CASE/0639/06/25

COMPLAINANT v CHIESI

Allegations relating to misleading information on a Chiesi promotional website

CASE SUMMARY

This case was in relation to a Fostair (beclometasone/formoterol) webpage on Chiesi's promotional website. It was alleged that the webpage misrepresented the current published asthma guideline and made claims based on an outdated guideline. The complainant also stated that the current guideline recommended treatment for newly diagnosed patients aged 12 and over, which was not in line with the licenced indication of Fostair for adults aged 18 and over.

The outcome under the 2024 Code was:

Breach of Clause 6.1	**Providing misleading, out-of-date information**
Breach of Clause 5.1	**Failing to maintain high standards**

No Breach of Clause 6.1	**Requirement that information/claims/comparisons must not be misleading**
No Breach of Clause 5.1	**Requirement to maintain high standards at all times**
No Breach of Clause 2	**Requirement that activities or materials must not bring discredit upon, or reduce confidence in, the pharmaceutical industry**

This summary is not intended to be read in isolation.
For full details, please see the full case report below.

FULL CASE REPORT

A complaint about Chiesi was received from an anonymous, contactable complainant.

COMPLAINT

The complaint wording is reproduced below:

> "There are asthma management guidelines which have been in place since November 2024. These guidelines are produced jointly by NICE, BTS and SIGN. There is no single BTS/SIGN guidance on asthma management. On the following webpage, the guidelines are misrepresented as they illustrate use of Fostair and Clenil in line with BTS/SIGN guidance from 2019. [link provided]. On the page a claim states Fostair for your adult patients in line with BTS/SIGN guidelines. Underneath the claim is a graphic of Clenil underneath the regular preventer section and Fostair images underneath other

categories of initial add-on therapy, additional controller therapies and specialist therapies. BTS/SIGN/NICE guidelines 2024 do not recommend preventer therapy with Clenil nor additional controller therapies or specialist therapies with Fostair. The guidance from BTS/SIGN/NICE can be seen at [link provided]. The current asthma guidance recommends treatment for newly diagnosed asthma in patients aged 12 and over but the licence indication of Fostair is 18 only. The guidance does not recommend preventer therapy with ICS alone. The current illustration by Chiesi around asthma treatment guidelines is outdated and does not reflect the evidence from the current guidelines. This is a patient safety risk as the latest guidelines require initiation with as require low dose ICS/formoterol therapy and trials of LTRA or LAMA at other stages too which is at odds with using a 2019 treatment algorithm that Chiesi have shown. This is grossly misleading. Breaches of clauses 6.1, 5.1 and 2."

When writing to Chiesi, the PMCPA asked it to consider the requirements of Clauses 6.1, 5.1 and 2 of the 2024 Code.

CHIESI'S RESPONSE

The response from Chiesi is reproduced below:

"Thank you for your letter dated 25 June 2025 relating to a complaint you have received concerning allegations relating to misleading information on a Chiesi website.

We take alleged breaches of the ABPI Code of Practice (**Code**) very seriously and welcome the opportunity to respond in an open and transparent manner. Furthermore, we are committed to maintaining the highest standards of clinical accuracy, integrity and compliance across all our activities. On that basis, we have set out below our position in relation to the complaint and alleged breaches of Clauses 6.1, 5.1 and 2.

1. <u>Contents of the complaint and your request for information/documentation</u>

The complaint concerns a webpage hosted on the Chiesi Air website specifically relating to Chiesi's product, Fostair, for adult asthma [link provided].
As discussed further in paragraphs 2 and 3b) below, the webpage has now been updated, but a copy of the original webpage, which is the subject of the complaint, can be found at [Enclosure provided]

In summary, the complainant has alleged that the Original Webpage:

- misrepresented current asthma management guidelines by referencing the 2019 BTS/SIGN Guidelines (the **2019 Guidelines**), rather than the updated 2024 BTS/NICE/SIGN Guidelines (the **2024 Guidelines**);
- positioned two Chiesi products, Fostair and Clenil, in a manner that was no longer supported by the 2024 Guideline recommendations;
- posed a patient safety risk due to the absence of 2024 Guidelines referencing and consequently is a breach of Clauses 6.1, 5.1 and 2 of the Code.

