LIFE SCIENCES INDUSTRY REPORT 2025

PART 1:
PHARMA MARKET OVERVIEW – US & EUROPE

Uncover the transformative trends that will drive the life sciences industry ahead, backed by expert commentary and data-driven insights.

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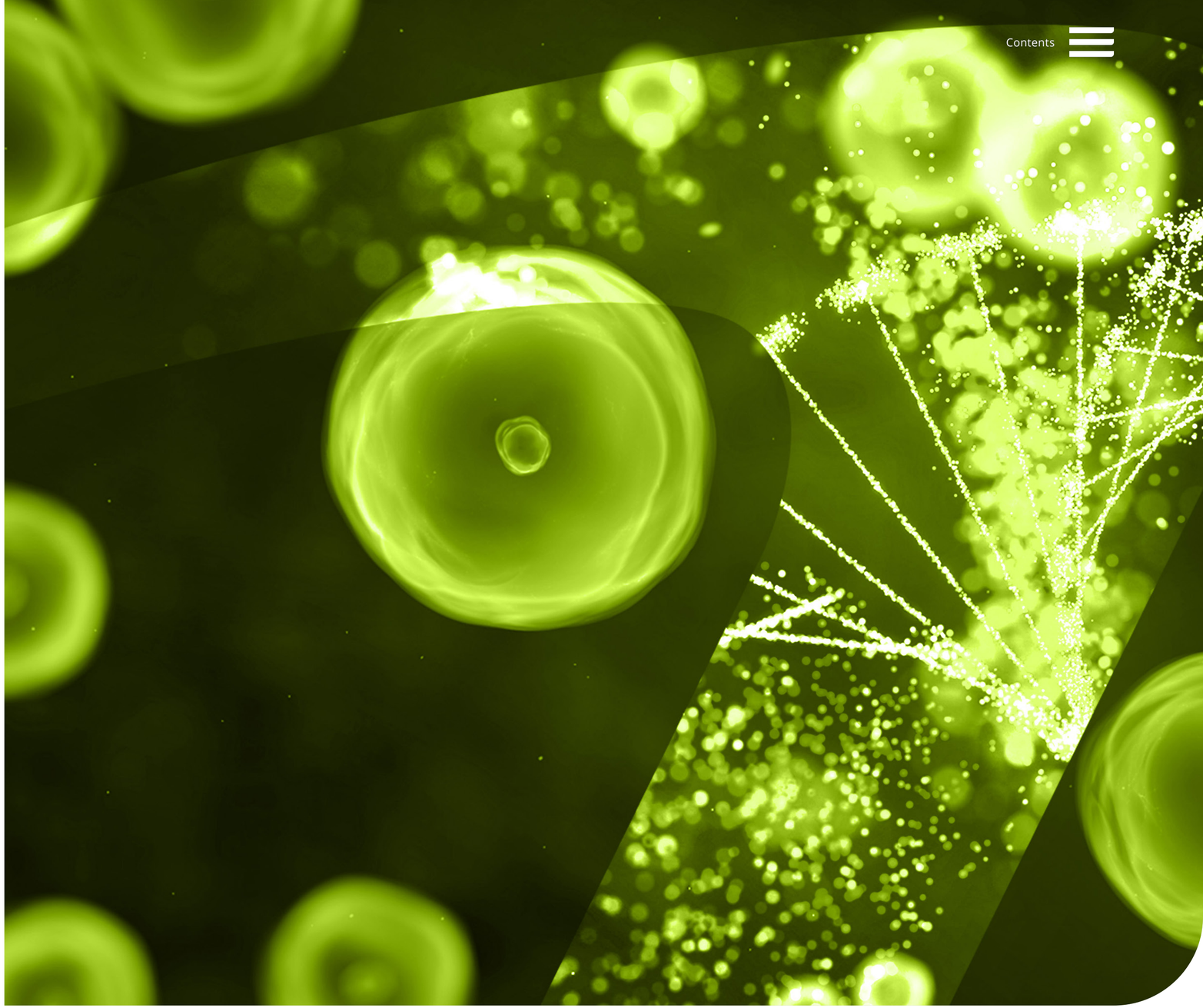
Contents



Editors' introduction

For the life sciences industry, 2024 has been a year of progress, but that forward momentum – technologically and scientifically advancing for the benefit of patients globally, across a broad spectrum of diseases – has not been unhindered by challenges. With 2025 approaching, pharmaphorum took a look back at the year and gathered together here a selection of multimedia content that really encompassed the key trends identified and/or addressed these past 12 months.

Eloise McLennan
Deep Dive Editor

Nicole Raleigh
Web Editor

For years, digital innovations like artificial intelligence (AI) lingered on the periphery of healthcare – intriguing, but not fully embraced. Now, that narrative has fundamentally changed. Technology has become a dynamic catalyst across the industry, driving breakthrough discoveries that accelerate drug development, reimagine clinical trials, and provide unprecedented insights into complex medical challenges. There are risks yet to be mindful of, of course, but with the human kept in the loop, the potential is considerable.

This current technological wave arrives at a critical juncture of global healthcare needs. Beyond laboratory innovations, digital health solutions are reshaping patient experiences, offering personalised care options that were once thought unrealistic. The industry is also responding to urgent societal calls for sustainability and health equity with remarkable adaptability – demonstrated through the emergence of generics and biosimilars, expanding GLP-1 applications amid overwhelming demand, and more targeted rare disease research.

This isn't innovation for innovation's sake. As the life sciences industry navigates this technological renaissance, the conversation has shifted from whether we can adopt these technologies to how we can strategically deploy them to build a more intelligent, responsive, and equitable healthcare ecosystem.

From a pharma market overview in the US and Europe to oncology, rare disease, and the applicability of cell and gene therapies beyond cancer care – the Life Sciences Industry Report 2025 aims to provide a snapshot of an industry very much at the height of its discovery and development capabilities, on the precipice of truly impressive, paradigm shifting innovation and, vitally, paving the way to broader access to treatments that will permit better quality of life and patient outcomes overall.

Life Sciences Industry Report 2025 Part 1:
Pharma market overview – US & Europe

Top therapeutic classes

Immunosuppressants, followed by immuno-oncology and anti-diabetics, constitute the top three therapy classes.

CAGR of the US pharma market

The US Pharma market is growing with a CAGR of 9% from 2023 to 2028.

Projected growth

The US Pharmaceutical Market is projected to grow from $456 billion in 2023 to $715 billion by 2028.

Key therapy areas

Oncology will continue to be the biggest in sales value in the US. However, the Metabolic Disorders therapy area is expected to grow by 39% CAGR over the next five years, mainly driven by GLP-1s.

Top companies contributing to growth

Eli Lilly, Novo Nordisk, and AbbVie are expected to drive most to the US pharma market growth from 2023 to 2028 with their growth-driver drugs: Mounjaro, Skyrizi, and Wegovy.

Data and insights powered by EVERSANA

Top therapeutic classes driving growth in the pharma industry

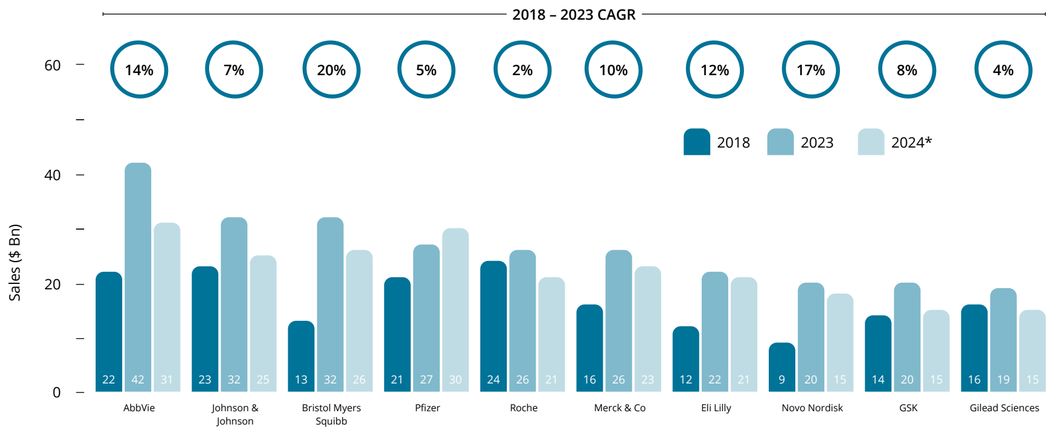
Immunosuppressants followed by immuno-oncology and anti-diabetics constituted the top 3 therapy classes as of 2023

