio/Visual (AV), Electronic , Social Media [s11] APS

These systems promote a company's products and/or services to health care professionals patients and/or consumers [s11].

A link should be provided to the complete product monograph when the activity is distributed as advertising or promotion [s11]. For patient information sites (see s6.4) the sponsor may include both the product monograph and the "Information to the Consumer" section of the Product Monograph.

The nature and content of online activities depends on the audience that is being solicited. The three audiences that messages or information may be directed to include:

- i) _____
- ii) _____
- iii) _____

The regulatory requirements for the content can vary by the nature of the content of the activity. The categories include:

- i) _____
- ii) _____
- iii) _____
- iv) _____

For Federal regulatory requirements, see the Health Canada policy document "The Distinction Between Advertising and Other Activities" available on the

~~6.5.2 The name of the pharmaceutical company sponsor should be stated clearly on the home page of every web-site or on a sponsored web-page.~~

~~6.5.3 Sponsors should not provide the text of a meta-data descriptor that contains direct or implied product claims to a search engine. Such items should be sent to the PAAB for preclearance review. Keywords and other meta-data tags that refer to competitor products are prohibited.~~

~~6.5.4 Banner or pop-up ads that contain either direct or implied product claims must include risk/benefit fair balance and be page-linked to the prescribing information. These ads require PAAB preclearance review.~~

~~6.5.5 Third-Party Links to web-sites where entry is in close proximity to content that contravenes PAAB guidelines are prohibited. A message should appear telling the viewer when they are leaving the sponsor's web-site. Promotion of a web-site that contains promotional information by non-web-based mechanisms e.g. sales representatives, direct mail, journal ads etc. would require prior PAAB preclearance review of the web-site content.~~

~~6.5.6 Appropriate security measures e.g. password protection should be used to restrict the target audience as applicable by federal law. A statement such as "This product information is intended only for residents of Canada" should appear on each web-page containing product information.~~

~~6.5.7 The investor information section of a corporate web-site should be clearly identified e.g. "Information intended for investors". The content should be~~

Health Canada web-site.

non-promotional in nature and be consistent with Health Canada guidelines on advertising. Promotional content would require PAAB preclearance review.

~~6.5.8~~ Concepts relating to sponsored chat rooms, postings, bulletin boards and other forms of interactive on-line communication programs must be submitted for PAAB preclearance review.

~~6.5.9~~ Sponsors are expected to ensure compliance with federal and provincial laws regarding collection and utilization of personal information.

~~6.5.10~~ Web-sites must conform to current industry standards for maintaining security, accuracy and privacy of the information on the site and the information it has collected. For physician, patient or consumer requests for information through a sponsored program, the sponsor should provide an appropriate mechanism (e.g. registration for password protection) to determine the regulatory category of the person requesting the information on-line.

~~6.5.11~~ For preclearance review of on-line materials, the sponsor should submit a printed copy of the entire material and provide the proposed material on-line where possible or when the PAAB reviewer believes it is necessary to complete a review.

~~6.5.12~~ On previously approved existing web-sites, sponsors should submit to the PAAB for preclearance review all changes to content that fall under the PAAB Code of Advertising Acceptance prior to adding that information to the site.

6.5.1 These guidelines apply equally to web-sites and other electronic online activities within the sponsor's control or influence where the intended

audience is Canadians.

Media covered include, but are not limited to: banner ads, e-mail marketing campaigns, online patient drug therapy adherence programs, search engine marketing [s11] and optimization techniques, social media platforms, networks and bookmarks, widgets, gadgets, mobile platforms and applications [s11], tablet software, blogs, wikis, Really Simple Syndication (RSS) [s11] 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 (i.e. QR) [s11] and other online/Internet media/platforms.

When creating these APS, the sponsor should consider content, target audience and federal drug schedule within all of the requirements of the PAAB Code of Advertising Acceptance.

6.5.2 The name of the pharmaceutical company sponsor should be stated clearly on:

- i) Every page of the web-site controlled by the sponsor
- ii) On every sponsored web-page of a site with no access control,

Except where regulatory requirements or third party owners prohibit use of the company name.

6.5.3 Preclearance reviews:

Conceptual frameworks including topics and outlines relating to sponsored social media platforms, chat rooms, postings, bulletin boards and other forms of interactive on-line communication programs must be submitted for the PAAB preclearance review. Those elements or portions that are under the direct control of the manufacturer are required to be pre-cleared.

New content added by the sponsor after the original preclearance acceptance should be sent for preclearance review. It is the sponsor's

responsibility to ensure that ongoing user-generated content meets all of the PAAB code and federal legal requirements. Corrective comments may be exempt from the PAAB preclearance review if no new content is added.

6.5.4 Linking [s11] advertising to non-advertising can make the content of both delivery systems advertising.

Linking factors include proximity, appearance, sequence, and context. Third-Party links to web-sites where entry is in proximity to content that contravenes the PAAB guidelines are prohibited. When a user clicks on a link to leave the sponsor's web-site a message should appear informing the viewer.