2. <u>Admission of Breach of Clauses 6.1 and 5.1 of the Code</u>

Following our internal review, we acknowledge that the Original Webpage did not include reference to the 2024 Guidelines and continued to present information aligned to the 2019 Guidelines. Whilst this was clearly and unambiguously stated on the page, we accept that the absence of updated content to reference and align with the 2024 Guidelines means the material is likely to lack the completeness required under Clause 6.1, specifically the material's ability to enable healthcare professionals to form their own opinion of the therapeutic value of Fostair.
We therefore accept that the material may have fallen short of the requirements under Clause 6.1 of the Code, and consequently this also constitutes a failure to maintain high standards under Clause 5.1.

In making this voluntary admission, we want to stress that this lapse did not occur because of any failure in Chiesi's governance framework, internal procedures or culture of compliance. On the contrary, Chiesi has long invested in – and continuously reviews – its SOPs, training, audit processes and cross-functional controls to ensure materials are current, appropriately certified and Code compliant.

To that end, we can confirm that the material in question has been subject to ongoing review and update since 13 November 2024, with changes to reflect the 2024 Guidelines subsequently being built into that review process following the release of the updated guidelines on 27 November 2024.

Unfortunately, the execution and timing of the update were impacted by some technical issues with embedded content in the revised pages, further compounded by the departure of one key individual and the long-term absence of three members of the brand team. These absences were unprecedented. The relevant team was aware of this delay and continued to progress the revised content, but we recognise this was not as swiftly as should have been the case.

The material has now been updated, and the Original Webpage was taken down on 11 July 2025 and replaced with updated content referencing the 2024 Guidelines. Please see [enclosure provided] for a copy of the updated webpage content and [enclosure provided] for the relevant approval certificate. The qualifications of those signatories are: [list of signatories, their job titles and their qualifications].

It is important to point out that Original Webpage was still within its two-year approval cycle, having initially been approved for distribution on 19 June 2024, with an expiry date of 18 June 2026. Please see [enclosure provided] for the certificate approving the Original Webpage.
We regret the delay in implementation of the updated webpage, resulting in the material remaining live for longer than was appropriate, and hereby make a voluntary admission of a breach of Clauses 6.1 and 5.1.

3. Alleged Breach of Clause 2 of the Code

We respectfully submit that while a breach of Clauses 6.1 and 5.1 has occurred, these breaches should be considered in the context of a well-functioning compliance framework, and that they are not indicative of systematic failure. On that basis we do not agree that the content of the Original Webpage and/or the delay in its update constitutes a breach of Clause 2 and we provide evidence below to support this position.

a) Clear and transparent content in line with licence

The complainant states that "*the guidelines are misrepresented as they illustrate use of Fostair and Clenil in line with BTS/SIGN guidance from 2019*".

The Original Webpage was fully transparent in its reference to the 2019 Guidelines throughout. They were explicitly cited in the references section and clearly referenced below the treatment graphic with the words "Adapted from the BTS/SIGN British guidelines on the management of adult asthma 2019" so as not to mislead the reader. Please see [enclosure provided] for an extract from the Original Webpage evidencing this reference. There was no implication, explicitly or otherwise, that the content reflected the 2024 Guidelines at any point.

The complainant goes on to state "*the current asthma guidance recommends treatment for newly diagnosed asthma patients aged 12 and over the licence indication for Fostair is 18 only*."
The 2024 Guidelines are indeed intended for asthma patients aged 12 years and over, and the complainant is also correct in saying that the licensed indication for Fostair is patients aged 18 and over. However, at no point did the Original Webpage promote off-label use or use with patients aged 12 years and over. On the contrary, there is no ambiguity or disguised messaging in the content. The structure of the page and the language used were each designed to promote clarity, reinforcing that Fostair is licensed for **adult** asthma patients. For example:

- to access the Original Webpage, users are required to select the Fostair product page, and then "Adult Asthma";
- at the start of that page "adult asthma" is referenced five times (see [Enclosure provided] for highlighted relevant text);
- thereafter, the "adult asthma" indication is referenced wherever necessary. See [Enclosures provided] for further examples.

We firmly believe that there is no doubt anywhere on the Original Webpage that the licensed indication for Fostair is for adult asthma and not for patients aged 12 and over. (For reference, please see [Enclosures provided] for the summary of product characteristics for each Fostair product.)