Rank	Therapeutic class	Therapy area	2023 Therapeutic class sales $ Bn	CAGR (2023-2028)	Market share % of US pharma industry 2023	Key products
1	Immunosuppressants	Immunomodulators	46.61	7.2%	10.2%	Humira, Dupixent, Stelara, Cosentyx SC, Rinvoq
2	Immuno-oncology	Oncology	37.01	15.2%	8.1%	Keytruda, Opdivo, Imfinzi, Tecentriq, Enhertu
3	Anti-diabetics	Endocrine	36.34	7.6%	8.0%	Ozempic, Trulicity, Jardiance, Mounjaro, Rybelsus
4	Protein kinase inhibitors	Oncology	32.55	8.4%	7.1%	Ibrance, Imbruvica, Jakafi, Verzenio, Tagrisso
5	Vaccines	Systemic Anti-infectives	26.24	5.6%	5.8%	Prevnar 13, Comirnaty, Shingrix, Gardasil, Spikevax
6	Anti-virals	Systemic Anti-infectives	24.14	5.5%	5.3%	Biktarvy, Descovy, Genvoya, Prezista, Triumeq
7	Eye/Ophthalmic preparations	Sensory Organs	13.65	12.2%	3.0%	Eylea, Vabysmo, Tepezza, Lucentis, Restasis
8	MS Therapies	Central Nervous System	12.28	1.7%	2.7%	Ocrevus, Kesimpta, Tysabri, Mavenclad, Avonex
9	Anti-coagulants	Blood	11.59	-10.5%	2.5%	Eliquis, Xarelto, Enoxaparin Sodium, Cablivi, Pradaxa
10	Anti-psychotics	Central Nervous System	10.18	13.8%	2.2%	Vraylar, Invega Sustenna, Rexulti

Source: Evaluate Pharma (Report name on EVP – Therapeutic Class report; Accessed on 31st May 2024)

Top 10 companies by Rx sales (US)

Rx Sales (2018 – 2024*)



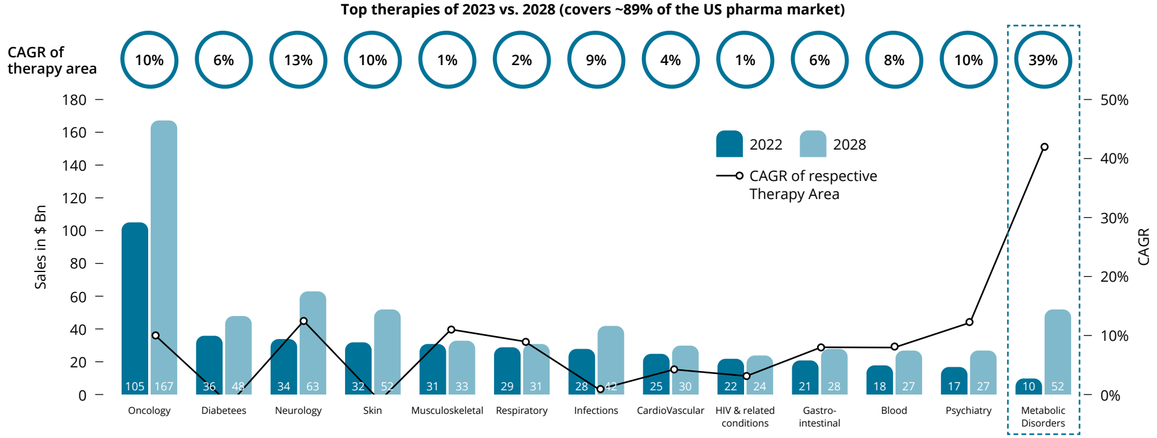
** Data Available till Q3 204 (Sum of Q1, Q2 and Q3)*

Source: Evaluate Pharma (Report name on EVP - Country Level Prescription (Rx) Sales (Available Company Disclosed Sales); Accessed on 3rd December 2024)

Key therapy areas driving the US pharma market

Driving the 10% CAGR of the total US pharma market, oncology will continue to be the biggest in sales value in US; however, metabolic disorders therapy area will grow by 39% (highest growth predicted) CAGR in next 5 years mainly driven by GLP-1s

Top therapies of 2023 vs. 2028 (covers ~89% of the US pharma market)



Source: Evaluate Pharma (Report name on EVP - Total USA Sales by Indication; Accessed on 30th May 2024)

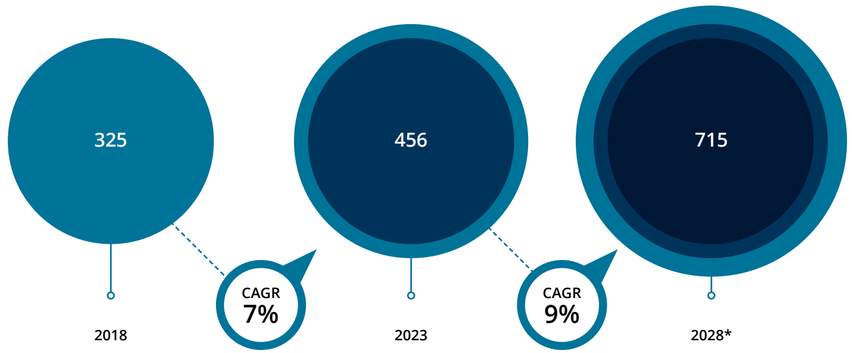
Performance of the US pharma market - 2023

The US pharma market is growing with a CAGR of 9% in the period of (2023 to 2028)

The US pharmaceutical market is projected to grow from $456 billion in 2023 to $715 billion by 2028, registering a CAGR of +9%

J&J, GSK and Novo Nordisk contributed most to the sales growth from 2022 to 2023.

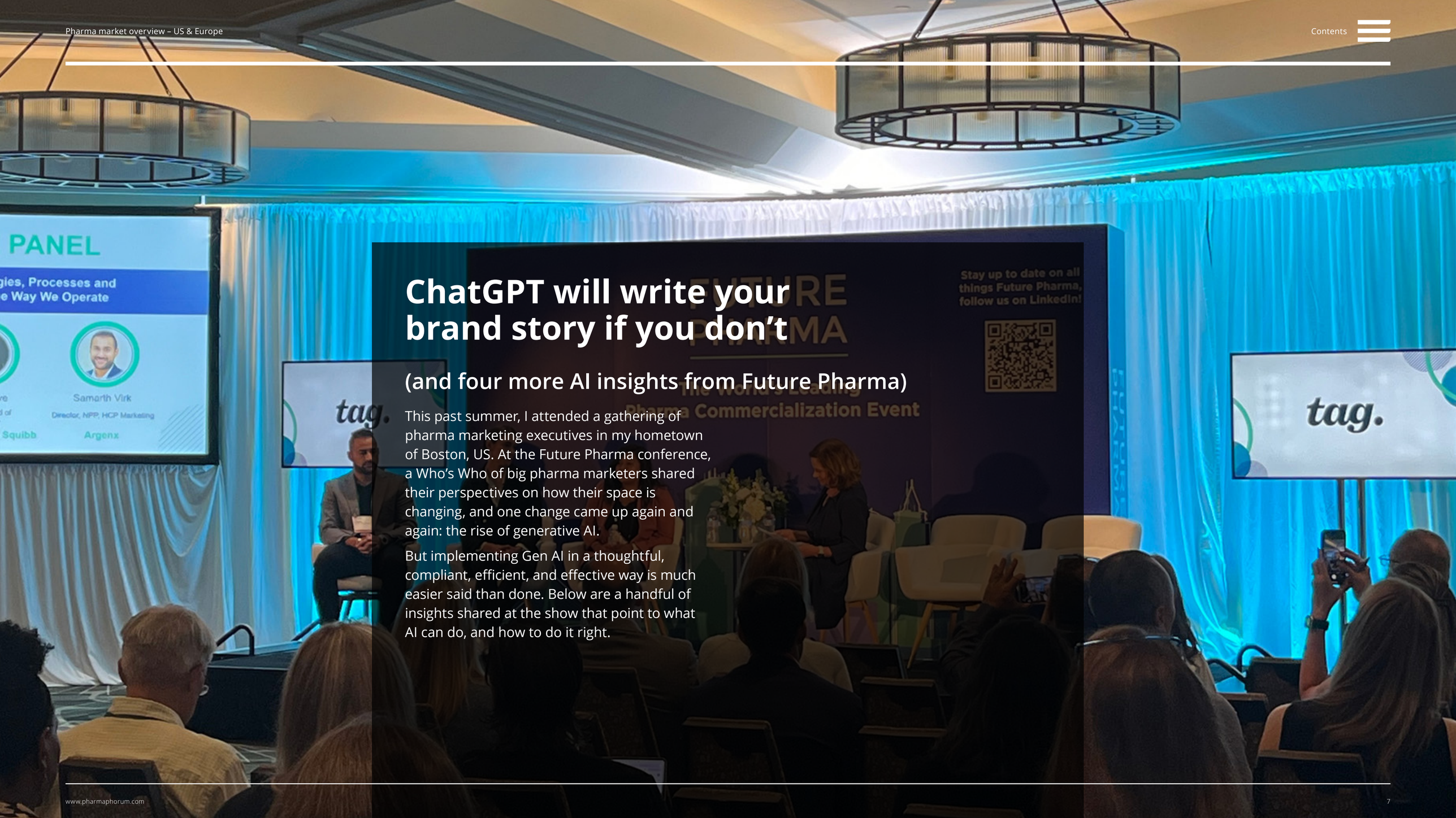
Eli Lilly, Novo Nordisk and AbbVie are expected to drive most to the US pharma market growth from 2023 to 2028 with their growth-driver drugs: Mounjaro, Skyrizi & Wegovy.



