CASE/0708/08/25

Britannia v EVER Pharma

Allegations about a promotional email regarding the supply of apomorphine hydrochloride

CASE SUMMARY

This case was in relation to a promotional email sent to health professionals by EVER Pharma UK Ltd. The email promoted EVER Pharma's product, Dacepton (apomorphine hydrochloride hemihydrate) and provided a link to a DHSC/NHS England Medicine Supply Notification which contained information about the discontinuation of Britannia Pharmaceuticals' product, APO-go (apomorphine hydrochloride) pre-filled syringe. Britannia Pharmaceuticals alleged that the content of this email was misleading.

The outcome under the 2024 Code was:

Breach of Clause 5.1	**Failing to maintain high standards**
Breach of Clause 6.1	**Information/claims/comparisons must not be misleading**

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 Ever Pharma was received from Britannia Pharmaceuticals.

COMPLAINT

The complaint wording is reproduced below:

> "I am writing to formally submit a complaint under the 2024 ABPI Code of Practice concerning an email distributed by EVER Pharma promoting their product **Dacepton® (apomorphine hydrochloride)**. We have engaged in unsuccessful inter-company dialogue (ICD) about the matters which we now escalate to you.
>
> The promotional communications (i.e. email) in question relates to a DHSC/NHS England notice which in turn conveys very important information for healthcare professionals about the supply of **APO-go®** (Britannia Pharmaceuticals' apomorphine treatment) to maintain patient care continuity. We believe this promotional communication was proactively sent to a number of HCPs by EVER Pharma (who failed to confirm this as part of the ICD).

We feel that the email misleads HCPs in several ways, thus breaching Clause 6.1:

- The DHSC/NHS notice is very clear and relates to two points: the discontinuation of APO-go® PFS and the fact that APO- go® POD remains available (with guidance on how HCPs may prescribe it). It does not mention EVER's medicine, Dacepton®.
- The content of the email incorrectly implies (through omission) that Britannia have discontinued APO-go® without providing patient support, advice and other medicinal options.
- The email implies to busy HCPs that Britannia's withdrawal of APO-go® PFS can be managed by switching patients to Dacepton. Without mention of other options such as the one in the DHSC/NHS England notice, APO-go® Pod, it implies this is what the notice may be suggesting.
- EVER have included a link to the DHSC/NHS England notice within the communication. We have learnt through PMCPA case rulings that promotional communications should stand alone – especially when one considers busy HCPs' expectations about accurate promotional information from pharmaceutical companies. There should be no need for readers to consult an attached or linked document to obtain accurate information. Addition of a link in this case is not sufficient to negate the misleading impression within the email itself that Britannia are simply withdrawing APO-go® PFS.
- We do not feel Dacepton is truly "interchangeable" with APO-go® as the email suggests. The Dacepton® system uses a complex reservoir and docking station combination to charge and fill their pump, which itself is very different to the APO-go® pump. This is a significant change for both the patient and carer who both will need to be trained by specialist nurses. When changing from APO-go® PFS to APO-go® POD, patients retain their existing pump, the only change is a simplified set-up and therefore the training required is limited.
- Whilst we appreciate EVER would not have sent a promotional email that would convey accurately what the DHSC/NHS England notice contains, as that would be commercially disadvantageous for them, in line with good promotional practice we would have expected a clear emphasis to readers about the content of the DHSC/NHS England notice and their offer of an alternative.
- HCPs who have received the email are understandably confused into thinking Britannia have discontinued APO-go® without providing patient support, advice and other medicinal options – *see* [enclosure provided] for an email we have received. These clearly show that HCPs have experienced confusion upon receiving EVER's email, which has led them to check the information with Britannia ("*sorry for contacting you and wasting your time*") and has caused them concern *("This is when I panicked and contacted you but after reading this I see its not the typical pen and as you say very miss leading!!!!!"*).

This email is therefore clearly in breach of:

- **Clause 6.1** which requires that information and claims must be accurate, balanced, and not misleading
- **Clause 5.1** which mandates that promotional material must maintain high standards.

By implying a need for prescribers to switch to Dacepton® without clarifying the availability of an alternative medicine from Britannia, EVER's email could lead to inappropriate clinical decisions and disrupt patient continuity of care. It misleads clinicians into believing that Dacepton® is the only or most suitable alternative, when in fact Britannia continues to supply alternative apomorphine formulations.

We ask that these matters are considered by a PMCPA Panel. Do let me know if there are any questions.