The complainant also states "*On the page there is a claim "*Fostair for your adult patients in line with BTS/SIGN guidelines". *Underneath the claim there is a graphic of Clenil in the regular preventor section and Fostair images underneath categories of initial add-on therapy, additional controller therapies and specialist therapies. BTS/NICE/SIGN guidance 2024 do not recommend preventer therapy with Clenil nor additional controller therapies or specialist therapies*". This element of the complaint relates to the treatment pathway represented by the image at [Enclosure provided].

First, there is a reference linked to the statement "Fostair for your adult patients in line with BTS/SIGN guidelines" as evidenced on the screenshot at [Enclosure provided], which takes the reader to the 2019 Guidelines citation. In addition, there is text underneath the

graphic in question which also states the content is aligned with the 2019 Guidelines. Again, please see [Enclosure provided].
Furthermore, the content is fully aligned with the licensed indication for each of the Fostair and Clenil products, and is consistent with the 2019 Guidelines (again, the Guidelines that the Original Webpage clearly references):

- Clenil (beclometasone) is an inhaled corticosteroid (ICS) and is indicated for "the prophylactic management of mild, moderate, or severe asthma in adults or children". See [Enclosures provided] for the summary of product characteristics for each Clenil product. Clenil, an ICS, therefore falls under the category of "low-dose ICS" and "regular preventer" as described in the algorithm in the BTS/SIGN 2019 guidelines. (See [Enclosure provided] for an extract of the 2019 Guidelines treatment algorithm referencing this low dose ICS.) Its inclusion on the Original Webpage as a "Regular Preventer Low Dose ICS" is therefore completely in line with the Clenil licence.

- Fostair (beclometasone-formoterol) is a combination of an ICS (beclometasone) and a rapid-acting bronchodilator (formoterol). It is indicated "*in the regular treatment of asthma where use of a combination product (inhaled corticosteroid and long-acting beta2-agonist) is appropriate: patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled rapid-acting beta2-agonist or patients already adequately controlled on both inhaled corticosteroids and long-acting beta2-agonists)*". See [Enclosures provided] for the summary of product characteristics for each dosage of Chiesi's Fostair product. Fostair 100/6 therefore fits in the "initial add-on therapy" and "additional controller therapies" sections described in the algorithm contained within the 2019 Guidelines at [Enclosure provided]. That content is, again, in line with the licensed indication for that product.

The last step of the algorithm from the Original Webpage, namely "Specialist Therapies" (see [Enclosure provided]), includes "high dose ICS" of which Fostair high dose (200/6) is an option. Again, this is in line with the licenced indication for that product.
A further comment made by the complainant is that "*The guidance* [being the 2024 Guidelines] *does not recommend preventer therapy with ICS alone*. *The current illustration by Chiesi around asthma treatment guidelines is outdated and does not reflect the evidence from the current guidelines. This is a patient safety risk as the latest guidelines require initiation with as required low dose ICS-formoterol therapy and trials of LTRA or LAMA at other stages too which is at odds with using a 2019 treatment algorithm that Chiesi has shown."*

We acknowledge that although the 2024 Guidelines no longer recommend ICS therapy alone as preferred therapy, there is still reference to low-dose ICS under the existing therapy section. See [Enclosure provided] for an extract of the 2024 Guidelines with the relevant content highlighting that the 2024 Guidelines only recommend <u>considering</u> MART combination therapy as an alternative posology, in uncontrolled patients on low-dose ICS, rather than <u>preventing</u> use of ICS alone.

Furthermore, the 2024 Guidelines themselves include the statement: "*The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.*" We believe this non-mandatory nature of the Guidelines, coupled with the fact that the content is consistently and firmly within the licensed indications for both Fostair and Clenil mean that the content does not pose a patient safety risk as alleged by the complainant or at all.
In summary, whilst we acknowledge that the Guidelines were updated in November 2024, we do believe that the content is clear, transparent, not contrary to licence and does not pose a patient safety risk.

b) Proactive Update Process is Now Completed

As indicated above, the Original Webpage was already under review in November 2024 and upon release of the 2024 Guidelines additional changes to that content were considered and factored into the lengthy review process. On 11 July 2025 the new 2024 Guidelines-aligned webpage was approved, certified and published.