Source: Evaluate Pharma (Report name on EVP - USA Market Size Rx Sales excluding Generics; Accessed on 29th May 2024)

** Based on forecast on Evaluate Pharma*

*Data and insights powered by **EVERSANA***

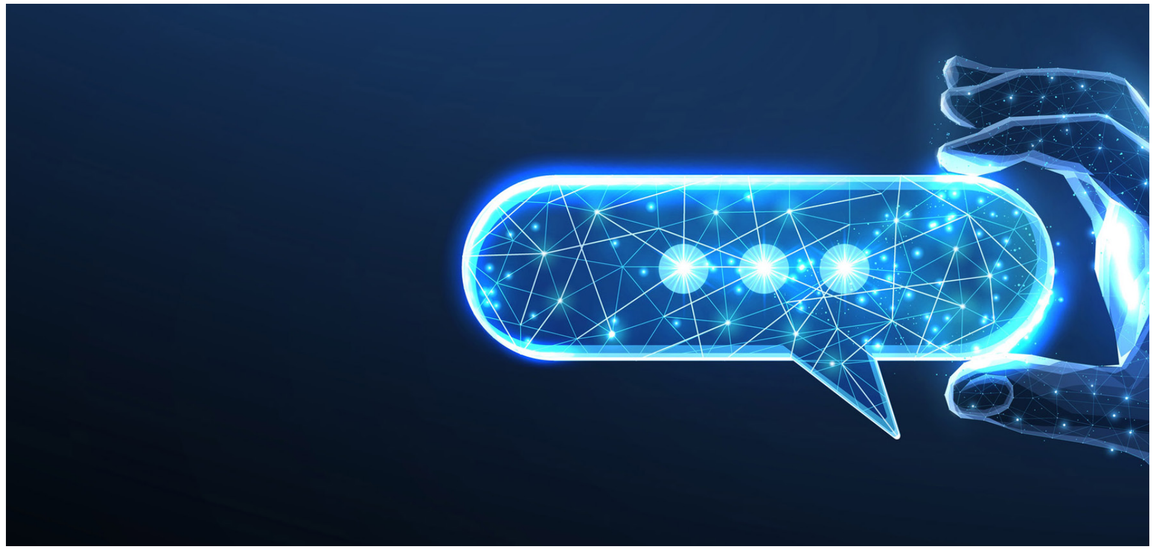


ChatGPT will write your brand story if you don't

(and four more AI insights from Future Pharma)

This past summer, I attended a gathering of pharma marketing executives in my hometown of Boston, US. At the Future Pharma conference, a Who's Who of big pharma marketers shared their perspectives on how their space is changing, and one change came up again and again: the rise of generative AI.

But implementing Gen AI in a thoughtful, compliant, efficient, and effective way is much easier said than done. Below are a handful of insights shared at the show that point to what AI can do, and how to do it right.



ChatGPT will write your brand story if you don’t

Right now everyone in the industry is scrambling to use generative AI in the right way. But one speaker pointed out that generative AI is going to affect your business whether you use it or not.

Bill Berry, general manager life sciences and healthcare at Constellation and former head of US general medicines business operations and transformation at Sanofi, said one eye-opening thing marketers can do right now is ask ChatGPT to describe your brand. Or better yet, just Google your brand. Either way, you’ll see an AI-generated summary, which, going forward, will be the first thing customers learn about you whether you like it or not.

“These platforms will develop a narrative for your brand if you don’t,” Berry said. “So, be thinking about the fact that these [large language models] are actually a new audience for you. So, when you think about digital marketing, it’s not just the individuals that will be your audience. What’s going to be your strategy to make sure you’re putting content in the right places in the right forums to shape what those particular narratives are?”

AI offers a competitive advantage for smaller players

Big pharma is making big investments in AI, including Sanofi, whose CEO proclaimed the company “all in on AI” last year. But Boaz Kigel, Sanofi’s senior director for global oncology commercial, says that doesn’t mean they necessarily have the advantage over smaller biotechs in this moment of transformation.

“Do not assume that in big pharma we know better than you,” he told the crowd. “You could be more agile, quick on your feet, incorporate new technologies, and think about better ways to reach the market, as opposed to the rigid way that big pharma has been doing things. You have less money, but sometimes less is much better because then you prioritise, then you choose your target more efficiently. You’re not just shooting all over the place.”

Kigel believes that in five years AI will have transformed everything about how pharma does business, so the opportunity to apply it faster and to have that advantage is naturally limited.

“At the end of the day, specifically when you work in big pharma, those are companies with 100,000 employees,” he said. “It’s a big ship to steer. There is a lot of politics, a lot of chain of command, a lot of processes. It’s very different than working in a small biotech.”

You have to walk before you can run

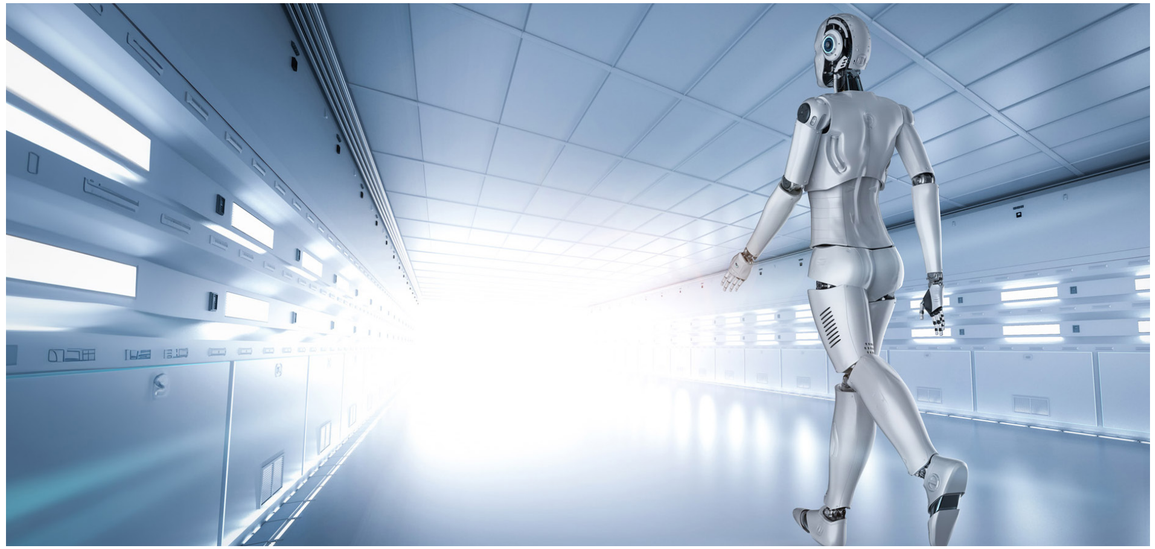
Generative AI is where the hype is in the industry right now, and its possibilities are especially exciting for pharma marketing. But its drawbacks are also especially concerning for the highly regulated industry.

Marty Kovach, global content strategist at Merck, told Future Pharma attendees to "beware of generative AI".

"I am very sceptical when someone says to me, I'm going to skip modular content. I'm just going to go to generative AI," he said. "At your own peril, because generative AI will never give you the consistency that your reviewers are going to need, and the content that you might get will be hallucinated. And are you going to train the generative AI LLM with your label? And if your label changes, guess what? You're going to start from scratch. So you have to be very careful and get really smart around generative AI, what the cost is, and what the effort is, and what you're going to get out of it."

