CASE/0979/05/26 ***NO BREACH OF THE CODE***

COMPLAINANT v VIIV HEALTHCARE

Allegations about a LinkedIn post

CASE SUMMARY

This case was in relation to a LinkedIn post with an embedded video published from the account of a senior leader at ViiV Healthcare discussing long-acting injectables and long-acting therapeutic options in HIV. The complainant alleged that the LinkedIn post indirectly promoted a prescription only medicine, encouraged members of the public to request the medicine, and contained misleading claims regarding adherence and ending the HIV epidemic.

The outcome under the 2024 Code was:

No Breach of Clause 2	**Requirement that activities or material must not bring discredit upon, or reduce confidence in, the pharmaceutical industry**
No Breach of Clause 5.2	**Requirement for company personnel to maintain a high standard of ethical conduct**
No Breach of Clause 6.1	**Requirement that information and claims must not be misleading**
No Breach of Clause 26.1	**Requirement not to advertise prescription only medicines to the public**
No Breach of Clause 26.2	**Requirement that information about prescription only medicines which is made available to the public must not encourage the public to ask their health professional for a specific prescription only medicine**

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 was received about ViiV Healthcare from an anonymous, non-contactable complainant.

COMPLAINT

The complaint wording is reproduced below with some typographical errors corrected:

> "I saw a post on LinkedIn from a senior member of ViiV healthcare where they have written 'long-acting injectables' in the context of HIV. In the video they also state 'long-acting therapeutic options'. There is only one long-acting injectable available in the UK

so this post is indirectly promoting their product. They also say long-acting injectable improve adherence and is 'a tool to effectively lead us to end the HIV epidemic'. This is directly misleading as this is not a cure or prevent all option, it's a medicine available only to a small subset of people in the UK. This post will lead to patients asking for long-acting injectable in the NHS for which the only product available is ViiV's product."

When writing to ViiV Healthcare, the PMCPA asked it to consider the requirements of Clauses 26.2, 26.1, 6.1, 5.2, and 2 of the 2024 Code.

VIIV HEALTHCARE'S RESPONSE

The response from ViiV Healthcare is reproduced below:

"Thank you for your letter of 21 May 2026 notifying ViiV Healthcare UK Limited ("ViiV") of a complaint made under the ABPI Code of Practice 2024 in relation to a LinkedIn post and embedded video. ViiV takes compliance with the ABPI Code seriously, and we appreciate the opportunity to submit this response.

The complaint raises concerns about: (i) alleged indirect promotion by reference to "long-acting injectables" and "long-acting therapeutic options"; (ii) alleged misleading statements regarding adherence and the ambition to end the HIV epidemic; and (iii) a concern that the content could lead patients to request long-acting injectables in the NHS.

We have reviewed the LinkedIn post, the screenshot provided with the complaint, and the full transcript of the embedded video. This response addresses the specific allegations raised and the clauses highlighted in your letter: Clauses 26.2, 26.1, 6.1, 5.2 and 2.

Summary of ViiV position

ViiV's LinkedIn post and embedded video, published on 19 May 2026, are non-promotional disease area communication materials intended for a global audience. The materials were posted from the account of ViiV's [senior leader], whose network spans worldwide. ViiV acknowledges the reach of the post will extend to a UK audience, and thus within the scope of the Code; however, the materials are not specifically UK-targeted and do not reflect a UK-only perspective.

The materials emphasise the importance of choice in HIV prevention and treatment, shared decision-making, and the relevance of these in advancing the global goal of ending the HIV epidemic. They present a high-level discussion of patient-centred care and evolving treatment modalities in a global context. Importantly, references to the ambition of ending the HIV epidemic were made in that public-health context. The UNAIDS HIV goals aim to end AIDS as a public health threat by 2030, focusing on reducing new infections and AIDS-related deaths. No existing antiretrovirals are curative of HIV, and this is not stated, or implied in the materials in question.

No prescription-only medicine was named, shown, linked, described, or otherwise identified. The materials did not provide prescribing information, eligibility criteria,

dosing information, product imagery, product claims, comparative statements or instructions to request, switch to, or use any particular medicine. Therefore, it is ViiV's position that this post is non-promotional disease area information.