For consumer accessible sites, federal regulatory requirements restrict the advertiser from **influencing** the message environment such that the consumer can easily link **content** from distinct messages which taken together exceed the regulatory requirements for drug advertising.

The sponsor may link to corporate global sites only by linking to the global site home page. The sponsor should not link to the global site product pages or sections.

6.5.5 Banner or pop-up ads that contain either direct or implied product claims must include risk/benefit fair balance [s11] and be page-linked to the product monograph. These ads require the PAAB preclearance review. Only banner ads that meet consumer advertising requirements can be used on consumer accessible sites..

6.5.6 Access Control: For physician, patient or consumer access to industry sponsored websites, platforms or networks, the sponsor should provide adequate and sufficient mechanisms to determine the regulatory category of the person requesting the information on-line.

For sites containing content related to

prescription products and/or healthcare products promoting the treatment or cure of Schedule A diseases, the mechanism is required to pose a true barrier restricting consumers from having access to the sponsored site.

For sites directed at **patients**: sponsors should provide control of distribution of the password allowing entry to the sponsored location. The Drug Identification Number (DIN) is an acceptable password.

For sites directed at **healthcare professionals**: sponsors should provide a well-controlled entry system.

6.5.7 Privacy: Sponsors are expected to ensure compliance with federal and provincial laws regarding collection and utilization of personal information. Web-sites must conform to current industry standards for maintaining security, accuracy and privacy of the information on the site and the information it has collected.

6.5.8 Static Online Content:

Static online content includes information that is made available online but does not allow for a user to modify or comment on the content. This includes web pages that deliver content that is completely controlled by the sponsor

For promotional content, all the current rules, regulations, policies and guidance that exist for drug advertising and other activities apply equally to online static content and content delivered via traditional media (i.e., journal ads). This includes but is not limited to, fair balance requirements in the PAAB code and guidelines.

6.5.9 Dynamic Online Content:

There are two types of dynamic online content:

- i) Site-generated content (SGC):
Content initiated by the sponsor but may be presented to the audience by third party.
- ii) User-generated content (UGC):
Content/dialogue created by users in response to site generated content.

The presence of UGC on a sponsored property can render a compliant page non-compliant by the comments that have been made.

For promotional content, in areas that are within the sponsor's control, all the current rules, regulations, policies and guidance that exist for drug advertising and other activities apply equally to online dynamic content and content delivered via traditional media (i.e., journal ads). This includes but is not limited to, fair balance requirements in the PAAB code and guidelines.

Terms and Conditions: The sponsor should provide in a clear and accessible manner the terms and conditions for users to engage in UGC on a sponsored site with clear statements regarding the types of comments that would be removed or modified

Monitoring the Conversation: Sponsors must monitor the UGC to ensure that compliance is maintained

6.5.10 Search Engine Optimization [s11]:

Sponsors should not provide the text of a meta data descriptor that contains direct or implied product claims to a search engine that would contravene any federal regulatory requirements for drug advertising. Any descriptor under the control of the sponsor, for patient and/or healthcare professional sites, that include direct or indirect claims, must be submitted for preclearance review. Keywords and

other meta data tags that refer to competitor products are prohibited. The requirements involve the relationship between the metadescriptor, the keyword, and the site/page. The PAAB does not concern itself with the ultimate ranking of organic search results.

Metadescriptors in organic search results for schedule D products may contain claims. They do not require fair balance.

6.5.11

Search Engine Marketing [s11]:

The meta data requirements are the same as Search Engine Optimization with the additional requirement that purchased keywords taken in context with the other material, not exceed the regulations.

The sponsor should not take steps to cause the composite of the user generated keyword, the metadescriptor, the landing page, and the Uniform Resource Locator (URL) [s11] to exceed that which is permissible (i.e. meta tags). Sponsored search ads containing claims must include Fair Balance.

6.6 The following does not require PAAB

Review:

Exemptions from PAAB Review

~~(a)~~

i) Information materials that have been **independently** controlled and prepared, with industry involvement limited to purchase and/or sponsorship of the distribution (example: a textbook).

Meeting Reports of sections of accredited Health Professional Meetings or Continuing Education (CE) [s11] events/activities (see s11.10) organized independently of the sponsor of the materials and that are not focused on, or provide emphasis on, the sponsor's product(s) i.e. do not promote the sale of the sponsor's product(s).

6.6(i)a Please note that these items will be exempt from PAAB review. 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 in [s11]-4.

6.6(i)b (a)-4 Materials that are created by the academic organizers of **accredited Continuing Education events/activities** may be distributed at the event or to the registrants of that meeting at a later date.

See Health Canada guideline “*The Distinction Between Advertising and Other Activities*” regarding section “*Continuing Medical Education (CME) / Scientific Symposia/Exhibits*” that states “Moreover, reports, edited scripts or recorded videos of the proceedings, in whole or in part, that concern a specific drug may be advertising if they are disseminated by the sponsor, or the sponsor’s agent, to a wider audience after the meeting.”