All event photographs courtesy of Jonah Comstock

Kovach says the role he sees for generative AI is to make suggestions to speed up human content generation, supported on the front end by traditional AI.



"How do we translate data into insights, and then insights into what we call a recipe? Based on that customer, which combination of content do they receive? And once we have that, how do we measure the performance of that content? How well did that promotional message perform?" he said. "So, we've got to think about using traditional AI, not generative AI, traditional AI, to gather that information and to make the correct recipes. Then, once you understand the performance of content, the next step is to think about generative AI."

Expertise and understanding the problem are vendor differentiators

Catherine Blanchette, Sanofi's head of digital strategic partnerships, says her company is leaving no stone unturned in looking for digital solutions.

"I do think about the whole spectrum of innovation and, of course, it takes a village," she said. "We think about vendor relationships, strategic partnerships, corporate venture capital, seed funding, and incubation as well. There's a wide variety of levers you can pull, and it really depends on what sort of impact you want to have. But our approach is a very multifaceted one."

But how does big pharma select its innovation partners? On the same panel, Bristol Myers Squibb's head of digital and IT, Jalpa Dave, says they're always making sure that new technology is in service of larger business goals.

"If we're specifically talking about bringing external solutions in-house, the important thing to remember is that everything needs to be strategy-driven," she said. "The solution is a how. What's the why? What's the North Star vision you have for solving a problem? And the problem

should be pretty ambitious. Then the 'how' can be a combination of external or internal innovation. But we always want to start with that 'why?' What is that vision?"

So that vendors can be helpful by proving they really understand the problem, the pain points, and the customer journey as well as companies do, she said.

"Help us see around corners," Blanchette said. "Help us leverage your expertise as thought leaders in the industry. That's a differentiator for us. We have thousands of vendors that contact us on a daily basis. We have tens of thousands of suppliers in our cold chain. So, just a regular cold call or discussion or marketing outreach is not going to resonate with my particular group."

AI is a speed play, but speed is important

Several speakers espoused the idea that AI is a tool, to be used if and only if it's the right tool for the job. Often, for sales teams, that's as a force multiplier and an efficiency play.

"Right now, our targets, our consumers and our doctors are scattered all over the world, all over the web, and they are loyal to a couple of places, but they may go to multiple," Heath Morlok, the associate director of integrated customer engagement in oncology at Merck, said. "And so we really have a hard time being everywhere at once. So, the solutions that really help us simplify things, help us be present in those multiple places. Where I think AI as a tool may help is to get us in just more quickly, condensing some of that information, some of that data, and being present."

When it comes to patient services, AI is being used already in lots of ways, Louis Savant, director of patient access transformation strategies at Teva, said. It's a speed play, but speed really matters.

"The advantage of AI is that it just helps you do things that you used to be able to do much faster. And in the patient services world, our activities, we call it south of the script. The script has already been generated, and now we're trying to look further. And every day that goes by that the patient doesn't get the medicine filled, the likelihood that it gets filled gets lower and lower. So, getting patients through the benefit verification process, the prior authorisation process, and everything, getting the script filled faster is better for patient care, and now it's a better business. It's the speed that's really important."

As the dust settles from this year's Future Pharma event, it's clear that AI isn't just another buzzword in the pharmaceutical industry. From ChatGPT crafting brand narratives to AI potentially levelling the playing field between pharma giants and small operation biotechs, the implications are far-reaching. Yet, as Merck's Marty Kovach cautions, the industry must temper its enthusiasm with pragmatism. The path forward lies in strategic implementation: using traditional AI to gather insights and craft "recipes" for customer engagement, leveraging AI to accelerate human-driven content, and partnering with vendors who truly understand pharma's unique challenges.

About the author

Jonah Comstock is a veteran health tech and digital health reporter. In addition to covering the industry for nearly a decade through articles and podcasts, he is also an oft-seen face at digital health events and on digital health Twitter.

Unravelling the impact of ICH E6(R3) on Good Clinical Practice

Good Clinical Practice (GCP), the bedrock of ethical and high-quality clinical research, guides operations among sponsor companies, contract research organisations (CROs), investigator sites, and others. However, like other aspects of drug development, it is evolving.

The International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) released the ICH E6(R3) draft guideline for public consultation in May 2023 in collaboration with global health authorities, including the FDA. The draft revises ICH E6(R2), and regulatory agencies are currently reviewing public comments. They anticipate beginning public consultation on Annex II in 2024, with the final ICH E6(R3) guidelines expected to be released in 2025.

E6(R3) aims to advance the themes raised in E6(R2), but make them more flexible, adoptable, and durable over the long term. The overarching goal is to encourage a risk-proportionate approach and a culture of quality that better accommodates ongoing innovation.

It is important to note that E6(R3) is evolving alongside standards like the recently adopted ICH E8(R1), a revision to the General Considerations for Clinical Studies. Indeed, E6(R3) builds beautifully on E8(R1), pulling through concepts including stakeholder engagement, Quality by Design (QbD), and Critical to Quality (CtQ) factors. Together, the two sets of guidelines work hand-in-glove to ensure clinical trials remain fit for purpose - at both the planning stage and throughout execution.

Against this backdrop, we will explore what E6(R3) means for clinical trials moving forwards, as well as how organisations can prepare.

Key concepts

One challenge with E6(R2) is that it sometimes becomes more specific and complicated than necessary. Too often, compliance efforts entail a one-size-fits-all, check-box mentality. E6(R3) attempts to break down unnecessarily rigid barriers to increase agility and ease adoption.

The concept of “Quality Tolerance Limits” (QTLs) offers a prime example.

The QTLs mandated by E6(R2) are not easy to execute. Any deviations from these prescriptive, predefined thresholds must be recorded in the clinical study report. Thus, they have created a perception that regulators expect perfection - which, in turn, has inadvertently infused a “fear factor” into many study operations.

By comparison, E6(R3) now softens and expands the QTL concept into one called “Acceptable Ranges” that allows a broader range of control measures to be applied. By no means does this lessen the vigilance or scientific rigor demanded. However, it enables continual adjustment and realignment, opening the door to greater collaboration and agility.

The updates throughout E6(R3) - and E8(R1), too - make it clear that the guidelines are not about achieving perfection. Rather, they are about protecting what matters most. They embed risk-proportionate approaches to quality management throughout the clinical trial lifecycle.

Risk-Based Quality Management (RBQM) is less about “dotting i’s and crossing t’s” and more

about focusing on those processes and data with the most critical impacts on participant safety and study outcomes, including the ability to make data driven decisions.

To that end, E6(R3) also replaces the term "error(s)" used in E6(R2) with the phrase "harms/hazards". This revision signals that not every error warrants stiff scrutiny. Only issues that present a harm or hazard should rise to the level of robust investigation, root-cause analysis, and preventative actions. For example, if a handful of mild headaches aren't captured as adverse events in an oncology trial, does this really cause any harms or hazards, or could this be simply corrected?

E6(R3) challenges us as an industry to stop treating every error the same way and instead concentrate on those that are genuinely harmful or hazardous to data quality and participant safety. Every case might not require a root-cause analysis. Still, we must be able to explain what went wrong, the extent of the problem, when it occurred, and how it was addressed.

Implications for innovation

In addition to embracing RBQM, E6(R3) is also largely about sustainability in the face of rapid technological advances and skyrocketing volumes of data.

Consider that any given Phase III study averaged about one million data points a decade ago. Today, the average is roughly 3.5 million data points - and up to six million data points for complex indications such as oncology studies.

Furthermore, rather than a single data source - the electronic data capture (EDC) system - studies now commonly manage data from up to half a dozen sources involving multiple vendors.

This explosion of data and technology reinforces the idea that we must take a risk-proportionate approach; it's not humanly possible to create perfection with so much data from so many sources. Consequently, E6(R3) includes a brand-new section devoted to data governance.

As machine learning, artificial intelligence, and other technologies continue to evolve, E6(R3) emphasises mindfulness about the burdens imposed by data collection activities. In an oncology study, for example, are participants asked to have blood drawn every 20 minutes?

E6(R3) asks us to think critically about whether a study uses appropriate, validated systems and focuses on those things that ensure compliance and the health/integrity of the data. In so doing, it tries to help the industry successfully prepare for the unknown future.