The complainant's assertion that the post indirectly promoted a ViiV product is not supported by the content or context of the material. The complaint, therefore, should not be upheld.

Material at issue and context of use

The materials at issue are:

- LinkedIn post text and screenshot
- Embedded video (04:17)
- Video transcript

Following receipt of the complaint, ViiV removed the post in an abundance of caution while evaluating and responding to this inquiry. The removal is not an admission of breach; rather, it reflects the company's commitment to diligent complaint handling and sound governance practices.

Certification and governance

The materials at issue were reviewed and approved in accordance with ViiV procedures applicable to non-promotional external communications, which include ABPI certification by a UK signatory. Briefing documents were utilised for the speakers. Relevant supporting documents regarding our internal governance are provided.

We enclose:

- Copy approval form
- Approval email for the material at issue and accompanying screenshot from Teams
- Briefing documents
- Qualifications of signatories
- ViiV's non-product external communications SOP
- ViiV's Social Media Guidance

Response to allegations

1. **Allegation: Indirect promotion to the public through reference to "long-acting injectables" / "long-acting therapeutic options"**

The complaint alleges that referencing "long-acting injectables" and "long-acting therapeutic options" in the context of HIV indirectly promoted ViiV's product because, according to the complainant, "only one long-acting injectable is available in the UK."

ViiV response:

The complaint's allegations are not supported by the post, the embedded video, or the current product landscape across the UK, Europe or International regions.

First, the materials did not directly or indirectly promote a ViiV prescription-only medicine because they did not include information specific to any particular product. The materials did not name, show, link to, describe, or otherwise identify any medicine by brand name or generic name. They also did not include dosing schedules, route or site of administration details, product visuals, prescribing information, indication wording, or other identifiers. As such, no product could be identified from the material for HIV treatment or prevention.

Indeed, the complainant's allegation does not name the ViiV product supposedly being promoted, which undermines any claim that ViiV promoted a specific product.

Second, the complainant's assumption that the term "long-acting injectables" identifies a specific product overlooks the fact that multiple such products have been authorised by the MHRA, EMA, and other international regulators. This is relevant given the international reach of the post. These authorised products are available from multiple manufacturers and span the HIV care continuum, from prevention to treatment to highly treatment-experienced settings:

a. ViiV Healthcare's long-acting cabotegravir (Apretude) to reduce the risk of sexually acquired HIV (PrEP) – MHRA authorised
b. Gilead Sciences' lenacapavir (Yeytuo) also for PrEP – MHRA authorised
c. ViiV Healthcare of long-acting cabotegravir (Vocabria) for the treatment of virologically suppressed adults with HIV-1 infection administered in combination with rilpivirine – MHRA authorised
d. Janssen Pharmaceuticals long-acting rilpivirine (Rekambys) for the treatment of virologically suppressed adults with HIV-1 infection administered in combination with cabotegravir – MHRA authorised
e. Gilead Sciences' lenacapavir (Sunlenca), administered in combination with other antiretrovirals, for the treatment of adults with multidrug-resistant HIV-1 infection – MHRA authorised
f. TaiMed Biologic's ibalizumab (Trogarzo), a monoclonal antibody approved for the treatment of multidrug-resistant HIV-1 – FDA authorised
g. Dapivirine Ring – developed by the International Partnerships for Microbicides (IPM). Not injectable, but a long-acting form of HIV prevention for at-risk women (vaginal ring) – EMA authorised

Accordingly, the phrases "long-acting injectables" and "long-acting therapeutic options" reflect a modality of drug delivery available internationally, with products developed by multiple manufacturers, for use across the HIV care continuum.

ViiV recognises and appreciates the considerations underpinning the ABPI Code's prohibition on product promotion. However, consistent with PMCPA rulings addressing public-facing communications, whilst ViiV's post mentions a therapeutic modality, it does so in a high-level, balanced, and non-product-specific way that does not promote or make identifiable any specific prescription only medicine.

2. Allegation: Misleading and/or exaggerated claims regarding adherence and "ending the HIV epidemic"

The complaint alleges that the materials are misleading because they suggest long-acting injectables improve adherence and are “a tool to effectively lead us to end the HIV epidemic.” According to the complainant, the materials could be interpreted as promoting a cure or “prevent all” option.