6.6((i)ca)-2 If materials are to be distributed after the event to non-participants of the event by a sponsor company, and **product or therapeutic claims**^[s11], comparative data or statements regarding the sponsors products are emphasized~~included~~, the complete document must be submitted to the PAAB for review. The respective roles of the authors and the sponsoring pharmaceutical company must be stated clearly on the title page.

6.6(a)-3(i)d-On exempt materials, the sponsorship statement must not include any listing of single or multiple products.

(~~ii~~b) Personal (person-to-person) correspondence.

6.6(ii)a (b)-4 This exemption applies to single letters carrying a personal response or message.

(~~iii~~e) Government agency correspondence requirements (drug recalls, warnings, etc.) over which the PAAB has no jurisdiction.

6.6(ii)b (b)-2 This exemption does not apply to multiple personal letters initiated by the company.

(~~iv~~d) Use of drug name only in a context not linked to therapeutic or promotional messages, other than those listed in s6.6(iv)a, in any Use of drug name only in a context not linked to a therapeutic or promotional message in any way.

6.6(d) (iv)a Examples are:

i) Company price lists containing no therapeutic claims, price comparisons or claims of company or product merit, status or issues.

ii) A message of only the words or equivalent “now on provincial formulary” (or equivalent) in a manner which is not linked to a therapeutic message in any way^[MW5]. ~~not linked to a therapeutic message in any way.~~

iii)ii)

message of “available at

company X”.

~~iv~~iii)

message of “Congratulations to company X on their 30th anniversary – sponsored by Company X makers of product Y”

~~v~~iv)

ackshots are acceptable if no therapeutic claims are visible.

(~~ve~~) Institutional-Corporate messages which do not contain product information or lists.

(~~vif~~) Patient Information direct from and consistent with the product monograph [see 6.4 for guideline,] or when the information is solicited by the patient.

(vii) Disease information materials which make no mention of treatment by name, class, or category AND are not linked to healthcare product advertising in any way are exempt from PAAB preclearance.

7. Disclosure/Prescribing Information Requirements

Explanatory Notes

7.1 Prescribing information [\(PI\) \[s11\]](#) in pharmaceutical Advertising/Promotion Systems (APS) must conform to the requirements outlined in Section 7.3, ~~and 7.4~~ of this 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** [Prescribing Information-PI, 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. \(when required\) must be attached to the presentation or be distributed with it.](#)~~

7.2.1 [With respect to nonprescription healthcare products \(i.e. over the counter, natural health \[s11\] and homeopathic products\), ~~With respect to advertising of nonprescription and natural health products,~~ if all relevant text from the Health Canada labeling and product licence is included in the ad then prescribing information is not required. \[Relevant text would include the medicinal ingredients \\[s11\\], the approved use, all cautions & warnings, contraindications, interactions, known adverse reactions and dosing information relating to the use\\(s\\) promoted in the APS.\]\(#\)](#)

~~**7.3** [Advertising with Product Claim \[s11\]](#)
Advertising with Product Claim
Prescribing Information (PI)~~

~~This PI is designed to provide health professionals with sufficient background information on a healthcare product to permit them to make an assessment of risk/benefit, patient selection and optimal therapeutic use. The PI does not replace fair balance in the main advertising message as required by s2.4 and s3.5. All advertising (see section 4~~

~~**7.3.1** [Shading, screening or coloring may be added to prescribing information, provided they do not reduce the legibility of the copy.](#)~~

~~**7.3.2** [Underlining or other methods of emphasis that are not part of the product monograph are not acceptable.](#)~~

~~**7.3.3** [When presented in a separate location in a journal the prescribing information may carry only those](#)~~

Scope and section 6 Advertising/Promotion Systems (APS) Categories) with statements or claims promoting the use of a healthcare product must be accompanied by prescribing information. Prescribing information (when required) should be attached to the presentation or be distributed with it.

Sponsors are responsible for the content of the prescribing information. The PAAB will review the prescribing information to validate that it meets format requirements.

Prescribing Summary And Supplemental Product Information

Prescribing information for all APS (when required) consists of two standardized sections to the prescribing information:

A. Prescribing Summary Box :

Concisely communicates all the key information required to effectively prescribe a therapy. It is located at the beginning of the prescribing information.

These sections are:

1. Patient Selection Criteria

- a) Summary of Contraindications
- b) Use in Special Populations as required.

2. Safety Information

- a) Summary of Warnings
- b) Summary of Precautions
- c) Adverse Reaction Seriousness and Incidence

This section should present a summary of the adverse drug reaction (ADR) information that may affect prescribing decisions or would be useful in observing, monitoring or advising patients. Information should be based on clinical relevance. Adverse reactions referred to in

claims, statements or taglines presented in the main body copy.

7.3.4 When the prescribing information is designed to appear with multiple ads, any additional claims or statements inserted must be submitted for review and acceptance.

7.3.5 Medical journal ads will have a PAAB approved icon and page number to identify the location of the PI (refer to PAAB website for downloadable icons and examples of the standardized format).