Thank you for your attention to this matter."

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

EVER PHARMA'S RESPONSE

The response from EVER Pharma is reproduced below:

"Thank you for your letter requesting our response to the complaint made to the PMCPA by Britannia Pharmaceuticals Ltd (**BPL**).

ICD

EVER Pharma UK Ltd (**EVER Pharma**) are disappointed by BPL's decision to terminate intercompany dialogue (**ICD**), particularly since many of the concerns BPL raised were already resolved.

We contend that BPL has consistently failed to engage in ICD in good faith, both in this instance and in other recent complaints (see CASE/0238/07/24). A productive ICD is predicated on good faith, accuracy, transparency, and mutual respect—principles that BPL's approach clearly lacks.

BPL's aggressive and unconstructive approach in the ICD correspondence indicates that its participation was merely a formality. We therefore believe the subsequent complaint was premeditated, particularly as the ICD involves BPL making multiple allegations against EVER Pharma that are not explained properly or substantiated by evidence.

BPL's actions, including missing response deadlines without explanation and repeatedly declining our offers for face-to-face meetings, demonstrate a clear unwillingness to seek a transparent and constructive resolution.

Factual background
During March 2025, EVER Pharma sent a promotional email to a group of highly specialised healthcare professionals (**HCPs**) that had consented to receiving promotional communications from EVER Pharma. All recipients of the email manage patients with advanced Parkinson's disease and had received the DHSC/NHS medicine supply notification regarding the withdrawal of APO-go® Pre-filled Syringe (**PFS**) in January 2025 (the **MSN**).

EVER Pharma sent the promotional email in response to specialist Parkinson's disease HCPs voicing the following concerns to EVER Pharma in early 2025:

(a) many patients were still receiving the APO-go® PFS despite it being discontinued; and
(b) some HCPs were anxious about potential supply issues.

Our intention was to support patients prescribed Apomorphine and to ensure continuity of therapy and patient safety by raising awareness of an alternative, interchangeable clinical option. Our communication provided a direct link to the MSN and reminded HCPs that EVER Pharma are also able to provide a generic apomorphine to affected patients, if clinically appropriate.

Response to BPL allegations

We address each bullet point in the complaint letter below.

1. *"The DHSC/NHS notice is very clear and relates to two points: the discontinuation of the APO-go PFS and the fact that APO-go POD remains available (with guidance on how HCPs may prescribe it). It does not mention EVER's medicine, Dacepton."*

   This is factually correct and we do not dispute this.

   We would however point out that the DHSC does not state that all of patients currently being treated with the APO-go® PFS should automatically convert to APO-go® POD. Rather, as *APO-go*® PFS was being discontinued, patients prescribed with *APO-go*® PFS would need to undergo a clinical review and a decision on appropriate future treatment for would need to be made for each individual patient. This is stated in the MSN, the DHSC suggests that prescribers should "*review patients currently prescribed with APO-go® PFS"* and that *APO-go*® POD should be "*considered where appropriate*".

   The MSN anticipates that *APO-go*® POD may not be suitable for all patients on *APO-go*® PFS. It states that if *APO-go*® POD is not considered suitable by a prescriber, the prescriber should "*seek advice from specialist Parkinson's Disease teams for further guidance*".
2. *"The content of the email incorrectly implies (through omission) that Britannia have discontinued APO-go without providing patient support, advice and other medicinal options"*
   The email is very clear and factually correct in reminding customers of the withdrawal specifically of the *APO-go*® PFS. No other *APO-go*® products are mentioned.

We reject the assertion that the email implies that BPL were not providing patient support, advice and other medicinal options. There is no basis for this assertion. Rather, the email's content is clearly intended to be read in conjunction with the MSN, as demonstrated by the following:

- the MSN is directly referenced and given significant prominence;
- the first paragraph includes the MSN's full title and document reference;

- the email asks the reader to click on the link to the MSN; and
- a direct quote from the MSN is included.

Furthermore, all recipients of the email received the MSN when it was originally distributed in January 2025.

We are aware that BPL have been engaging with affected HCPs and patients since the initial DHSC/NHS notice in January 2025. Therefore, all recipients will have been well aware of BPL's patient support, advice and other medicinal options.