Whilst the Original Webpage remained live, we would highlight that:

- the content was clinically appropriate and clearly marked as to referring to the 2019 guidance;
- very few local and regional UK asthma guidelines had been updated and most remain in line with the 2019 Guidelines. Therefore, the Original Webpage reflected the majority of regional guidelines;
- the 2024 Guidelines are not mandatory in nature, as referenced above.

Meanwhile, the update process across other relevant materials was certainly not dormant or neglected. Indeed, updates to materials referencing the 2019 Guidelines were executed expediently, including the withdrawal of over 300 pieces of material by the end of December 2024.
It is regrettable that the references to the 2019 Guidelines remained on the Original Webpage in the intervening period, but this was a consequence of the very exceptional resource circumstances which prevailed in that team at that particular time. That level of absence has not occurred previously and highlighted a weakness in that team's ability to process certain activities as expediently as would ordinarily be the case. Indeed, in the last two months the relevant team has engaged the services of external consultants to support activity until the two remaining individuals on [leave] return and the vacant role is backfilled. We accept the delay in updating the Original Webpage created the exposure under Clauses 6.1 and 5.1, but we argue that the content remained transparent, with no intention to mislead, and was no threat to patient safety.

c) Strong Compliance Framework

Chiesi has invested in and maintains a robust, systematic compliance infrastructure, including:

- companywide SOPs governing the development, certification and ongoing monitoring of materials;
- a comprehensive mandatory training programme for all relevant staff, including modules on:
    - ABPI Code compliance;
    - SOP application and governance workflows;
    - Material content generation, approval and maintenance;
- a structured review cycle for all assets and materials, including maintaining live trackers of content which are under constant review and update, with teams working cross functionally to consider content and update requirements
- the issue to all content owners of frequent reminders at timed intervals regarding upcoming content expiry dates along with a requirement to review content and submit it for re-approval or withdrawal it before its expiry;

the above activities are then monitored by the Legal & Compliance Department. The existence of these controls demonstrates that the breach of Clauses 6.1 and 5.1 occurred despite our systems and not because of their absence or failure. On that basis, we do not believe we have breached Clause 2 of the Code.

4. Conclusion

In conclusion, we:

- **voluntarily admit a breach of Clause 6.1 and Clause 5.1** in the absence of reference to the 2024 Guidelines in the Original Webpage for the reasons stated at paragraph 2 above; and
- **have taken prompt remedial action to update the webpage with references to the 2024 Guidelines.**

However, we believe the breaches do not justify a finding under Clause 2 and respectfully invite the Panel to rule the same, given:

- **the clear, transparent and within-licence content of the Original Webpage as demonstrated;**
- **the good faith approach taken during the transition to the updated content; and**
- **the strength of our governance, audit and compliance culture.**

I trust that this response is sufficient for your purposes but please let me know if you require any further information at this time or in the future in order to fully consider our response.

I look forward to hearing from you in due course."

PANEL RULING

This case was in relation to a complaint about a Fostair (beclometasone/formoterol) webpage hosted on Chiesi's promotional website. It was alleged that the webpage misrepresented the published 2024 BTS (British Thoracic Society) / NICE (National Institute for Health and Care Excellence) / SIGN (Scottish Intercollegiate Guidelines Network) guideline that was available at the time of the complaint and made claims based on an outdated BTS / SIGN guideline from 2019. The complainant also stated that the 2024 asthma guideline recommended treatment for newly diagnosed asthma in patients aged 12 and over, which was not in line with the licenced indication of Fostair for adults aged 18 and over.

The webpage in question started with the Fostair brand name in large font followed by the non-proprietary name and formulation. Directly below in smaller font was "Fostair inhalers for adult asthma", to the right of which was an image of two adults. Beneath were four prominent boxes headed: "Maintenance therapy (100/6 & 200/6)"; "Maintenance and reliever therapy (MART) (100/6 only)"; "Useful links"; and "Downloadable Patient Resources". The former two included Fostair's indications, with the latter two providing prominent links to documents such as the SPC and patient information leaflet.