7.3.6 Each section of the *Prescribing Summary* uses one of four sections accompanied by a PAAB approved icon. Editing for grammar and style purposes is acceptable if the product monograph content is reflected.

7.3.7 *Prescribing Summary* reference study information will be numbered sequentially and usually presented in the 'Vancouver style' format unless restricted by PAAB Code requirements e.g. off-label claim in the title. Sequential alphabetical letters will identify support for specific claims (i.e., n-numbers and p-values). Refer to PAAB website for downloadable icons and examples of the standardized reference format.

7.3.8 The *Prescribing Summary* must be a minimum of 8.5 point font with 10 point leading for text and 8 point font with 10 point leading for bold headings.

7.3.9 The font size of the *Supplemental*

other sections of the product monograph (e.g., Warnings and Precautions) should be included here.

This section should highlight the following:

- ~~serious adverse drug reactions~~
- ~~the most frequent adverse drug reactions~~
- ~~adverse drug reactions that most commonly result in clinical intervention~~

Typically, this section presents the information included in the "ADR Overview" section of the PM.

d) ~~The Health Canada adverse reaction reporting phone number and/or the company contact information (address, phone number or web-site) for adverse event reporting.~~

3. Administration

- a) ~~Dosage~~
- b) ~~Pharmacokinetic/Pharmacodynamic information relevant to information stated in other sections of the Product Monograph.~~

4. Study References

- a) ~~A listing of the references used to support claims in the advertisement.~~

B. Supplemental Product Information:

This is a more detailed section and directly follows the *Prescribing Summary*.

It consists of a verbatim copy or equivalent of the relevant sections of the Product Monograph or the Health

Product Information must be a minimum of 6 point font with 7 point leading.

7.3.10 ~~The Supplemental Product Information section contains supporting product monograph information that is not included in the Prescribing Summary section.~~

7.3.11 ~~Although this may not be necessary for all products, Pharmacokinetic/ Pharmacodynamic information that is mentioned in the Warnings, Precautions or Adverse events section of the Product Monograph should be included in this part of the summary box.~~

Canada accepted prescribing information which has not already been presented in the *Prescribing Summary Box* section. As applicable, the following headings will be used:

- (a) Contraindications
- (b) Warnings
- (c) Precautions
- (d) Adverse Reactions
- (e) Symptoms and Treatment of Overdose
- (f) Statement that the product monograph or full prescribing information is available from a stated Canadian address
- (g) Full name and address or web-site of manufacturer and/or Canadian distributor

Pharmacokinetic, pharmacodynamic, actions and clinical pharmacology, and availability information will not be required.

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 (e.g. product monograph)]” available at 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 s4.4, 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 (e.g. a QR code or a bar code).

7.3.1b An electronic link should be presented in the following way: “Please click here for [specify 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 s4.4, 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:

- The Terms of Market Authorization and the risk communication on the Health Canada website. The requirement relating to the TMA can be met by linking directly to the Health Canada “Product Information” page containing either the TMA or a link to it. 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 directly to the relevant MedEffect Canada page.

- A direct link to the Terms of Market Authorization and the risk communication on the corresponding Canadian gated product website (e.g. www.productnamePM.ca)
- A direct link to the Terms of Market Authorization and the risk communication on the Market Authorization Holder's corporate website (e.g. 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 [see 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. Note that PAAB review of the Health Canada "Product Information" webpage is not required.

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 (see 6.5.6), websites housing any content in addition to the Terms of Market Authorization 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 Reminder Advertising/Promotion Systems (APS)

~~Reminder Advertisements for established products keep the identity and therapeutic purpose(s) of a pharmaceutical product before the health professions.~~

~~Reminder APS prescribing information for pharmaceutical products may be used only under the following conditions:~~

~~(i) When a minimum period of at least two (2) years has elapsed since the product was introduced to the Canadian market;~~

~~**-and then only-**~~

~~(ii) When over the past two years there have been no reports of new~~

~~**7.4(a) 1** The intent is to remind healthcare professionals what a product is and its indication with no further embellishment or additional messages. New Healthcare Products (11.3(b) are not eligible for Reminder advertising.~~

adverse reactions of sufficient seriousness to warrant a warning letter from the Health Canada or manufacturer.

~~(a) In graphics or text, it must NOT contain therapeutic [11.7] or other claims [11.7] of product merit, status or issues.~~

~~(b) Reminder APS MUST include:~~

~~(i) The brand and non-proprietary (generic) or chemical name(s) of the product, in juxtaposition~~

~~(ii) Therapeutic indications that are supported in the most recent Health Canada accepted product monograph or prescribing information~~

~~(iii) A statement that product monograph or full prescribing information is available on request from a stated Canadian address~~

~~(iv) The full name and address of the manufacturer and/or Canadian distributor~~

~~(v) When required, a statement concerning special restriction in usage and distribution~~

~~(c) Reminder APS, at the discretion of the advertiser, may include:~~

~~(i) A list of available dosage forms and strengths~~

~~(ii) A quantitative list of active medicinal ingredients in each dose or unit~~

7.45 Institutional Corporate Advertising/Promotion Systems (APS)

These are designed to create and maintain a favorable image of a

7.45(a) Prescribing information does not have to accompany Institutional corporate-advertising.

company, its products and its services.