Practical impacts

Admittedly, RBQM entails a substantial mindset shift. Yet, the speed with which COVID-19 vaccines were rolled out testifies to its benefits. Some practical steps organisations can take to prepare for the strategy and collaboration advocated by E6(R3) include:

- **Simplify processes.** Review all procedural documents, guidelines, etc. Look for places where they've been overengineered and strip out the inflexibilities. Align them with a risk-based approach, setting clear pathways for oversight, assessment, and remediation of issues.
- **Lean into technology.** Appreciate the complexity of clinical trial operations, give some grace to study partners, and increase reliance on technology - like data visualisations, for instance - to ease people's burdens.
- **Build critical thinking.** Critical thinking is the essence of RBQM, which starts with strategic questions such as, "Why am I doing this?", "Does this matter?", and "Will this materially impact my outcomes?". RBQM is not easy, but it works when organisations trust and embrace it.

Within each clinical trial, E6(R3) also encourages organisations to work together to:

- **Define risk.**
- **Identify CtQ factors.** (In other words, specify what matters most on the premise that, if *everything* is critical, then *nothing* is critical.)
- **Engage all stakeholders** - including CROs, sites, participants, regulators, etc.
- **Incorporate stakeholders' perspectives into clinical trial designs.** In addition, QbD requires thinking about the desired quality endpoints from the start, and then designing backwards.
- **Conduct frequent team check-ins** to assess the study's progress, work together to fix any errors or issues, and determine if any changes are needed.

Even as it lessens unnecessary constraints, E6(R3) puts a greater onus on us to think critically about what's important and potential risks at every step of every study.

The path ahead

E6(R3) recognises that a sanitised clinical trial with perfect data and execution is impossible - and that even striving for perfection is slowing us down.

In many ways, it is "the thinking person's GCP". Even as it lessens unnecessary constraints, E6(R3) puts a greater onus on us to think critically about what's important and potential risks at every step of every study. It advocates for RBQM in all facets of decision-making to ensure safety and protect participants, while also driving efficiency and innovation.

The shift to RBQM may not be simple. However, because it drives a collaborative and patient-centric approach to studies from the start, it is likely to decrease the burden on sites, improve the participant experience, and enable more agile drug development processes. E6(R3) acknowledges that errors and problems occur in the real world - but, ultimately, we are all partners working to improve people's lives.

About the authors

Nicole Stansbury joined Premier Research in May 2023 as the head of global clinical operations. Prior to joining Premier Research, Stansbury spent 25 years in the CRO industry, where she served in leadership roles including global head of clinical trial management, global head of central monitoring, and head of global clinical performance, a team responsible for SOPs, metrics, training, clinical systems, and clinical quality. Stansbury's 30 years of industry experience has included positions at the site level and other CRO roles, such as CRA and project manager. Her therapeutic experience has primarily been in dermatology, gastroenterology, urology and women's health, however, Stansbury has leadership experience overseeing trials in oncology, neuroscience, and general medicine. She has a Bachelor's degree in Animal Science from Texas A&M University and a Lean Six Sigma Yellow Belt. Stansbury has also served as lead/co-lead for the Association of Clinical Research Organizations' (ACRO) Risk-Based Monitoring Working Group since 2014, where she works with TransCelerate and global regulatory authorities on driving RBM adoption in the industry.

Madeleine Whitehead is a quality solutions leader at Roche Pharmaceuticals. During her nearly 20 year career in the industry, she has worked in both pharma and CROs as a process and Good Clinical Practice (GCP) specialist. With a robust background in risk-based quality management (RBQM), Whitehead has driven process optimisation and embedded RBQM at Roche. Demonstrating a consistent track record of delivering tangible results and fostering collaboration, she has successfully accelerated clinical and compliance objectives utilising methodologies like Design Thinking and Six-Sigma. Graduating with a BA (Hons) from the University of Nottingham, she brings a strong academic foundation to her professional endeavours. Whitehead deploys her expertise in industry collaborations as co-workstream lead on the TransCelerate ICH E8 and ICH E8 workstream, as well.

Preparing for the impact of ESG policies on market access in Europe

With growing regulatory pressure in Europe, including the EU's commitment to carbon neutrality by 2050, environmental sustainability is becoming an important consideration for pharmaceutical companies seeking long-term market success. This, coupled with a rising focus on social responsibility and ethical governance has placed environmental, social and governance (ESG) factors at the forefront of the pharma industry.

ESG is rapidly becoming a core consideration for investors, regulators and consumers alike. Within this landscape, companies face pressure to demonstrate their commitment to ESG across all aspects of their operations.
ESG considerations are increasingly gaining attention in European market access, especially in regions leading sustainability initiatives, and are likely to play a growing role in how companies bring their products to patients in the future. ESG is emerging as a crucial element in shaping both public perception and policy decisions.

This new paradigm demands that companies embed sustainability frameworks into their core strategies to mitigate environmental impact, enhance their reputation and potentially position themselves for future market access benefits as ESG criteria become more formalised in decision-making processes.

In this article, Gerdi Strydom, MD, Valid Insight, part of Bioscript Group examines the emerging influence of ESG on market access in Europe, exploring how pharma companies can navigate this evolving landscape and leverage ESG to drive both business success and societal good.

ESG criteria in public drug tenders

In the European pharma market, public drug tenders play a crucial role in determining which medicines are accessible to patients and healthcare systems. Traditionally, these tenders have focused primarily on price. However, this approach is evolving as ESG considerations gain prominence. One notable shift is the move towards the Most Economically Advantageous Tender (MEAT) criteria. MEAT goes beyond simple price comparisons and allows for a more holistic evaluation of bids, incorporating factors such as quality, safety and environmental sustainability.

Some European countries, most notably the Nordics, are integrating environmental criteria into their tendering processes. These criteria can include a company's carbon footprint, packaging practices, waste reduction efforts

and overall commitment to environmental sustainability. For example, some tenders may favour companies that:

- Use renewable energy sources in their manufacturing processes.
- Have implemented measures to reduce their greenhouse gas emissions.
- Provide medicines in recyclable packaging.
- Demonstrate a commitment to environmental management systems, such as ISO 14001 certification.

This trend is evident in the growing number of tenders that include specific environmental requirements. For instance, Amgros, the Danish Medicines Agency, has been incorporating environmental criteria in selected tendering procedures since 2021. A recent Amgros tender included new criteria such as energy efficiency in sterile water production and a return scheme for devices. These criteria were developed based on an analysis of the climate footprint of medicines and a dialogue with suppliers to ensure their feasibility and industry alignment. This example demonstrates the commitment to incorporating environmental considerations into public procurement decisions and the collaborative efforts to drive sustainability in the healthcare sector.

ESG considerations in reimbursement decisions

While public tenders focus on the procurement of medicines, reimbursement decisions ultimately determine which treatments are funded and made available to patients. Health Technology Assessments (HTAs) offer another opportunity for policymakers and decision-makers to consider incorporating environmental sustainability into funding decisions. While the integration of ESG into HTA frameworks is still in its early stages, some HTA bodies have started to explore how to integrate environmental considerations into their evaluations.

However, integrating ESG metrics into HTA frameworks presents challenges, such as the lack of reliable and standardised data on the environmental impact of different therapies and the need to balance environmental sustainability with clinical effectiveness and cost-effectiveness.

Despite these challenges, organisations like the National Institute for Health and Care Excellence (NICE) in the UK are taking action. In its 2021-2026 strategy, NICE pledged to "consider how environmental impact and wider societal values should be reflected" in its advice. To meet this ambition, NICE is exploring ways to include environmental impact data in its guidance to reduce the carbon footprint of health and care. Similarly, the Canadian Agency for Drugs and Technologies in Health (CADTH) has included environmental impact assessments in its strategic plan.

The integration of environmental sustainability into HTAs is still in its early stages, but it represents a significant step towards a more sustainable healthcare system. As the field of HTA evolves, it is likely that ESG considerations will play an influential role in shaping reimbursement decisions.

Carbon neutrality targets and market access

Several leading pharmaceutical companies are taking significant steps toward carbon neutrality and environmental sustainability, driven by both regulatory pressures and a growing recognition of their environmental impact. These commitments extend beyond corporate social responsibility and are vital for demonstrating leadership in a rapidly evolving landscape.

In Europe, several pharma companies have set ambitious carbon neutrality targets. For example, AstraZeneca has committed to reducing emissions by 98% across its global operations (Scope 1 and 2) by 2026, a target validated by the SBTi. Similarly, GSK aims to achieve an 80% reduction in emissions for its operations (Scope 1 and 2) by 2030.

By demonstrating their commitment to carbon neutrality, companies can enhance their reputation, gain a competitive advantage, attract investment and align with policy goals. As the focus on environmental sustainability intensifies, carbon neutrality targets will likely play an essential role in market access decisions.

Social initiatives and market access

Beyond environmental concerns, the 'S' in ESG encompasses social factors like diversity and inclusion, labour standards, patient engagement and health equity. These initiatives are integral to market access, as companies recognise that their societal impact can significantly influence their ability to bring new therapies to patients.