3. *"The email implies to busy HCPs that Britannia's withdrawal of APO-go PFS can be managed by switching patients to Dacepton. Without mention of other options such as the one in the DHSC/NHS England notice, APO-go Pod, it implies this is what the notice may be suggesting."*

   BPL's interpretation of the email is not the natural reading. We reject the assertion that the email implies that the withdrawal of *APO-go*® PFS can be managed by switching patients to *Dacepton*® without mention of other options, such as *APO-go*® POD.

   The email was sent to a group of highly specialised Parkinson's disease HCPs that manage patients with advanced Parkinson's disease. All recipients of the email were originally notified of the withdrawal via the MSN in January 2025 and we are aware that BPL have been engaging with affected HCPs and patients regarding alternatives since then. Therefore, the recipients had been made well aware of *APO-go*® POD as an option.

   As set out in relation to point (2) above, the email's content is clearly intended to be read in conjunction with the MSN, as demonstrated by the following:

   - the MSN is directly referenced and given significant prominence;
   - the first paragraph includes the MSN's full title and document reference;
   - the email asks the reader to click on the link to the MSN; and
   - a direct quote from the MSN is included.
   -

Therefore, notwithstanding the fact that the recipients will have already been aware of *APO-go*® POD as an option, it is clear that the email was intended to be read alongside and in the context of the MSN.

In light of the HCP verbal concerns, expressed to us, that many patients were still receiving the *APO-go*® PFS approaching the expected expiration of supplies (April 2025), the email was an important reminder that we are able to provide a generic apomorphine to affected patients, if clinically appropriate, to maintain patient treatment continuity.

4. "*EVER have included a link to the DHSC/ NHS England notice within the communication. We have learnt through PMCPA case rulings that promotional communications should stand alone – especially when one considers busy HCPs expectations about accurate promotional information from pharmaceutical*

companies. There should be no need for readers to consult an attached or linked document to obtain accurate information. Addition of a link in this case is not sufficient to negate the misleading impression within the email itself that Britannia are simply withdrawing APO-go PFS."

We reject BPL's assertion that the email is inaccurate or creates a misleading impression.
The email reflects the content of the MSN and is factually correct in stating the discontinuation of *APO-go*® PFS. This discontinuation of the *APO-go*® PFS would trigger a clinical review and decision on appropriate future treatment for each individual patient with advanced Parkinson's disease. The MSN states that if *APO-go*® POD is not considered suitable by a prescriber, the prescriber should "*seek advice from specialist Parkinson's Disease teams for further guidance*". As a consequence, other treatments for advanced Parkinson's disease, including *Dacepton*®, may be considered as appropriate.

The email was sent to a group of highly specialised HCPs who manage patients with advanced Parkinson's Disease. They were originally notified of the withdrawal via the MSN in January 2025 and we are aware that BPL have been engaging with affected HCPs and patients since then. Therefore, we believe that all recipients of the email will have been aware of:

- the withdrawal of *APO-go*® PFS*;*
- *APO-go*® POD as an alternative to *APO-go*® PFS; and
- the approval of *APO-go*® POD on their hospital formularies.

Therefore, we do not believe that the email is misleading as the HCP recipients had already been informed, over several months, about the withdrawal of the APO-go® PFS and the availability of *APO-go*® POD.

As stated in response to points (2) and (3), the email is clearly intended to be read in conjunction with the MSN. A direct link to the MSN is provided at the outset of the email and the MSN is given prominence, the email goes so far as to quote from it. The MSN states that prescribers should "*consider prescribing APO-go® POD where appropriate*".

As regards, the principle cited by BPL that promotional communications must "stand-alone", BPL does not cite any specific PMCPA case rulings in support of the principle. If BPL had not prematurely brought the ICD to a close, we would have sought details of these cases and we would have considered their applicability and relevance to the complaint.

The content of the email is factually accurate and does not mislead HCPs, it reflects the primary purpose of the MSN, which is to draw attention to the withdrawal of *APO-go*® PFS. Clause 6.1 of the Code, as we interpret it, does not mandate that promotional material repeat the full content of a referenced document.

5. *"We do not feel Dacepton is truly "interchangeable" with APO-go as the email suggests. The Dacepton system uses a complex reservoir and docking station combination to charge and fill their pump, which itself is very different to the APO-go pump. This is a significant change for both the patient and carer who both need to be trained by specialist nurses. When changing from APO-go PFS to APO-go POD,*

patients retain their existing pump, the only change is a simplified set-up and therefore the training required is limited."

We reject BPL's assertion that *Dacepton*® is not truly interchangeable with *APO-go*® because of differences between the pumps.