[See items exempt from PAAB review \[s6.6\(v\)\].](#)

~~See exemption [6.6 (e)].~~

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

- (a) A general statement about the pharmaceutical company, its products and its service(s) and policies.
- (b) A partial or complete list or illustration of products manufactured and/or distributed by the company, along with their respective therapeutic [\[s11-4\]](#) or pharmacologic [\[s11-5\]](#) classifications.

7.56 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 product monograph 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.

- 7.56.1** Publication by the company of single-sponsored [\[s11\]](#) 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.

All such materials must be submitted for PAAB review and clearance prior to distribution to health professionals.

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.

7.7 Electronic Broadcast Media Disclosure

~~Electronic Broadcast Media Disclosure prescribing information in advertising to health professionals must include a full screen graphic extending a minimum of 10 seconds in length appearing at the end of the advertising presentation. The graphic should include the following:~~

~~(a) A statement that the product monograph is available on request from the company name, postal address and e-mail address and telephone number and fax number;~~

~~(b) A statement concerning major restrictions in usage and distribution, when required by the product monograph including boxed or bold copy;~~

~~(c)(a) ny major labeling contraindications, warnings and precautions required by the product monograph including boxed or bold copy.~~

8. Clearance Procedure and Operations

~~DELETE~~ A fee for review of submitted materials is charged in accordance with a schedule published annually. Invoices are rendered after the completion of the initial review and payment is not contingent on final acceptance of the Advertising/Promotion Systems (APS).

Explanatory Notes

8.1 Submission of Material

~~(a) Materials should be sent to:~~

~~Pharmaceutical Advertising Advisory Board~~

375 Kingston Road
 Suite 200
 Pickering, Ontario
 L1V 1A3

~~(b) Complete return address should be provided with submitted materials, including the name and position of the contact person, the name of the company or agency, address and postal code. All means of transmission are acceptable.~~

~~(a) A fee for review of submitted materials is charged in accordance with a schedule published annually. Invoices are rendered after the completion of the initial review and payment is not contingent on final acceptance of the Advertising/Promotion Systems (APS).~~

~~(c)(b) All materials submitted will be confidential to the PAAB unless otherwise stated by the sponsor. Materials for clearance should be clearly marked 'CONFIDENTIAL' to ensure confidentiality of information in submitted copy.~~

8.1(d)—PAAB will make the final assessment of the category for billing purposes.

~~**8.1(d)** The PAAB will make the final assessment of the category for billing purposes.~~

~~(d) Submitted advertising material must be identified according to the category of Advertising/Promotion System (APS) as outlined in Section 6 and must be accompanied by a completed PAAB preclearance review form that indicates approval by the sponsor's medical/regulatory department.~~

~~(e) All submissions for APS for pharmaceutical products must be accompanied by:~~

~~(i) The most recent Health Canada-~~

~~authorized product monograph or, if there is no monograph, the Health Canada-authorized prescribing information for the product, or if neither of these exists, all background information to support the prescribing information including the current accepted labeling text.~~

~~(ii) Copies of all reference material(s) used in the APS. Sources of claims should be clearly identified and cross-referenced to the relevant part of the APS.~~

~~(iii) Clearly typed English and/or French body copy.~~

~~(iv) Original copies or accurate facsimiles of illustrations to be used in the APS.~~

~~(v) English and/or French copies of prescribing information which will accompany the APS.~~

~~(vi)(i) _____
-layout clearly indicating
positioning of illustrations and
copy.~~

8.2 Requirements for Clearance

- (a) All submitted materials are evaluated by the PAAB with appropriate consultation when warranted.
- (b) Clearance is conditional upon compliance with all applicable requirements of the PAAB Code of Advertising Acceptance.

8.3 Time Interval for Clearance

- (a) The maximum time interval for comments on the first review is usually ten business days from date of receipt by the PAAB of all required advertising materials, including copydeck and layout, and supportive information necessary to

complete the review.

8.4 Duration of Clearance

- (a) The maximum effective duration of clearance for advertising containing no price information, price or market-share comparisons, is twelve (12) months. Advertising containing price and/or market share claims must be validated again after six (6) months to maintain clearance.

- (b) All advertising scheduled for presentation beyond 12 months must be resubmitted for clearance at least six weeks prior to expiry of the applicable clearance period.

- (c) Under special circumstances, e.g. adjustment to a new 12-month advertising schedule or a delay in production of new material, the Commissioner may extend PAAB clearance beyond the 12-month period. Extensions at no fee charge shall be restricted to no longer than two consecutive months. Longer extensions shall be subject to the full fee applicable to the particular type of advertisement.

8.5 Accepted Advertising

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

The identification code should be included in all insertion orders for the information of publishers.

- (b) The PAAB logo must appear in both the display and prescribing information sections of the advertisements.