A section referred to by the complainant included the sub-heading "Fostair for your adult asthma patients in line with BTS/SIGN guidelines") and appeared part way down the page. Four tiles appeared beneath the subheading, and contained the following information within respective titles:

1. Regular preventer: "Low Dose ICS" followed by an image of a Clenil Modulite (beclometasone) inhaler and its dosing
2. Initial add-on therapy: "Add inhaled LABA to low dose ICS (fixed dose or MART)" followed by images of both types of 100/6 Fostair inhalers and dosing information
3. Additional Controller therapies: "Consider: Increasing ICS to medium dose or adding LTRA. If no response to LABA, consider stopping LABA" followed by images of both Fostair 100/6 inhalers and dosing
4. Specialist Therapies: Consider: "High dose ICS/LABA", followed by images of both types of Fostair 200/6 Inhalers and dosing

The footnotes included "Short-acting β_2-agonist [SABA] (unless using MART) – consider stepping up treatment if using three doses a week or more" and "Adapted from BTS/SIGN British guideline on the management of adult asthma 2019".

The tiles were then followed by a section titled "How to prescribe" which contained information on how to prescribe each of the above. Each product in this section was given the heading "Adult Asthma".

The Panel interpreted the complaint as two separate allegations:

1. That the webpage misrepresented current asthma guidelines by referring to the use of Clenil and Fostair in line with 2019 BTS/SIGN guideline which was not supported by the updated BTS/NICE/SIGN guideline published in 2024.
2. That the webpage was misleading because the guidelines recommended treatment for people aged 12 and above, whereas Fostair was only licensed for adults over 18.

The Panel also considered the alleged overall potential patient safety risk due to the provision of outdated information.

Misrepresentation of current asthma guidelines

The Panel noted that the section in question, titled "Fostair for your adult patients in line with BTS/SIGN guidelines", referenced the 2019 BTS/SIGN guideline and not the 2024 BTS/NICE/SIGN guideline that were current at the time of the complaint. The Panel considered the following extracts from the two separate guidelines to be the relevant ones for the purposes of this case.

Figure 2 of the 2019 BTS/SIGN guideline referred to use of SABAs as required (unless using MART) and to consider stepping up treatment if using three doses a week or more. In this regard, the guideline made the following recommendations for adult patients with asthma:

- The use of low-dose ICS as a regular preventer
- Addition of inhaled LABA to low-dose ICS (fixed dose or MART) as initial add-on therapy
- Considering increasing ICS to medium dose or adding LTRA (if no response to LABA, consider stopping LABA)
- If still not controlled, refer patient for specialist care

Section 7.3.5 of the 2019 guideline included that the use of a single combination inhaler for MART was an alternative approach to the introduction of a fixed-dose twice daily combination ICS/LABA inhaler and a recommendation was to "consider the option of combined maintenance and reliever therapy in adult patients who have a history of asthma attacks on medium dose ICS or ICS/LABA".

The Panel noted that the 2017 NICE and 2019 BTS/SIGN guidelines had been superseded by a single consolidated guideline published in 2024 titled "Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN)". The 2024 guideline expressly stated it "represented a significant change in practice", particularly in relation to the use of SABA.

For people with newly diagnosed asthma, the 2024 BTS/NICE/SIGN guideline included the following recommendations for asthma patients aged 12 and over:

- Offer low-dose ICS/formoterol combination inhaler to be taken as needed (AIR therapy) or if highly symptomatic or there are severe exacerbations, offer low-dose MART (if asthma is controlled, consider stepping down)
- If asthma is uncontrolled, offer Low-dose MART
- If asthma is uncontrolled, offer Moderate-dose MART
- If asthma is uncontrolled, despite good adherence check FeNO level, if available, and blood eosinophil count
    - If either is raised, refer people to a specialist in asthma care
    - If neither is raised:
        - Consider a trial of either LTRA or LAMA used in addition to moderate-dose MART for 8 to 12 weeks unless there are side effects. At the end of the trial:
            - if asthma is controlled, continue the treatment
            - if control has improved but is still inadequate, continue the treatment and start a trial of the other medicine (LTRA or LAMA)

        - if control has not improved, stop the LTRA or LAMA and start a trial of the alternative medicine (LTRA or LAMA)
    - If asthma is uncontrolled, refer people to a specialist in asthma care

For people already diagnosed and receiving treatment in line with the previous NICE and BTS/SIGN guidelines, the 2024 guideline recommended changing people with confirmed asthma on SABA only treatment to a low-dose ICS/formoterol combination inhaler (as-needed AIR therapy). Low-dose MART was recommended where people with asthma were not controlled on low-dose ICS; low-dose ICS/LABA; low-dose ICS plus LTRA; or low-dose ICS/LABA plus LTRA, plus SABA as needed. Moderate-dose MART treatment was recommended for people with asthma not controlled on moderate-dose ICS; moderate-dose ICS/LABA; moderate-dose ICS plus LTRA and/or LAMA; moderate-dose ICS/LABA plus LTRA and/or LAMA, plus SABA as needed.