As healthcare systems move towards sustainability, it's important to ensure that new environmental measures don't widen existing inequalities. Tools like Health Equity Impact Assessments (HEIA) can help policymakers evaluate how new programs or technologies might affect different population groups, ensuring equitable access to care even as sustainable practices are implemented. This is particularly important for vulnerable populations who may be at greater risk of being left behind as wealthier regions adopt low-carbon health technologies. Decarbonisation efforts must be combined with promoting health equity and building climate resilience, ensuring that all populations can benefit from low-carbon healthcare systems.

By actively engaging in social initiatives, companies can demonstrate their commitment to societal well-being and build stronger relationships with stakeholders. However, implementing and measuring the impact of these initiatives can be complex. Specialised consultancies can play a crucial role in helping companies navigate these complexities and ensure their social initiatives are aligned with ESG goals and market access requirements.

Navigating the future of ESG and market access

As the landscape evolves, the integration of ESG into market access and reimbursement decisions will likely involve greater standardisation of reporting frameworks and methodologies. While environmental considerations have taken the initial spotlight in many ESG discussions, social factors like health equity, patient engagement, and diversity and inclusion have always been essential aspects of responsible business practices within the pharma industry. These social factors are now receiving even greater emphasis as part of a holistic approach to ESG.

To effectively navigate the evolving ESG landscape, companies need expert guidance to take a proactive and strategic approach. Partnering with specialised consultancies can help businesses incorporate ESG principles into their strategies, ensuring alignment with payer and regulatory expectations. From identifying key ESG opportunities to embedding sustainability in market access strategies and plans, these partnerships enable companies to effectively respond to evolving demands while maintaining a competitive edge.

The journey towards an environmentally sustainable healthcare industry requires a collective effort. By working together, manufacturers, payers and academics can ensure that ESG considerations are integrated into market access decisions in a way that balances environmental goals with the imperative of ensuring patient access to innovative treatments.

About the author

Gerdi Strydom is managing director for Valid Insight, part of Bioscript Group

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Industry Insights: A Solution Spotlight – EVERSANA COMPLETE Commercialization

In 2020, commercial leadership at EVERSANA, well versed in the transformation of the contract research organisation (CRO) sector, believed that the often slow-to-pivot pharmaceutical industry was ready to transform its approach to commercialisation.

Based on numerous case studies where a majority of drug launches had failed to reach sales forecasts and the traditional models showed little adaptation, EVERSANA launched EVERSANA COMPLETE Commercialization.

Fast forward to today, this integrated model is activated and, in many cases, proven.

The stakes are higher than ever when it comes to launching and commercialising complex specialty therapies. Every product launch presents unique challenges. Some drug innovators have very little infrastructure or internal expertise in place. Others are launching into a highly competitive landscape and must find ways to help the product differentiate itself effectively. Still others are pioneering a novel product that requires a multifaceted strategy to articulate its full clinical value to inform healthcare providers (HCPs) and condition the marketplace ahead of market entry.

EVERSANA's end-to-end commercialisation model – an inherently agile outsourcing strategy that has now been adopted by more than 20 pharma/life sciences companies – gives brand teams multiple customisable options for optimising therapy launches across numerous global markets. Individual components within the model are designed to reduce cost and overall risk for stakeholders. Equally notable, clients gain access to brand teams with extensive experience in supporting multiple launches annually across various therapeutic areas. These teams understand the challenges of the landscape, anticipate regulatory hurdles and support many first-time launchers, providing a significant advantage in navigating the complexities of the market.

Given current market conditions that demand agility, this model has been crafted to give brand teams choice and flexibility. For instance, companies may choose either to:

- **Implement a complete, end-to-end outsourcing arrangement:** In this scenario, all aspects of the launch strategy, execution, and long-term outsourced services (including distribution, field support, and patient hub services) are provided through a flexible, multi-year contract.
- **Integrate select programme elements and make changes as needed over time:** This allows the team to add or adjust specific parts of the outsourced commercialisation model as needs evolve over the product life cycle, or to pivot quickly in response to changing market conditions.

An important aspect of this inherently flexible design is that drug developers do not need to hire and maintain a large commercial team years ahead of the launch. Rather, they can rely on their outsourcing partner to provide "just-in-time" hiring and infrastructure development. This reduces financial exposure and risk for the drug developer, which is especially important early in the process, when a reliable revenue stream has not yet been established for the new therapy.

The stakes are higher than ever when it comes to launching and commercialising complex specialty therapies.

Maximum visibility, minimum silos

Until recently, those who didn't want to sell had no choice but to "go it alone". This approach required hiring an internal sales team and outsourcing various parts of the launch process. Engaging a single third-party commercialisation partner that can provide end-to-end support – rather than a patchwork of vendors and service providers (each of which must be identified, vetted, and onboarded) – improves interoperability, visibility, and data-driven feedback loops. This reduces overall complexity and risk.

EVERSANA can quickly create data-driven standard operating procedures (SOPs) and playbooks. This enables standardisation and best practices, which also helps to drive overall efficiency and quality while reducing risk.

When such collective efficiency and quality gains can shorten critical timelines and help speed the launch, it creates opportunities to drive incremental revenue and increase potential for increased market share for the therapy. In one recent study, EVERSANA found that 20% of traditional costs can be avoided when an agile, scalable, outsourced commercialisation model is used.

Meanwhile, as ageing drug franchises contemplate options to maximise ROI later in the life cycle, EVERSANA can provide numerous options to create value.

Demonstrating its value on the world stage

Today's global healthcare landscape is inherently complex and fractured. Brand teams trying to establish a global footprint for their therapies must develop parallel market access strategies that vary by country. This is daunting, especially for smaller companies and start-ups that do not have the expertise, resources, infrastructure, or bandwidth to do it themselves.

In the EU, each country has its own discrete healthcare system, which impacts how companies are able to secure favourable pricing, reimbursement, and market access agreements. Similarly, distribution models and language requirements vary by country, compounding the overall complexity. This intricate landscape poses significant challenges for companies trying to establish a global footprint for their therapies. Meanwhile, companies outside the US often find it daunting to develop a strategy for how best to enter and compete in the US market, adding another layer of complexity to their global expansion efforts.

To date, EVERSANA COMPLETE has been used by more than 20 companies to support the launch and commercialisation of over 40 complex therapies. These span therapeutic spaces, including oncology, cardiology, neurology, gastroenterology, rare diseases, women's health, and orthopaedics.

The model is uniquely positioned to help pharma/life sciences companies expand their global footprint in two ways:

1. By expertly navigating the intricate US regulatory and commercial landscape, optimising product launches and market growth over time. (This includes securing favourable coverage and reimbursement terms from a patchwork of private and government payers to ensure patient access and affordability.)

2. By skillfully navigating the complex EU and global landscapes, identifying and pursuing product launches in those countries that offer the best strategic opportunities

Closing thoughts

Considering the cost and complexity associated with navigating today's fragmented global healthcare infrastructure, it rarely makes sense for a drug developer to handle every part of the commercial launch strategy and infrastructure on its own. EVERSANA COMPLETE offers an end-to-end solution that delivers a range of clinical and commercial benefits, cost savings, and operational efficiency. It also provides the flexibility that is needed to help brand teams adapt quickly to meet specific needs and obstacles that arise. The goal is to help drug developers to access global market opportunities in more streamlined and strategic ways, while giving patients and their providers the broadest access to today's life-altering and lifesaving medications.

Case study: Pivoting when launch assumptions changed

Challenge:
A novel antibody therapy in oncology, initially expected to be first to market, faced multiple delays and launched as the fourth entry in a competitive space.

Solution:
EVERSANA's experienced oncology team redesigned the strategy to meet the new challenge. Actions included:

- Establishing a compelling science- and data-based programme to articulate the therapy's full clinical profile
- Developing data-driven insights to target HCPs at world-class oncology centres
- Creating a virtual sales team complemented by non-personal promotion to reduce the number of traditional field reps required
- Designing targeted efforts to overcome reimbursement and affordability challenges and provide patient services

Outcome:
The success of this launch helped the company secure Series B funding, allowing it to quickly launch the next two products in its pipeline using EVERSANA COMPLETE.

Case study: Maximising value as the patent cliff approaches

Challenge:
An oncology partner needed to change the growth trajectory and maximise value at the end of the product life cycle for their asset.

Solution:
EVERSANA created an AI-enabled omnichannel solution to inform and empower HCPs and patients more effectively. The system generated data-driven insights to inform next-best actions and tailored messaging to optimise reach, frequency, and engagement.