ViiV response:

ViiV strongly rejects that interpretation. Nothing in the LinkedIn post or embedded video states or implies that any long-acting injectable, or any other intervention, cures HIV or prevents all HIV acquisition. The material does not use the word “cure”, does not describe eradication of HIV from an individual, does not claim complete or guaranteed protection, and does not suggest that long-acting options remove the need for testing, ongoing prevention measures, clinical assessment, monitoring, or follow-up.

ViiV does not consider the discussion of adherence to be misleading, particularly when viewed in the broader context of the full video.

The speakers observe that “if people can choose the best option for themselves, then they have a higher probability of adhering to the medicines.” This statement reflects a broader principle that personalised, patient-centred care and active engagement support adherence.

Substantial research and clinical guidelines, both in HIV and other chronic conditions confirm that individualised care improves adherence. Likewise, shared decision-making is associated with positive outcomes for people living with HIV. The video’s logical connection between personalised care and improved adherence is general in nature, not specific to any particular treatment and does not imply that any single medicine guarantees adherence.

The speakers note that “long-acting injectables actually improve even further the adherence... which means that we have a tool that effectively can lead us to end the HIV epidemic.” Again, this statement must be taken in the context of the surrounding discussion on a global public health level - adherence to daily HIV treatment or prevention needs to be high and consistent throughout the HIV care continuum.

The statement does not suggest that long-acting injectables are suitable for all patients, clinically superior in all cases, better than daily medicines or independent of routine follow-up. Rather, it reflects the established clinical rationale that reducing daily pill burden and using scheduled, appointment-based administration can support adherence in appropriately selected individuals.

Real-world evidence across multiple disease areas indicates that long-acting treatments may support adherence in individuals, through reducing treatment burden including frequency and complexity; addressing behavioural barriers such as forgetfulness or stigma; and supporting patients with known adherence challenges.

In the context of HIV, a review in The Lancet HIV identifies pill burden, stigma, and the demands of daily dosing as established barriers to adherence in some individuals, which long-acting approaches are designed to address.

There is a body of evidence demonstrating adherence-related outcomes in both HIV treatment and prevention. In treatment, real-world comparative data demonstrate that switching from daily antiretroviral therapy to a long-acting injectable formulation is associated with improved adherence and persistence in that population. Clinical trial findings also show that injectable regimens can be superior in preventing regimen failure among people living with HIV who have experienced challenges with adherence.

Data from the CAPELLA clinical trial for Gilead Sciences' long-acting injectable lenacapavir indicates that, among a subset of surveyed participants, many reported no or few difficulties with adherence and fewer missed doses of other daily HIV-1 medicines after initiating lenacapavir.

In HIV prevention, randomised trials similarly show improved effectiveness in settings where outcomes are known to be adherence-dependent.

These data demonstrate that adherence-related outcomes are not confined to a single ViiV product but reflect a broader therapeutic principle whereby long-acting antiretroviral therapy is used in an appropriate clinical context.

Viewed holistically, the video presents an evidence-based perspective on long-acting therapies and their role in supporting adherence, without suggesting universal suitability or superiority. It frames adherence from a public-health perspective, recognising that offering multiple treatment options and enabling shared decision-making can improve adherence across populations.

The statements are not misleading or prescriptive; rather, they reflect the evidence-based view that long-acting options can enhance adherence for appropriately selected individuals.

Similarly, ViiV's statements regarding the potential of long-acting prevention and treatment approaches to help end the HIV epidemic are neither overstated nor improperly extrapolated. ViiV's stated aspirational goal to end the HIV epidemic reflects long-standing corporate ambition and commitment grounded in ongoing innovation.

The WHO has highlighted long-acting HIV prevention innovations as having potential to change the trajectory of the HIV epidemic and emphasised that expanding access to such tools should be a global priority. UNAIDS has also noted that reduced dosing frequency with long-acting antiretroviral options may support more consistent use of therapy, which is an important component of adherence in HIV care.