The email states that we provide an "*interchangeable option to offer Apomorphine therapy for Parkinson's patients*".

Dacepton® is a generic form of Apomorphine, approved via an abridged regulatory submission, with *APO-go*® PFS as the reference product. It has the same licensed indications and safety data in the SmPC. It is completely accurate to state that a generic form of a medicine is interchangeable with the reference product.

We submit that differences in the medical device delivery systems are outside of the scope of the Code. As referenced in the *Dacepton*® SmPC, it is not a combination drug/device product.

The recipients of the email are HCPs experienced in managing patients with Parkinson's disease, who will be aware of the differences between devices and the need for training. All patients starting on our pumps receive appropriate training from our specialist nurse team.

6. *"Whilst we appreciate EVER would not have sent a promotional email that would convey accurately what the DHSC/NHS England notice contains, as that would be commercially disadvantageous for them, in line with good promotional practice we would have expected a clear emphasis to readers about the content of the DHSC/NHS England notice and their offer of an alternative"*

   We reject BPL's assertion that the email is unclear and inaccurately conveys the contents of the MSN.

   This is the allegation as set out at point (4). We restate our response to point (4) set out above.

7. *HCPs who have received the email are understandably confused into thinking Britannia have discontinued APO-go without providing patient support, advice and other medicinal options – see Enclosure 4 for an email we have received. These clearly show that HCPs have experienced confusion upon receiving EVER's email, which has led them to check the information with Britannia ("sorry for contacting you and wasting your time") and has caused them concern (This is when I panicked and contacted you but after reading this I see its not the typical pen and as you say very miss leading!!!!!").*

   BPL alleges that multiple HCPs were confused by the email and states that it has provided evidence to support this. In support of this allegation, BPL has provided one redacted email it received from an HCP. A single email from an HCP cannot be evidence to show that multiple HCPs were confused by the promotional email.

Further, and crucially, it is very clear that the single redacted email provided does **not** relate to the promotional email that is the subject of this complaint. Nowhere in the email is a promotional email that BPL alleges the HCP received from EVER Pharma referenced. The email mentions information being communicated to the HCP via a telephone call only.

BPL has taken this email out of context. The redacted HCP email provided by BPL neither relates to the promotional email that is the subject of this complaint nor is evidence of the alleged widespread confusion or concern by HCPs. This allegation is not supported by any evidence and therefore should be dismissed by PMCPA.

During the ICD, we told BPL that this email was not related to this matter. From our ICD letter of 4th June to BPL:

"*We are aware of the unfortunate incident mentioned where, a single customer was given incorrect information on a single occasion. This was escalated internally and investigated fully. We communicated with the customer as soon as possible to rectify the misunderstanding and instigated additional training to the relevant team. All calls are recorded, and this appears to have been an isolated incident that was rectified as soon as possible after the report*."

Although this incident does not fall within the scope of this complaint. In the interests of transparency, we will explain the circumstances giving rise to the redacted HCP email disclosed by BPL. The incident involved a single HCP being given incorrect information and occurred on March 20th 2025. This is the same day of the redacted email sent from the HCP to BPL. Following the incident, the single HCP was contacted to explain the error The HCP then thanked us for the follow up and clarification. Hence, we considered this isolated incident to have been successfully resolved. As set out above, this was previously communicated to BPL during the ICD.

We accept that, due to an unfortunate individual error, a single HCP was given inaccurate information, which was corrected as soon as possible and clarified with the HCP.
However, we are extremely disappointed that BPL chose to disregard the explanation we provided during the ICD and has sought to characterise the redacted HCP email as related to the promotional email that is the subject of this complaint.

The way BPL has cited this email can only be described, at its most charitable, as unhelpful.

- This email does not refer to the email, the subject of the complaint;
- even if this email did refer to the email, the subject of the complaint, a single email does not evidence widespread confusion; and
- EVER Pharma has already addressed this email in ICD and the HCP thanked EVER Pharma for the clarification.

We do not consider BPL's decision to do this to be in accordance with the spirit of the Code or the PMCPA Constitution and Procedure.

Conclusion

In conclusion, we do not accept that the information in the promotional email sent to consented Parkinson's disease HCPs is misleading (Clause 6.1), nor do we accept that we have failed to maintain high standards (Clause 5.1).

We reiterate our disappointment that this matter has proceeded to a formal complaint before the PMCPA.

[Information provided about documents requested by the PMCPA]

We appreciate the opportunity to address these concerns and reiterate our commitment to compliance with the Code."