Outcome:
The solution produced tangible results for the brand, including:

- $6.6M in incremental revenue generated in the first six months
- 95 days to launch phase 1
- 96% of target HCPs reached
- 9K+ brand engagements
- 1,148 incremental units sold

About the authors

Greg Skalicky is President of EVERSANA. He is responsible for accelerating the company's growth and ensuring the success of all client commercialisation efforts. With more than 25 years of executive leadership, Skalicky understands all facets of the pharmaceutical industry, spanning clinical operations to commercial success. His previous roles include Chief Enterprise Business Officer and Executive Vice President and General Manager at a global bio-pharmaceutical solutions organisation, where he successfully managed business units and teams of several thousand employees. Skalicky holds a BSc in Biology from Temple University and an MBA from Villanova University. He is an active member across several industry panels and consortiums.

Jennifer Meeuwsen is Executive Vice President of EVERSANA COMPLETE Commercialization at EVERSANA, a leading provider of commercialisation services to the life sciences industry. Her robust background includes more than two decades of market access strategies and commercialisation across the life sciences and biotech industries. Over her career, she has played a pivotal role in helping pharmaceutical companies successfully launch and sustain their products in the market. Her expertise includes amplifying unmet needs and highlighting value propositions to stakeholders, ensuring that new medications achieve their full potential. At EVERSANA, she oversees the company's COMPLETE Commercialization solution, helping emerging pharmaceutical and biotech companies leverage the full suite of EVERSANA services to bring a product to market. Prior to EVERSANA, she held senior commercialisation roles at several biotech companies, including Integra Connect, Decipher Biosciences, and Myriad Genetics. She began her career in business development and marketing roles in the pharmaceutical industry. Meeuwsen holds a Bachelor's degree in Marketing and International Business from Western Michigan University.

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How Chiesi is walking the walk on pharma sustainability

In an age of greenwashing, where ESG (environmental, social, governance) increasingly feels like a corporate buzzword, how do you find the companies that are not only talking the talk, but walking the walk?

You have to look for organisations that are making significant investments in sustainability at every level of their business. That's one way that Chiesi Group – an Italian family business-turned-global pharma company – seeks to define itself. A Benefit Corporation since 2018 and a Certified B-Corp since 2019, as well as an EcoVadis platinum medal recipient, the company prides itself on - to use the company's own campaign terminology - action over words.

"It's one thing what you say. But the other thing is what you do and I think that walking the talk has been something that I have seen with Chiesi since I started in January," Dr Michelle Soriano, who recently joined Chiesi as head of the respiratory franchise, told pharmaphorum. "It's really embedded into the core decision-making of the company at all levels."

The company has an ambitious goal of achieving net zero greenhouse gas emissions by 2035. By 2023, they successfully reduced scope 1 and 2 greenhouse gas emissions by 39% compared to a 2019 baseline.

Balancing patient care and sustainability

What does that embedded sustainability mindset look like in action? One example is the company's €350 million investment in new inhaler technology.

In 1987, the Montreal Protocol made history as the first universally ratified treaty in United Nations history. In a high-water mark for international cooperation, all the countries of the world came together to ban chlorofluorocarbons (CFCs), substances used in refrigeration, hairspray, and – yes – asthma and COPD inhalers, which were largely responsible for the hole in the ozone layer. Thirty-seven years later, there's concrete evidence that the hole in the ozone layer is shrinking because of this unprecedented agreement.

The substitute for CFCs that emerged in the pharmaceutical space, hydrofluorocarbons or HFCs, don't deplete the ozone layer. But, in the years following the Montreal Protocol, it became increasingly clear that they are potent greenhouse gases, contributing to global warming. So, hoping to repeat history, the UN passed the Kigali Amendment to the Montreal Protocol to phase down the use of HFCs as well, encouraging the shift from HFCs with high impact on climate to HFCs or alternatives with a much lower global warming potential.

Both the Montreal Protocol and the Kigali Amendment present a challenge for pharma companies when it comes to the pressurised metered dose inhalers (pMDIs) used to treat asthma and COPD. Changing the formula for hairspray is one thing; messing around with life-saving medication is another. Some patients can safely use alternative inhalers, like dry powder inhalers (DPIs), but some patients, as in some cases of the very old or very young, cannot.

“Patients will still access the range of treatments they need, but it would be better for the environment.”

- Dr Michelle Soriano.

Taking the lead among pharma companies

Chiesi has taken the lead in making an upfront investment in a new platform of inhalers, called the carbon minimal inhalers, which has completed a number of trials, including two short-term clinical safety trials, and its phase 3 safety trial is underway.

“This innovative approach is expected to reduce the carbon footprint of the current inhaler that we have by up to 90% by replacing the propellant it contains with another low global warming potential alternative, which we call HFA152a,” Dr Soriano said.

The company is committed to maintaining patient experience, including efficacy, safety and usability, and patient choice, as well as producing quality products. So, it needs to develop an inhaler that works just as well for the patient, but simply doesn’t have the same environmental impact.

“That’s the first consideration, for them to get their medication and be controlled,” Dr Soriano said. “The next step is to ensure that the product has a reduced impact on the climate. That’s why we’re transitioning to this new propellant with a better low global warming potential. Patients will still access the range of treatments they need, but it would be better for the environment.”

Extending commitments to pharmaceutical industry partners and suppliers

No company is an island, and Chiesi’s commitment to sustainability would ring hollow if it didn’t hold its manufacturing, API, and pharmaceutical packaging suppliers, as well as its partners, to the same standards.

To this end, the company partners with EcoVadis to evaluate the environmental and social performance of the supply chains it works with.

“It’s not only what we do, but also who we work with. So, this commitment has earned Chiesi a prestigious EcoVadis platinum medal in 2023,” Dr Soriano said.

That means the company is in the top 1% of all companies evaluated by EcoVadis.

As for partners, Chiesi has been embarking on a number of partnerships as it endeavours to increase its global footprint: they’re working with China’s Haisco Pharmaceutical on treatments for bronchiectasis, with California’s Gossamer Bio on pulmonary hypertension associated with interstitial lung disease, and with Sweden’s Affibody on innovative treatments for respiratory diseases.

Dr Soriano says that, through these partnerships, Chiesi shares its culture, vision, and values, trusting that its partners embrace a similar outlook. It also provides its Code of Interdependence to the companies it collaborates with.

ERS Preview: Patient education, trial innovation, and industry advocacy

Chiesi is currently presenting at the European Respiratory Society Congress in Vienna, Austria. The company sees the conference as an opportunity to further showcase and enact its values in a number of ways, Dr Soriano says. And it begins with a public awareness campaign around Vienna and on social media, aimed at educating the public about asthma and COPD by telling real-life patient stories.

“As you know, asthma and COPD are prevalent diseases, and a significant portion of the population may not realise their condition is uncontrolled and that they shouldn’t feel as bad as they do,” Dr Soriano said. “Additionally, asthma is often perceived as less severe than it can be. For COPD, many people remain undiagnosed and therefore untreated, leaving a huge unmet need.”

DCTs: A sustainability strategy

Additionally, the company is sponsoring two symposia focused on improving patient quality of life in asthma and COPD and will present during a poster session findings from the TANGO trial, where Chiesi is looking at patient acceptance of decentralised clinical trials (DCTs).

DCTs fit right in with Chiesi’s environmental and social goals because they promote clinical trial diversity and accessibility, while also reducing the carbon footprint of patients who no longer need to drive to clinical trial sites.

"As we think about diversity in our clinical trials, we need to get people from everywhere. And it's tough for them to travel, especially for COPD patients, and if they are elderly. But the more severe that you get, the older the population is, so mobility is an important topic," Dr Soriano explained.

> *"We need to get people from everywhere. And it's tough for them to travel [...] The more sever that you get, the older the population is, so mobility is an important topic."*
>
> *- Dr Michelle Soriano.*

Indeed, since the pandemic, decentralised clinical trials have become considerably more commonplace. But that rollout was rushed, which means there's been a limited opportunity to find out what patients think of these trials and the keys to positive patient experience.

"This approach is increasingly being adopted, yet it might be not so familiar to patients and, therefore, gathering these insights is crucial to facilitate a successful implementation," Dr Soriano said.

Rallying other stakeholders in the pharma industry

Finally, Chiesi sees ERS as a great opportunity to engage with the larger ecosystem around respiratory disease and make sure it is a part of the industry-wide fight against climate change.