Consistent with this public health context, ViiV's LinkedIn post refers to long-acting injectables as "a tool" - not "the tool" - in efforts to end the HIV epidemic. That wording is important. It conveys contribution, not cure; potential role, not guaranteed outcome; and inclusion within a broader public-health strategy, not replacement of other interventions. The material therefore could not reasonably be read as claiming that long-acting injectables cure HIV, prevent all HIV acquisition, or independently deliver epidemic control.

The video appropriately presents these modalities as a potential contribution to broader public-health goals, rather than a standalone solution or universally applicable

intervention. It is framed within a broader discussion of offering choice to include, not replace, other treatment modalities across the HIV care continuum.

This distinction is important. Achieving HIV public health goals depends on multiple, mutually reinforcing interventions, including testing, prevention, sustained treatment, retention in care, adherence support, service delivery, and stigma reduction. The video's use of "a tool" aligns with this multicomponent approach.

ViiV therefore refutes the allegation that the adherence and public-health statements were misleading. The statements were non-product-specific, contextual, and directed to the role of choice and long-acting options within a broader HIV care and prevention landscape. They did not claim cure, universal prevention, universal suitability, guaranteed adherence, or standalone epidemic control.

3. Allegation: The content will lead patients to request long-acting injectables in the NHS and "is directly misleading as this is not a cure or prevent all option, it's a medicine available only to a small subset of people in the UK"

The complainant alleges that the LinkedIn post and embedded video will lead patients to request long-acting injectables in the NHS and that this is misleading because long-acting injectable therapy is only available to a small subset of people in the UK.

ViiV response:

ViiV does not agree that the LinkedIn post or embedded video encouraged members of the public to request a specific prescription-only medicine, whether in the NHS or otherwise.

The relevant question under Clause 26.2 is whether the material, when viewed objectively by a member of the public, encourages them to ask their healthcare professional to prescribe a specific prescription-only medicine. The same clause requires that information made available to the public must be factual and balanced, must not raise unfounded hopes of successful treatment, and must not be misleading with respect to safety.

The post did not suggest that long-acting injectable therapy is suitable for all people, available to all people, routinely commissioned for all people, or preferable for all people. Nor did it contain any product-specific features, nor language to encourage request of any medicine.

References to "long-acting injectables" described a therapeutic modality rather than a specific medicine and were presented within a broader, non-product-specific discussion of HIV prevention and care. The material did not contain any call to action such as encouraging viewers to ask for, switch to, or request a particular treatment.

PMCPA rulings on public-facing communications consistently distinguish between the provision of non-promotional, high-level information and material that encourages a request for a specific prescription-only medicine. ViiV relies on those rulings for the general principles they illustrate: the assessment is based on the content, context,

likely audience understanding, and whether the material identifies or directs the audience to a specific medicine.

In the case AUTH/3308/2/20, the Appeal Board's reasoning from the Anonymous/Director v GlaxoSmithKline is instructive. The Panel initially considered that reference to "triple therapy" on a COPD webinar registration page promoted GlaxoSmithKline's product Trelegy. On appeal, the Appeal Board considered that "triple therapy could be any one of a number of different combinations of the three different inhalers available or one of the two available single fixed dose formulations available". The Appeal Board also noted the view that triple therapy was "a mechanism for administration rather than a therapy class" and concluded that the webinar registration page "did not promote a specific medicine".

That reasoning supports the distinction ViiV draws here. In the same way that "triple therapy" was considered a non-proprietary description of a treatment approach, references to "long-acting injectables" describe a mode of administration rather than a specific product. A non-proprietary reference to a therapeutic modality or approach does not amount to encouraging a request for a specific prescription only medicine.

The material did not contain any call to action that would reasonably drive product-seeking behaviour. A reasonable viewer would understand the material as a general discussion about HIV care and the importance of clinician-patient dialogue, not as an invitation to request a particular medicine from the NHS or other public or private healthcare organisations.

The allegation that long-acting injectable therapy is "only available to a small subset of people in the UK" does not make the material misleading. Additionally, the allegation ignores the intended global scope of the post. ViiV published this content from the account of ViiV's Senior Vice President whose network extends to a global audience.