The complainant alleged that the illustration on the webpage around asthma treatment guidelines was outdated and did not reflect the evidence from the current guideline. In this regard, the complainant stated the BTS/NICE/SIGN 2024 guideline did not recommend preventer therapy with Clenil Modulite (ICS alone) nor additional controller therapies or specialist therapies with Fostair (ICS/LABA) as illustrated.

The Panel took into account that the illustration, described as the four tiles above, which adapted the BTS/SIGN 2019 guideline and incorporated Chiesi's medicines - Clenil Modulite and Fostair - within the stepwise algorithm.

However, the Panel observed the 2024 guideline represented a substantive change in the overall structure of asthma management, including changes to reliever therapy, which were not reflected on the webpage at issue. For example, use of an ICS alone like Clenil Modulite (in addition to SABA as required) was not recommended as preventer therapy in newly diagnosed patients in the 2024 guideline.

Clause 6.1 stated:

> *"Information, claims and comparisons must be accurate, balanced, fair, objective and unambiguous and must be based on an up-to-date evaluation of all the evidence and reflect that evidence clearly. They must not mislead either directly or by implication, by distortion, exaggeration or undue emphasis. Material must be sufficiently complete to enable recipients to form their own opinion of the therapeutic value of the medicine*".

In the Panel's view, the presentation of Chiesi's medicines in accordance with the 2019 guideline was misleading as it did not reflect the 2024 guideline recommendations that were most current at the time of the complaint. Given the webpage in question had not been based on an up-to-date evaluation of all the evidence available at the time, and there had been a material change in the guideline, the Panel ruled a **breach of Clause 6.1**, as acknowledged by Chiesi.

The Panel considered that companies had a responsibility to ensure that promotional materials remained accurate and based on an up-to-date evaluation of all the evidence.

The Panel considered that the failure to identify and update the material in a timely manner meant that Chiesi had failed to maintain high standards in this case. The Panel ruled a **breach of Clause 5.1**, as acknowledged by Chiesi.

Use of Fostair in patients aged 12 and above

The complainant also raised the concern that the guidelines applied to people aged 12 and older, which was inconsistent with Fostair's marketing authorisation (indicated for adults 18 years old and above).

The Panel considered the overall impression of the webpage at issue. The start of the webpage included "Fostair inhalers for adult asthma" with an image of two adults. Directly below was a "learn more" button along with the indications of Fostair in Maintenance therapy (100/6 & 200/6) and MART (100/6 only), which highlighted their use for adult patients. There were also prominent links to the SPC and patient information leaflet.

The Panel further took account of the section titled "Fostair for your adult patients in line with BTS/SIGN guidelines" (emphasis added by the Panel), which was followed by a section titled "How to prescribe" and which contained information on how to prescribe low, medium and high dose Fostair. Each of these had their own sub-section titled "Adult Asthma".

While the Panel acknowledged the applicable aspect of the guidelines applied to a broader population aged 12 years and older, the Panel took account of the repeated references to adult use and that the page appeared within the "Fostair for adult asthma" section of the website as per the navigation bar. The Panel therefore concluded that it was clear from the outset that Fostair was intended for use in adults only, in accordance with its marketing authorisation.

The Panel did not consider the webpage misleadingly implied that Fostair was suitable from the age of 12 and therefore ruled **no breach of Clause 6.1**.

In the absence of any other factors to suggest that high standards had not been maintained in relation to this allegation, the Panel also ruled **no breach of Clause 5.1**.

Clause 2

A ruling of a breach of Clause 2 was seen as a sign of particular censure and reserved for such use. While the Panel was concerned that Chiesi had failed to ensure that readers of the webpage were provided with up-to-date information in line with the recommendations from the most current guidelines, the complainant had not established that the information on the webpage prejudiced patient safety in a manner such that Chiesi had brought discredit upon, or reduced confidence in, the pharmaceutical industry. The Panel considered that the allegations in this case had been dealt with adequately by the breach rulings above. The Panel ruled **no breach of Clause 2**.

Complaint received **24 June 2025**

Case completed **12 February 2026**