HCP Email Marketing Policy and Guidelines
September 24, 2018

PTM implemented the Email Review Policy in response to the current CASL legislation and the related increase in requests to unsubscribe. A thorough analysis of the situation identified a number of factors that impact the unsubscribe rate including the nature of the communication, imagery, and target audience selection. This information led to the development of the policy.

> *The policy is intended to optimize the impact and longevity of email marketing communications in an effort to reduce the number of unsubscribes.*

We would like to take this opportunity to thank our partners, agencies and clients for their understanding and support as we collaborate to create a streamlined process and improve communications to HCPs.

Email Policy and Guidelines

The new policy requires all email content be submitted to PTM's review committee. We recommend emails be submitted during the development state (post concept/pre-execution) and prior to submission to PAAB.

> *Where applicable, suggestions/direction will be provided to expedite the approval process.*

For communications considered at risk for significant unsubscribes, PTM reserves the right to conduct an initial test to the target audience.

Background

CASL (Canadian Anti-Spam Legislation) - Why the Email Channel is Unique

- Email broadcasts are regulated by CASL which mandates unsubscribe options and allows email recipients to 'unsubscribe', permanently closing the channel.

- Emails arrive in a recipient's personal inbox on various platforms e.g. mobile, tablet, etc.

- Advertisements and communications that are appropriate for journals, websites, etc. are not necessarily welcome by HCPs in an email format on personal digital devices.

IMPACT OF AN UNSUBSCRIBE

CASL policy on email marketing mandates that each email must have an unsubscribe option from both the sender/broadcaster and client/producer of the email. Therefore, PTM must allow recipients to unsubscribe from:

- The product
- The company/client
- All communications

If they select *YOUR PRODUCT,* *this is a major loss for your brand as this channel is now closed for brand email communications.*	*If they select* *YOUR COMPANY,* *this is a greater loss as this channel is now closed for email communications for all products and divisions within your company.*	*If they select* *ALL COMMUNICATIONS,* *this closes the email channel to this individual for both PTM and its clients.*

PTM has reviewed this situation with a committee of HCPs prior to setting this policy and they continue to act as consultants in the review process.

Best Practices

1. SUBJECT LINE

Subject lines are expected to convey an informative/clinical/educational message. They are to focus on the value of the content within the email, while not triggering SPAM filters. The subject lines are read at a glance and need to be concise and informative. A good character length would be within the range of 35-65.

> *Examples of <u>non-approvable</u> content:*
>
> - **A subject line that reads 'Get your samples now', whereas the subject line 'Product Samples Available' will be approved.**
>
> - **Subject lines with SPAM words e.g. 'free,' 'order now', etc.**
>
> - **Subject lines that are too consumer oriented/personal in tone e.g. 'What do you think about x?,' 'Have you heard of x?' or 'Doctor, are you aware that?'**

2. DISPLAY NAME

We ask that clients provide an individual's name to display in the 'From' field to increase the open rate and decrease the unsubscribe rate. We recommend avoiding mention of 'Marketing' or 'Promotion', i.e. John Little, Director of *Marketing*.

3. SPECIALIST AUDIENCE

In most cases a Specialist audience will be small in number i.e. 200-500 physicians and it becomes critical to ensure unsubsribes are minimal as they have great impact for future communications.

The vast majority of Specialists are affiliated with medical schools and are responsible for teaching undergraduates/residents. In particular, emails that try to engage them with a 'Did you know?' approach are not recommended. Reminder communications may be acceptable if the purpose is clear and the tone is appropriate.

For these reasons, PTM's review of emails for Specialists will be highly rigorous.

> *Examples of non-approvable content:*
>
> - **Content with language/visuals that are more suited to a consumer/personal environment**
>
> - **Tone which may not recognize the specialist's level of expertise i.e. 'Did you know?' or 'Are you aware?'**

4. ENGAGEMENT AND RESPONSIVE ELEMENTS

Engagement (value added) and responsive elements are recommended, ie:

- Patient support resources
- HCP support and resources
- Links to clinical information
- Invitations to webinars
- Sample offers

These elements need to be made clear, prominent and easily accessible within the email. Ideally they should be visible in the viewing pane in order to give an HCP further reason to open/ read the email. If there is a reason to engage with the sender of the email, it is recommended that it be a focus for the content and layout.