Eligibility for any prescription medicine depends on the relevant marketing authorisation, clinical judgement, individual circumstances, and local implementation. The material made no contrary claim. It did not represent that long-acting injectable therapy was universally available, routinely commissioned for all people, clinically appropriate for all people, or accessible without assessment by a healthcare professional. The repeated emphasis on choice and shared decision-making reinforced the opposite: that different individuals have different needs and that any option must be considered in the context of an individual's circumstances.

In that context, the material was consistent with the distinction recognised in Clause 26.2 and PMCPA rulings between non-promotional public-facing information and impermissible promotion of, or encouragement to seek, a specific prescription-only medicine.

ViiV therefore refutes the allegation that the material encouraged members of the public to ask their healthcare professional to prescribe a specific prescription-only medicine as there is more than one long-acting option available in the UK. The post did not misleadingly imply broad or universal availability. The material did not contain any content, structure, product identifiers, request language or NHS access claims that

would reasonably amount to encouraging public demand for a specific prescription-only medicine.

Clause considerations (overview)

Clauses 26.1 / 26.2: The content did not advertise a prescription-only medicine to the public and did not directly or indirectly encourage the public to request a specific prescription-only medicine. No medicine was named or identifiable from product-specific information. The content discussed a therapeutic modality across HIV treatment and prevention within a broader, non-product-specific discussion of HIV care and shared decision-making, within a public health framework.

Clause 6.1: The statements highlighted in the complaint were not misleading. They were contextual, non-product-specific and did not claim cure, universal prevention, universal suitability, guaranteed adherence, standalone epidemic control, UK NHS availability or eligibility for all.

Clause 5.2: ViiV's LinkedIn post and video maintained appropriate standards. The phrase "a tool" described a non-exclusive possible contribution to broader HIV public-health goals and did not present a specific medicine as a universal or standalone solution.

Clause 2: ViiV does not consider that the material brought discredit upon, or reduced confidence in, the pharmaceutical industry. The material was non-product-specific, did not direct the public to any medicine, and was framed around choice, shared decision-making and individual circumstances in HIV care.

Conclusion
ViiV respectfully submits that the complaint should not be upheld. The complaint's assertion that the references to long-acting injectables and long-acting therapeutic options indirectly promoted a ViiV medicine is not supported by the material or the current global landscape. The LinkedIn post and embedded video broadly discuss an optional modality of therapy across HIV treatment and prevention. The adherence and public-health statements were made in the context of a broadly generalisable discussion about choice, shared decision-making, treatment burden and the role of long-acting options as one component of HIV care.

Applying the Code to the content and context of the material, ViiV does not consider that the post advertised a prescription-only medicine to the public, encouraged members of the public to request a specific medicine, misled the audience about adherence or public-health impact, failed to maintain high standards, or brought discredit upon the industry.

The material constituted non-promotional, high-level disease area information regarding HIV care, including the importance of choice, shared decision-making, and the existence of different treatment approaches. It did so without identifying, directly or indirectly, any particular medicine and without inviting any product-specific request.

ViiV therefore respectfully requests that the Panel find no breach of Clauses 26.1, 26.2, 6.1, 5.2 or 2."

PANEL RULING

This complaint related to a LinkedIn post with an embedded video published from the account of a senior leader at ViiV Healthcare discussing long-acting injectables and long-acting therapeutic options in HIV. The complainant alleged that the LinkedIn post indirectly promoted a prescription only medicine, encouraged members of the public to request the medicine, and contained misleading claims regarding adherence and ending the HIV epidemic.

The Panel noted that the post was published from the personal LinkedIn account of a senior leader at ViiV Healthcare. The text of the post stated:

> "Just a few decades ago, the idea of having options for HIV treatment and prevention was only a dream. Yet, here we are today, living that incredible reality. At ViiV Healthcare's 'Experts Forum' where 300 physicians and experts from 19 countries came together to share insights on the present and future of HIV care, I discussed this very point with [named health professional]: why 'choice' matters in HIV treatment and prevention.
>
> We delved into how new innovations, such as long-acting injectables, are making a real difference by meeting individual needs and improving health outcomes. The opportunity is here: enabling choice through shared decision-making could bring us closer to ending the HIV epidemic. Catch our full conversation below.
> #WeWontStop #EndingHIV"

The screenshot of the LinkedIn post provided by the complainant included an embedded video (duration 4 minutes 17 seconds) which showed a conversation recorded at the ViiV Healthcare 'Expert Forum' in Italy between the Senior Global Leader and a health professional. The senior leader introduced the discussion as concerning "how we can rewrite HIV history with the ambition to end this HIV epidemic" and asked why choice mattered in the treatment and prevention of HIV.