- (c) ~~Final English and/or French copies of the APS must be provided to the PAAB on request.~~

8.6 Unaccepted APS

8.6.1 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 clearance 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.

8.6.2 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 PAAB offices if it will facilitate the review process. The annual fee schedule may provide for charges to be invoiced for meetings under stated conditions. ~~After two letters are received from a reviewer, the sponsor has the right to request a teleconference with the Chief Review Officer for needed clarification.~~

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.

8.7 Withdrawal of Clearance

8.7.1 Conditions for withdrawal of clearance.

At any time the Commissioner may withdraw PAAB clearance and request suspension of publication of an APS on the following grounds: on the basis of a complaint upheld under Section 9; 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 clearance, the Commissioner will write to the advertiser, providing the notification that clearance 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. This schedule shall be determined by the Commissioner, in consultation with the advertiser, so that the schedule is reasonable with regard to operational concerns.

8.7.2. Advertisers' obligations when clearance withdrawn.

If PAAB acceptance of an APS is withdrawn during the effective clearance period, and the ruling is not appealed under Section 9.7.1, 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 APS must be revised and resubmitted for PAAB review, and these changes must be acceptable to the PAAB Commissioner before use.

9: Complaints and Appeals Procedures

9.0 Introduction.

This section contains a guide for the resolution of complaints against pharmaceutical

advertising that is subject to review by the 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.

9.1 Access to complaint procedure.

Complaints against Advertising Promotion Systems (APS) [\[s11\]](#) may be lodged by: health professionals, health care organizations, pharmaceutical companies, federal regulatory bodies including Health Canada, drug payer organizations including provincial ministries of health.

9.2 Complaint letters

9.2.1 Form and content of complaint.

Complaints must be in written form. The complaint should set out in a clear manner those aspects of the APS that are the subject of complaint, referring to the sections of the PAAB Code that the APS is alleged to violate.

9.2.2 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 had been cited as references in an APS reviewed and accepted by the PAAB.

9.2.3 Complaints against APS not reviewed by the PAAB.

Complaints may also be lodged against promotional material that does not carry the PAAB logo and appears not to have been accepted by the PAAB. In these cases, complaint letters should first assert that the piece should have been reviewed by the PAAB, and then may complain against subject material of the 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.

9.3 Signing authority.

Complaints must be signed by a senior official [\[s11.11\]](#) of the complainant organization. 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.

9.4 Complaint resolution Stage 1:

Procedure for complaints from pharmaceutical companies only.

9.4.1 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 Section 9.2 above, directly to the advertiser, with a copy sent to the PAAB Commissioner.

9.4.2 Advertiser's response.

The advertiser shall make written response to the complainant no later than 10 working days after the complaint is received at the advertiser's place of business.

A copy of the response should be sent to the PAAB 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 PAAB Code. Such a response might show, for example, how the contested claims are adequately supported by the references cited in the APS.

9.4.3 Procedure if advertiser not notified.

If the complainant does not notify the advertiser but sends a letter of complaint to the PAAB 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.

9.4.4 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.

9.4.5 Options facing complainant.

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

- (a) continue discussion with the advertiser, possibly by writing another letter narrowing the points of dispute;
- (b) accept the advertiser's response and therefore not pursue the complaint; or
- (c) conclude that further intercompany dialogue will not be productive and therefore seek review by the PAAB Commissioner in Stage 2. The complainant should send a letter of intent to proceed to stage two. The letter should be received by the Commissioner within 10 working 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 ten working day deadline, they may file a new Stage 1 complaint.

9.4.6 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 PAAB 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.

9.4.7 Procedure if advertiser does not respond.

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

9.4.8 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 suggest that the claims may constitute

an imminent and/or significant health hazard. No registration fee will be charged in these cases.

9.5 Complaints resolution Stage 1:

Procedure for complaints other than from pharmaceutical companies

9.5.1 Initiation of complaint.

The complainant may address the letter of complaint, described in Section 9.2 above, to the PAAB Commissioner.

9.5.2. Notification of advertiser.

The PAAB Commissioner will then a copy of the complaint letter to a Senior Official [~~(see s-11)-13~~] of the advertiser, unless the complainant specifically requests anonymity; in that case the PAAB Commissioner will provide an excerpt of the complaint to the advertiser.

9.5.3 Advertiser's response.

The advertiser shall make written response to the PAAB Commissioner no later than 10 working 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 PAAB Code, showing, for example, how the contested claims are adequately supported by the references cited in the APS.

9.5.4 Registration of complaint.

In order for a complaint to pass to Stage 2, the complaint must be registered. Under Section 9.5, complainants other than from pharmaceutical companies are not liable to pay registration fees. If the advertiser does not respond by 10 working days after receipt of the complaint, registration is deemed to occur on the subsequent working day. If the advertiser does respond within 10 working days, the complainant may request registration by notifying the Commissioner. The complainant should send a letter of intent to proceed to stage two. The letter should be received by the Commissioner within 10 working 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 ten working day deadline, they may file a new Stage 1 complaint.