PANEL RULING

This case was in relation to a promotional email sent to health professionals by EVER Pharma UK Ltd. The email promoted EVER Pharma's product Dacepton (apomorphine hydrochloride hemihydrate) and provided a link to a DHSC/NHS England Medicines Supply Notification (MSN) which contained information about the discontinuation of Britannia Pharmaceuticals product, APO-go (apomorphine hydrochloride) Pre-filled Syringe (PFS). Britannia Pharmaceuticals was concerned about the alleged misleading content of this email.

The promotional email

The subject line of the email was *"Promotional Communication: IMPORTANT Apomorphine Medicine Supply Information"*.

The email began with the following wording:

"This is promotional email from EVER Pharma UK.

Recent information released from the DHSC/ NHS England dated 09/01/25 alerts Healthcare Professionals of the discontinuation of APO-go® (Apomorphine Hydrochloride) Pre-filled Syringe (PFS) 5mg/ml Solution for Infusion (MSN/2025/002).

Please see the link to this notice: [link provided]

As per the DHSC notification, APO-go® PFS 5mg/ml Solution for Infusion "supplies are anticipated to be exhausted from early April 2025".

In the interest of patient treatment continuity, due to the short time frame that remains available to transition patients, EVER Pharma UK (EPUK) would like to bring to your attention that we have an interchangeable option to offer Apomorphine therapy for Parkinson's patients - Dacepton® (Apomorphine Hydrochloride Hemihydrate) 5 mg/ml solution for infusion, to be used only with the D-mine® Pump."

The email then provided further information on:

- an EVER Pharma patient support program,
- apomorphine hydrochloride pricing,
- EVER Pharma contact information,

- references, and
- Dacepton prescribing information.

The Medicines Supply Notification

The linked MSN contained the following information:

- *"Summary*
    - *APO-go® (apomorphine hydrochloride) PFS are being discontinued; supplies are anticipated to be exhausted from early April 2025.*
    - *APO-go® POD (apomorphine hydrochloride hemihydrate) 100mg/20ml solution for infusion cartridges remain available and can support increased demand.*

- *Actions Required:*
    - *Prescribers should:*
        - *not initiate new patients on APO-go® PFS;*
        - *identify and review patients currently prescribed APO-go® PFS;*
        - *consider prescribing APO-go® POD where appropriate, maintaining the same dose regimen, and ensuring all patients initiated onto the new device are counselled on the change, and provided with appropriate training on its use (see Supporting information); and*
        - *if the above options are not considered suitable, seek advice from specialist Parkinson's Disease teams for further guidance."*

This was followed by a section titled "*Supporting information*" which stated that Trusts with access to Britannia nursing teams should liaise with them directly regarding training to patients switching to APO-go POD and primary care clinicians should liaise with their specialist Parkinson's Disease teams to understand if Britannia nursing provision was available to provide training on new devices. If Britannia nursing provision was not available, it was stated that clinicians could contact Britannia medical information. Contact details for Britannia Pharmaceuticals medical information were given, along with contact details for NHS Specialist Pharmacy Service Regional Pharmacy Procurement Teams, to aid with enquiries from NHS Trusts in England.

Britannia Pharmaceutical's allegations

Britannia Pharmaceuticals alleged that the promotional email from EVER Pharma:

- was misleading by implying that Dacepton would be a suitable and direct substitute for APO-go PFS without the consideration of the APO-go POD mentioned in the MSN,
- created confusion by giving the impression that Britannia have discontinued APO-go PFS without providing patient support and other medicinal options, and
- did not stand alone because it relied on accessing further information in the MSN.

Britannia disagreed that Dacepton was a like-for-like swap for APO-go PFS, as the email allegedly implied. Britannia submitted that Dacepton needed a different pump (meaning that patients and carers would have to be trained by specialist nurses to use it), whereas switching from APO-go PFS to APO-go POD kept the same pump and only needed minor retraining.

EVER Pharma's response

EVER Pharma's response to the complaint was:

- Dacepton is a generic form of apomorphine, licensed using APO-go PFS as its reference product, with the same approved uses and safety information, therefore calling a generic "interchangeable" with the original is accurate.
- Differences between the medical device delivery system is not a matter within scope of the Code, and Dacepton is not classed as a combined drug-and-device product.
- The email was sent to experienced Parkinson's specialists, who would already know the devices differ and need training, and EVER Pharma trains every patient who starts on its pumps.