The health professional described the availability of new treatment options as an "age of marvel" that was "a reality that was a dream" years ago. They stated that many people were unaware such treatment choices existed and discussed the importance of making choice available, including in the context of stigma and discrimination. They further stated that "if people can choose the best option for themselves, they have a higher probability of adhering to the medicines".

The senior leader went on to ask the health professional about the greatest impact of new therapeutic and long-acting options. In response, the health professional stated that studies supported the concept of treatment as prevention and that long-acting injectables improve adherence as a tool that "effectively can lead us to end the HIV epidemic". The health professional added that the benefits extended beyond this and that people with HIV could let go of the daily pill burden, reduce feelings of stigma, and "free themselves mentally" from the weight of living with the infection. Both speakers agreed on the importance of physicians presenting available options and empowering patients to choose. The senior leader concluded

by referring to choice as empowering shared decision-making and the commitment to "leaving no person living with HIV behind".

ViiV submitted that the LinkedIn post and embedded video were non-promotional disease-area communications, intended for a global audience. ViiV stated that it had been posted from the personal LinkedIn account of its senior leader, who held a global role, and acknowledged the reach would have extended to a UK audience. ViiV submitted that the materials had undergone review and certification, with briefing materials having been provided to speakers.

The Panel considered, in general terms, that whether the activities of global employees came within the scope of the UK Code would be decided on a case-by-case basis bearing in mind, among other things, the UK nexus and, where relevant, the requirements of Clause 1.2. Relevant considerations could include the account from which the post was published, its content and its intended geographical audience.

The Panel understood, from the documentation provided, that ViiV Healthcare appeared to be headquartered in the UK. Although the material was posted by a senior leader in a global role, for a global audience, ViiV accepted the materials fell within the scope of the Code, and the Panel proceeded on that basis.

Alleged promotion of a prescription only medicine to the public (Clauses 26.1 and 26.2)

The Panel noted the complainant's assertion that there was only one long-acting injectable available in the UK, marketed by ViiV. The Panel therefore understood the allegation to be that references to long-acting injectable therapeutic options indirectly promoted ViiV's prescription only medicine and would encourage members of the public to ask for that medicine.

The LinkedIn post had been published by a senior ViiV employee on LinkedIn, which was a business and employment-orientated network; its application was not limited to the pharmaceutical industry or to healthcare. It was an established principle that the activity of individuals on LinkedIn would potentially be visible to those who were health professionals or other relevant decision makers and to members of the public.

Clause 26.1 prohibited the advertising of prescription only medicines to the public. Clause 26.2 permitted information about prescription only medicines to be supplied directly or indirectly to the public but such information must be factual, presented in a balanced way, must not raise unfounded hopes of successful treatment and must not encourage members of the public to ask their health professional to prescribe a specific prescription only medicine. The supplementary information to Clause 26.2 stated that particular care must be taken (in disease awareness or public health campaigns) where the company's product, even though not named, was the only medicine relevant to the disease or symptoms in question.

The Panel noted it was an established principle that a medicine could be promoted without its name being mentioned. Whether a reference to, for example, a class of medicine or mechanism of action amounted to a reference to a specific medicine should be decided on a case-by-case basis: context was important.

The Panel reviewed the content of the LinkedIn post and embedded video. The LinkedIn post described the availability of options as an "incredible reality", stated that innovations such as long-acting injectables were "making a real difference" and that enabling choice "could bring us

closer to ending the HIV epidemic". The health professional in the video described the availability of new options as an "age of marvel" and "a reality that was a dream". They further stated that "long-acting injectables actually improve even further the adherence" and that this meant "we have a tool that effectively can lead us to end the HIV epidemic".