9.5.5 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 suggest that the claims may constitute an imminent and/or significant health hazard.

9.6 Complaints Resolution Stage 2:

Commissioner's Reassessment

9.6.1 Commissioner's Reassessment.

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

9.6.2 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 PAAB Code was applied. The Commissioner may consult with PAAB reviewers to request a revised opinion based on additional considerations, or may engage external advice.

9.6.3 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 9.4.6 is refundable.

9.6.4 Timelines.

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

9.7 Complaint Resolution Stage 3:

Review Panel

9.7.1 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 working days after the date of the ruling, in a letter to the PAAB Commissioner from a senior official of the organization.

9.7.2 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 the 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 six weeks of receipt of notice of appeal.

9.7.3 Binding decisions.

Decisions by review panels are binding and final.

9.7.4 Objection to selection of Panel members.

Each party to the appeal will be given written notice of the identity of the Panelists. 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 two working days of notice of the Panelists' identity.

9.7.5 Conflict of interest.

Each person drawn for service as a Review Panelist will be required to attest that he or she has no conflict of interest in hearing the appeal.

9.7.6 Costs.

The party that is unsuccessful at appeal, whether that is the complainant or the advertiser, is liable to pay ~~\$2500~~ \$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.

9.7.7 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 five pages in length. This material must be delivered within 15 working days of the Section 9.6 ruling (i.e., 10 days after expiry of the right to appeal) to the Commissioner, who will ensure it is distributed to Panelists and to the other party. The appellant is permitted one extension of five working 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 working days to prepare a written response and deliver it to the Commissioner, and is permitted one extension of five working 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 are longer than 20 pages, including appendices, five 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 seven days in advance of the panel hearing.

9.7.8 Oral presentation.

The appellant will be called upon to make a brief and concise oral resumé of its case. Then the other party will 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 then 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 is, evidence that was not cited in the written case.

9.7.9. Panel decision.

After the oral presentation, the panel will retire for a private discussion before making its decision. Decision will be by majority vote. The written decision will include a rationale for the decision as well as a ruling on the status of the APS. The written decision will be sent to both parties within five working days of the

appeal hearing, by facsimile or other electronic means. Hard copy signed by all Panelists will be delivered to both parties as soon as possible thereafter.

9.7.10 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 Section 8.7, the Commissioner will write an implementation letter to specify the effect of the panel decision.

9.7.11 Attendance at the hearing.

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

9.7.12 Public reporting.

The following information on the Review Panel decision may be reported to the Board of Directors and in wider distribution through such vehicles as newsletters: the parties involved, a summary of the major points at issue, and whether the appeal was upheld.

9.7.13 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.

9.7.14 Modifications to Review Panel procedure if complainant is not a pharmaceutical company.

Certain procedures in Section 9 will be modified when the complainant is not a pharmaceutical company:

- a) These complainants are not liable to pay Costs in Section 9.7.6
- b) 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.
- c) 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 procedure in Section 9.7. 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.

9.8 Appeals of negative PAAB clearance rulings for a proposed APS

9.8.1. Right of appeal.

Apart from appeals relating to third-party complaints which are defined in Sections 9.1 to 9.7, an advertiser who has submitted a proposed APS has the right to appeal a negative PAAB clearance ruling, on first submission or resubmission.

9.8.2 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 PAAB's negative clearance ruling.

9.8.3 Appeal to Review Panel.

If not resolved in Section 9.8.2 and if the company wishes to appeal an issue further, a written notice of appeal must be signed by a senior official of the appelland organization asking that the matter be heard by a Review Panel.

9.8.4 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, set out a procedure for such a Review Panel, adapted from Sections 9.7.2 to 9.7.11 that apply to the resolution of disputes between two companies. A decision shall be sought within thirty days. If the appeal is unsuccessful, the appelland company is liable to pay ~~\$2500~~ \$5,000 plus actual costs.

9.9 Penalties, remedial measures, and public reporting of complaints

9.9.1 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.

9.9.2 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. Content and form

of these remedial measures must be approved by the Commissioner. The remedial measures should be distributed to the original target audience using the same or similar media [\[s11\]](#), and must be implemented within 30 days of the Commissioner's instruction.

9.9.3 Public reporting.

The Commissioner is authorized to make public reports of notable Code violations in vehicles such as annual reports, and newsletters. These reports may 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 which refuse to comply with a Commissioner's ruling or Review Panel decision.

9.9.4 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.

9.9.5 Health Canada.

Where complaints have been brought to the 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.

10. Monitoring ~~The~~ Program

Explanatory Notes

The Board invites the full cooperation and participation of all advertisers, agencies, media [\[s11\]](#) and health professionals in monitoring the various aspects of the PAAB program.

10.1 Advertising/Promotion Systems (APS)

- a) The PAAB monitors all APS to determine whether they have received PAAB clearance.
- b) Any company whose APS has been published without PAAB clearance is contacted immediately by the PAAB and requested to suspend further distribution of the APS until it has

10.1(b) 1 Penalties for violations will be dealt with under Sections 9.9 of the Code.

received PAAB clearance. The PAAB will send a copy of this letter to the publishers or their agents.