Panel's general comments

In the Panel's view, sending an email to health professionals which promoted a company's product whilst also referring to the discontinuation of another company's products and MSN information was a legitimate activity as long as the email was fair and accurate and otherwise complied with the Code.

Further, whilst noting EVER Pharma's comments about the medical device delivery system and the scope of the Code, the Panel considered that this matter *was* within the scope of the Code because the references to the D-Mine Pump were within the context of promoting Dacepton.

The Panel noted that EVER Pharma and Britannia disagreed in relation to an email enclosure submitted by Britannia as part of its complaint. The email in question was sent to Britannia from a health professional. Britannia submitted that the email demonstrated that EVER Pharma's promotional email had caused confusion to that health professional, which had led them to check the information with Britannia.

EVER Pharma submitted that the email related to a telephone call, rather than the promotional email that was the subject of this case.

The Panel did not consider it necessary to resolve this disagreement as it considered the complaint concerned the misleading nature of the promotional email sent by EVER Pharma, rather than the email sent to Britannia from a health professional which allegedly related to a telephone call.

Misleading information (Clause 6.1)

The Panel took account of the content of the linked MSN set out above. Whilst the Panel accepted that it was helpful and good practice in the circumstances of this case to provide a link to the MSN, the Panel also took account of the well-established principle that the primary material must be capable of standing alone in relation to the requirements of the Code without reference to the linked material; the email in question should therefore be sufficiently complete and a fair reflection of the MSN.

In the Panel's view the MSN emphasised the use of the APO-go POD upon discontinuation of the APO-go PFS and directed clinicians accordingly. Whilst there was an acknowledgement of the possibility of other options at the final bullet point within the "*Actions Required*" section which stated "*if the above options are not considered suitable, seek advice from specialist Parkinson's Disease Teams for further guidance*", the Panel considered this was insufficient to alter the primary implication that prescribers should initially consider prescribing APO-go POD where

appropriate. The Panel considered that the email in question was not a fair reflection of the MSN on this point.

The Panel took account of the fact that the EVER Pharma email did not reflect the following detail from the MSN:

- the recommendation that prescribers should "*consider prescribing APO-go® POD where appropriate"* i.e. an alternate Britannia medication, to the discontinued APO-go PFS, nor
- that Britannia Pharmaceuticals was providing additional support and information in relation to the discontinuation of its treatment.

EVER Pharma's response to this was that it believed the email "*is clearly intended to be read in conjunction with the MSN"* and in this regard the Panel bore in mind its comment above about linked material and the Code.

The email in question described Dacepton as an "*interchangeable option*" and, within the same sentence, stated that it could only be used with the D-mine Pump. The Panel bore in mind Britannia's comments about the differences between the delivery systems including the need for patients and carers to be trained by specialist nurses when switching to Dacepton. Within the context of the discontinuation of the APO-go PFS it was relevant that when switching to APO-go POD patients retained their existing pumps; the only change was a simplified set-up and limited training.

In the Panel's view, given the differences between the delivery systems the unqualified use of the word "*interchangeable*" was inappropriate; the sentence implied that this applied to the delivery systems in addition to the medicine. The Panel considered that the word "*interchangeable*" should have been qualified to make the position clearer in relation to differences between the delivery systems. It was not sufficient for EVER Pharma to rely on the expected expertise of the intended recipients of the email.

The Panel concluded that the email was not a fair reflection of the MSN nor of the differences between the delivery devices which meant the email was misleading as it:

- did not make it clear that Britannia was providing support following the discontinuation of APO-go PFS. EVER Pharma relied on health professionals to access the linked MSN to establish this,
- did not make it clear that the MSN recommended that prescribers should initially consider the APO-go POD, and therefore did not fairly reflect the available options
- did not qualify the word 'interchangeable',
- relied on an external link to the MSN for the material to be complete.

The Panel therefore ruled a **breach of Clause 6.1**.

High standards (Clause 5.1)

Given the immediate and overall impression of the email and the selective nature of the extracts from the MSN, the Panel concluded that it was likely to mislead and potentially confuse health professionals for the reasons listed above in relation to the breach of Clause 6.1. It was concerning that EVER Pharma had failed to accurately reflect an MSN issued by NHSE and the Department of Health and Social Care. By doing so, the Panel considered that EVER Pharma had failed to maintain high standards and the Panel ruled a **breach of Clause 5.1**.

Complaint received	**27 August 2025**
Case completed	**25 June 2026**