ViiV submitted that references to "long-acting injectables" and "long-acting therapeutic options" reflected a modality of drug delivery rather than a particular medicine, with products developed by multiple manufacturers, for use across the HIV care continuum. The Panel noted that ViiV identified a number of authorised products in its response which differed in their indications and regulatory status.

The Panel acknowledged that the language used in relation to long-acting injectables was highly positive and had the potential to encourage a member of the public to seek further information about such treatment options. However, the Panel noted that neither the brand nor non-proprietary name of any prescription only medicine had been mentioned or displayed in either the contents of the LinkedIn post or the embedded video. The Panel considered that the references appeared within a wider discussion concerning developments in the treatment and prevention of HIV, emphasising the importance of the availability of options and choice.

Taking all the circumstances into account, including ViiV's submission that there were numerous long-acting injectables that had been developed by multiple manufacturers, the Panel did not consider that the complainant had established that the references to long-acting injectables, in the manner in which they were presented, amounted to the indirect promotion of ViiV's prescription only medicine as alleged. Nor had it been established that the LinkedIn post and video encouraged members of the public to ask their health professional to prescribe a specific prescription only medicine. The Panel therefore ruled **no breach of Clause 26.1 and 26.2.**

Alleged misleading statements regarding long-acting injectables (Clause 6.1)

The Panel understood the complainant's allegation to be that the statements regarding improved adherence and the potential for long-acting injectables as a "tool to effectively lead us to end the HIV epidemic" were misleading in relation to ViiV's medicine, which was neither a cure nor an option to prevent HIV and was only available to a small subset of patients in the UK.

Clause 6.1 required, among other things, that information, claims and comparisons be accurate, balanced, fair, objective and unambiguous and not mislead, either directly or by implication.

The Panel noted the context in which the statements appeared in the video. The health professional initially discussed adherence in the context of choice, stating that if people could "choose the best option for themselves", they had a "higher probability of adhering to the medicines". Subsequently, when asked about new therapeutic options, and in particular long-acting injectables, the health professional stated that they "actually improve even further the adherence" and referred to the impact of such treatments as "a tool that effectively can lead us to end the HIV epidemic".

ViiV submitted that the statement regarding improved adherence was supported by evidence concerning long-acting therapies. ViiV further submitted that describing long-acting injectables

as “a tool” presented their potential contribution to broader public health goals rather than as a cure, guaranteed outcome or standalone solution.

The Panel acknowledged that the statement concerning improved adherence was positive and that references to ending the epidemic, including the description of long-acting injectables as a “tool” to do so, were aspirational in nature. However, the Panel considered the statements in the context of the LinkedIn post and video, which entailed a broad, non-product specific discussion regarding the developments in the treatment and prevention of HIV, with particular emphasis on long-acting injectables.

The Panel took into account its determination above that it had not been established that the references to long-acting injectables indirectly promoted ViiV’s medicine. In the Panel’s view, the manner in which the statements were presented did not misleadingly imply that long-acting injectables, or ViiV’s medicine in particular, constituted a cure for HIV or a “prevent all option”, despite being “available only to a small subset of people in the UK” as alleged. The Panel ruled **no breach of Clause 6.1.**

Requirement for company personnel to maintain high standards (Clause 5.2)

The Panel noted that the case preparation manager had asked ViiV to respond to the requirements of Clause 5.2, which required, among other things, that all relevant personnel of a company must be fully conversant with the Code and must maintain high standards of ethical conduct.

The Panel considered that although the post and embedded video had been published from the personal LinkedIn account of a senior global leader, it appeared, from the evidence provided by ViiV, that the LinkedIn post and video had undergone internal company review, briefing, and approval prior to publication. The Panel did not consider it had been established that the senior leader had failed to maintain a high standard of ethical conduct and ruled **no breach of Clause 5.2.**

Bringing discredit upon, or reducing confidence in, the pharmaceutical industry (Clause 2)

Clause 2 was a sign of particular censure and was reserved for such use. The Panel noted its rulings of no breach above and, in the absence of any other allegations, evidence or factors, the Panel concluded it had not been established that ViiV had brought discredit upon, or reduced confidence in, the pharmaceutical industry. The Panel therefore **ruled no breach of Clause 2.**

Complaint received **19 May 2026**

Case completed **21 September 2026**