- c) If a PAAB-accepted APS does not bear the PAAB logo the PAAB will contact the advertiser and request that the logo be inserted at the earliest opportunity.

11. Definitions

Definitions are in alphabetical order [MW6].

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.

Advertising Message, Main Advertising Message, Main Body Copy

The component of "Advertising" containing therapeutic claim(s), or other promotional messages, not including the prescribing information (PI).

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. Claims such as "non-drowsy", "acts in half an hour", "low incidence of side effect ..." that do not refer directly (more effective than product B) or by implication (e.g., more effective, faster) to other drug products/ ingredient do not fall within the scope of this

policy, but nevertheless must be supported by evidence based on sound scientific principles.

Conditions of Use

Include 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

Includes 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 and approved for sale in Canada.

Established Healthcare Product

Any prescription, nonprescription or Natural Health Product manufactured and/or marketed in Canada for two (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”.

BUT 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.

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

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)

Identifies that a natural health product has been licensed.

New Healthcare Product

Is defined as any prescription or nonprescription 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 one year after initial marketing.

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.

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".

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 un-paid ("organic" or "algorithmic"), search results.

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.

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.

Systematic Review

A review where studies are identified using selection criteria that are systematically applied to identify relevant studies.

Terms of Market Authorization

Are comprised of 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)

Includes 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.

Web Link Destination:

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

~~11.1 For the purposes of this code, **Health Product advertising or promotion** is considered to be any representation, by any means (e.g. television, radio, Internet, print, mobile etc.), for the purpose of promoting directly or indirectly the sale or distribution of any health product (drugs, natural health products, vaccines and biological products, etc.). 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. 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. 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.~~

~~11.2 (a) **Advertising Message, Main Advertising Message, Main Body Copy** is the component of “Advertising” containing therapeutic claim(s), or other promotional messages, not including the prescribing information (PI)~~

~~(b) **Media** encompasses all means of distribution of Advertising/Promotion Systems to the health professions.~~

~~11.3 (a) For the purpose of this Code, a **Healthcare Product** is defined as 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”.~~

BUT

excluding 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 (diabetes test materials, 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.

(b) New Healthcare Product is defined as any prescription or nonprescription 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 one year after initial marketing.

(c) An established Healthcare Product is defined as any prescription, nonprescription or Natural Health Product manufactured and/or marketed in Canada for two (2) years or longer.

11.4 The **Therapeutic Classification** of a healthcare product identifies the condition(s) of therapeutic use of the product (migraine, hypertension, peptic ulcer, psoriasis, etc.).

11.5 The **Pharmacologic Classification** of a healthcare product identifies the pharmacologic action of the product (anxiolytic, diuretic, antibiotic, analgesic, etc.).

11.6 **Rational Drug Therapy** is defined as 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.

11.7 (a) Therapeutic Claim is defined as a claim of effectiveness and/or safety of a healthcare product for the purpose(s) intended.

(b) Product Claim is defined as a claim related to general merit, quality of life, economics, market position or status, or comparative advantage.

11.8 **Current Data means:**

(a) published or unpublished clinical or laboratory studies which have not been superseded by more recent and relevant data and information.

(b) Market research data valid at the time of submission of the Advertising/Promotion System.

11.9 For purposes of this Code, **Private/Single Sponsor Journals, newsletters and other publications** are defined as any commissioned communication prepared or controlled by the manufacturer or its agent.

11.10 **Health Professional Meeting or Continuing Education (CE) Event** is 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.~~

~~**11.11 Meeting Report**— removed January 1, 2006~~

~~**11.12 Independent Publisher**— removed January 1, 2006~~

~~**11.13 Senior official** is for the purposes of this Code defined as 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.~~

~~Sections 11.14 through 11.19 are defined for the purposes of interpreting Sections 5.1 through 5.6, from the May 23, 1997 Directive from Health Canada, entitled *Principles for Comparative Claims Related to the Therapeutic Aspects of Drugs*.~~

~~**11.14 Comparative claim.** A statement that compares an identified attribute of one drug product/ingredient to that of another/other drug product(s)/ingredient(s) in terms of comparability or superiority. (Claims such as "non-drowsy", "acts in half an hour", "low incidence of side effect ..." that do not refer directly (more effective than product B) or by implication (e.g., more effective, faster) to other drug products/ingredient do not fall within the scope of this policy, but nevertheless must be supported by evidence based on sound scientific principles.)~~

~~**11.15 Terms of Market Authorization** are comprised of information in the Product Monograph, labeling and product licence 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.~~

~~**11.16 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).~~

~~**11.17 Conditions of use** include the circumstances under which the product is used for the authorized indication(s), e.g., with adjunctive therapies, in-patient vs outpatient, daytime vs nighttime use.~~

~~**11.18 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.~~

~~**11.19 Ingredient** refers to the active ingredient(s) unless otherwise qualified.~~