Special attention must be made to 'Calls to Action'. Wording such as 'order now' or 'register now' will not be accepted. Speaking to HCPs in the imperative, i.e. telling them to do something, may be considered to have an inappropriate tone for the email channel. Due to the personal aspect of an email, it is recommended that extra care is put on using a respectful tone.

5. CME Events and Clinical Studies

Emails announcing CME events and clinical studies need to maintain a scientific feel. These communications should avoid using product shots and brand/marketing communications that take away from the non-biased, clinical feel of the communication.

> *Examples of non-approvable content:*
> - **Large product shots that dominate the communication**
> - **Strong or repetitive presence of corporate/brand logos**

6. GRAPHICS/VISUALS

Graphics/visuals will be reviewed for the following:
- Placement
- Size & Proportion
- Nature

Visuals, graphs, photographs as part of branding are welcome. However, they may need to be adapted to an email environment. Creative that is suitable for journal ads, websites, etc. may not be appropriate for an email environment.

Reconsider the standard 8 ½ x 11" design format – look for ways to make the email short for minimal scrolling. If text and visuals are to appear side by side, place the text on the left side, and the visual on the right so that the viewer reads the messaging first. Take into account that the message will be designed to be responsive for viewing on various sized devices.

Examples of non-approvable content:

Placement
- **A large visual appearing at the top of the email filling the viewing pane with little/no text**

Size & Proportion
- **Content of the email is significantly overshadowed by the visual**
- **Visuals that take up a disproportionate amount of space in the email in relation to text**

Nature
- **A lifestyle image in a communication that overshadows the clinical content**

7. AUDIENCE SELECTION

Our experience has shown that careful crafting of the target audience is a critical success factor for email campaigns. Messages that are targeted broadly may result in HCPs receiving content that they consider irrelevant to their practice. Ensuring that the target audience is carefully defined reduces the number of unsubscribes.

8. REPETITION

We recommend that when preparing a multi-wave campaign, clients ensure that each wave is unique in terms of content and appearance and that waves are timed a minimum of 3 weeks apart.

9. SUBJECT HEADERS

We encourage the use of descriptive headers that communicate the primary messaging, i.e. 'Clinical Information', 'Product (Rx) Information', 'Clinical Study' etc.

Considerations

Before Submitting an Email to PTM

- Consider whether the HCP receiving your email in their inbox will find the information of value in this channel or whether it will be a quick delete. Value is challenging to ascertain, however, areas to consider are whether it is educational, clinically relevant, informative and engaging. Content that is purely promotional is not acceptable (direct mail or fax are proven effective alternatives).

- Take into account the personal environments where the email will be opened, for example, during dinnertime, between rounds, between patients etc. and assess whether an unsubscribe will be likely.

- PAAB approved images and content may still be inappropriate for the email channel.

- Consider that some changes, such as a decrease in the size of an image will only require a note to PAAB, rather than a resubmission. (Confirmed by PAAB)

- When HCPs review clinical studies, they want to be confident the data is unbiased. Therefore, clinical studies should be stand-alone, referenced and not include branded promotional messages or images. A sponsoring logo may be included in the footer.

- Content that is repetitive, i.e. sending multiple email blasts with identical or similar messaging, is strongly discouraged, and may not be accepted.

Since implementing the policy at the end of December 2016, we have observed a significant reduction in unsubscribes per email deployment. PTM will continue to monitor the situation and update the policy as needed. We appreciate our partners' understanding.

Review Process Timing

- **Initial Review**
  PTM recommends submitting copydecks and draft layouts to PTM for initial review prior to client regulatory or PAAB submission. Feedback will be provided within 24 – 48 hours.

- **Interim Review**
  If an interim review is required, we will make every effort to provide immediate feedback.

- **Final Review**
  Following PAAB review, submitted material will be reviewed within 24 hours of receipt. In instances where expedited review is required, PTM will make every effort to accelerate the process to meet client's timelines.

- **Testing**
  If it is determined that an initial test to assess the risk of unsubscribes is required, feedback will be provided the morning following deployment.

Addendum

The Difference Between a PAAB and PTM Review Process

Assesses whether promotional materials meet PAAB's code.

PAAB checks:

- References
- Claims
- Balancing copy
- Misleading copy/images
- Gives recommendations/ requirements on visuals, copy, etc.

Only concerned with whether an email will cause an HCP to unsubscribe.

PTM considers:

- Is there a clinical value to the HCP?
- Is there a value-add/engagement element?
- Is the most important clinical information in the viewing pane?
- What are the proportions of the photo in relation to the text?

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