"Of course, it's also a massive opportunity for us to engage with stakeholders ranging from policymakers to regulators to experts and researchers about the experience patients have and how we can reduce the burdens that they're facing," Dr Soriano said. "It's also a place where we can collaborate and talk about what's important. Especially now, with the increased urgency to fight climate change and pollution. Both contributing to causing and worsening respiratory conditions, these diseases will be top of mind for regulators, as well as for the overall population."

Sustainability by design

Chiesi has a clear philosophy of focusing on its values of patient-centricity and sustainability, and trusting that the benefits to the business will follow, Dr Soriano told pharmaphorum.

"We have unwavering commitment to a patient-centric care and to social and environmental sustainability that drives every aspect of our work in respiratory medicine," said Dr Soriano. "We will continue to innovate with decentralised clinical trials to advancing carbon minimal inhalers, and we remain focused on improving patients' lives. By prioritising healthier people and a healthier planet, our presence at ERS Congress in 2024 will also underscore dedication to leading future respiratory care."

About the interviewee

Dr Michelle Soriano – Executive Vice President, AIR Franchise

Bringing over 20 years' international experience working in top management consulting at McKinsey & Company and IQVIA and for the past decade worked in Sanofi's commercial business, where she held a broad range of responsibilities in launch excellence, marketing, sales, and strategy and operations in three business units - Vaccines, General Medicines, and Specialty Care - working in four different countries - Mexico, France, Japan, and USA.

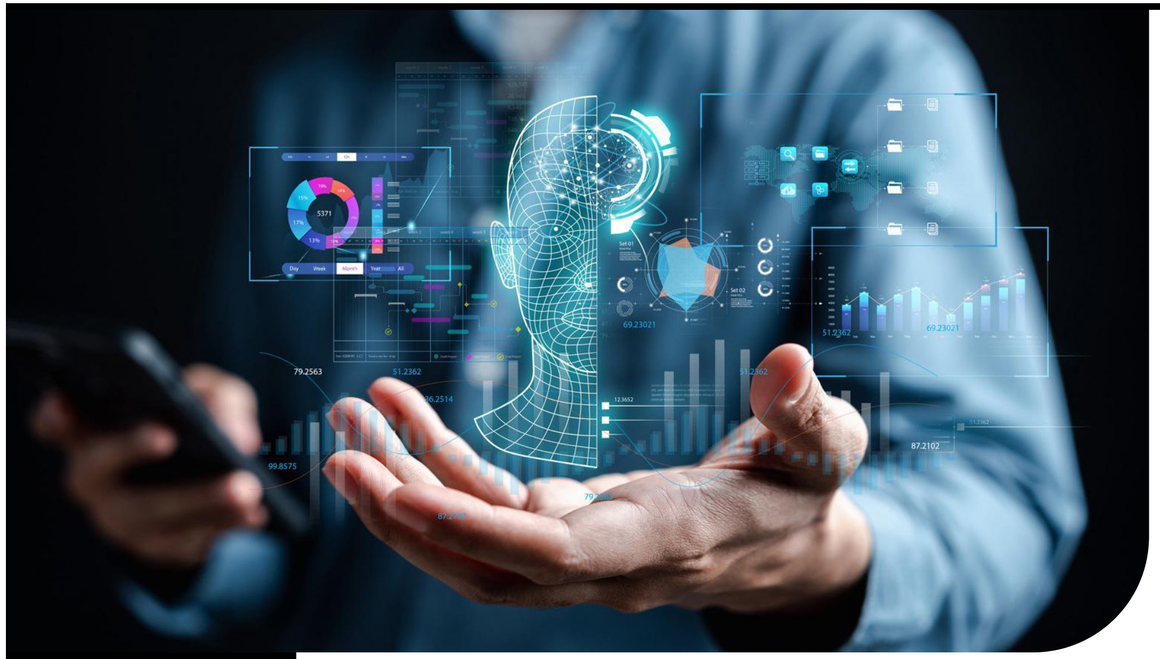
About Chiesi Group

Chiesi is research-oriented international biopharmaceutical group that develops and markets innovative therapeutic solutions in respiratory health, rare diseases, and specialty care. The company's mission is to improve people's quality of life and act responsibly towards both the community and the environment.

By changing its legal status to a Benefit Corporation in Italy, the US, and France, Chiesi's commitment to create shared value for society as a whole is legally binding and central to company-wide decision-making.
As a certified B Corp since 2019, we're part of a global community of businesses that meet high standards of social and environmental impact. The company aims to reach Net-Zero greenhouse gases (GHG) emissions by 2035.

With over 85 years of experience, Chiesi is headquartered in Parma (Italy), with 31 affiliates worldwide, and counts more than 7,000 employees. The Group's research and development centre in Parma works alongside 6 other important R&D hubs in France, the US, Canada, China, the UK, and Sweden.

For further information please visit www.chiesi.com



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Top 5 pharma marketing trends in 2024

2023 was a year of many innovations and changes. The rise of artificial intelligence (AI), digitalisation, wider adoption of tools for marketing automation, and numerous other technologies have significantly reshaped the world of pharma for the better.

In 2024, the industry is expected to continue changing and adjusting to new technologies that are being created and improved as we speak. What trends will dominate the pharma marketing this year?

Trend #1: Personalisation at scale

Personalisation will remain one of the main goals for many businesses and, thanks to constantly evolving technologies like AI and machine learning (ML), it's now easier than ever to create and deliver personalised content and offers to the right audience. There is not much need to prove the efficiency of personalisation; the data speaks for itself:

- 91% of shoppers are more inclined to stay with brands that offer personalised experiences to them.
- Companies that invest in advanced personalisation see a 2000% return on investment.
- 71% of consumers state they would choose to open brand emails because of the personalised experience.

From personalised landing pages to email campaigns tailored for patients with very specific needs and pain points, there are many ways to make content more special. Everything starts with data collection, which is then structured and thoroughly analysed. And what we can expect from 2024 is the emergence of tools meant to speed up and improve personalised content creation processes.

Data-driven, personalised marketing is the future for many industries, including pharma. And in the next few years, we will witness more unique strategies and tools that help companies optimise their brand messaging respectively.

Trend #2: Video content

Videos are one of the best ways to promote different products and services, but their prohibitive production costs often make marketers look for alternatives.

Videos can help businesses find a voice and provide potential viewers with a better understanding of how they can benefit from choosing a particular company. In the past couple of years, pharma organisations finally decided to pay long-due attention to video marketing and started to create various visuals to attract more customers to their offerings. And it worked!

Video marketing has been around for some time, and it will remain pivotal in 2024. It's poised to evolve and become even more cost-effective and popular in the years to come. Here are some of the trends that will likely skyrocket soon:

- Virtual Reality (VR) videos;
- Videos created by AI;
- Silent videos;
- Interactive videos;
- User-generated videos;
- PersonaliSed video content.

Patients want to be heard, and they are ready to collaborate with their doctors to find the best solutions.

92.3% of internet users, including healthcare professionals, watch videos every week. For a marketing campaign to succeed, it's crucial to incorporate at least some video elements. And thanks to the constant improvement of the means to generate them, everyone can now create a high-quality video quickly and without unjustified expenditures.

It's best to join this trend (if you haven't already) to stay ahead of competitors.

Trend #3: Omnichannel marketing

In our fast-paced world, the opportunity to reach a potential customer is becoming more elusive every year. What can help us tackle this issue is omnichannel marketing, making it possible to reach the best audience for a certain product via the right channel at the right time.

Omnichannel marketing is all about making sure that every customer's interaction with a brand is consistent and creating a smooth transition between channels. The reason omnichannel marketing is gaining greater popularity is linked to another trend that is currently garnering more attention: personalisation. Omnichannel can help create a unified experience, filled with improved recommendations and personalised offers, and every time a customer interacts with a brand, they receive valuable content, rather than encountering repetitive messages.

For that matter, I'm proud to mention that my company has a solution to foster trust-based relationships and personalise communications with customers: eWizard, an innovative content experience platform. In the future, tools like eWizard will become a foundation for many campaigns, and it will be possible to sustain a unique and cohesive brand identity across all channels. From an improved return on investment to increased volume of customers, omnichannel marketing already offers numerous benefits, and the list will continue to grow.

Trend #4: Patient-centricity

A patient-centric approach is a way to build relationships with patients that align with their needs and preferences. In other words, it is about building the marketing strategies bottom-to-top, seeing patients as human individuals, and as sources of the most valuable and reliable input for marketers.

In 2022, 61% of patients wanted better engagement with their healthcare providers. In 2023, this number only kept growing. Patients want to be heard, and they are ready to collaborate with their doctors to find the best solutions. And patient-centric marketing is what can help increase patient trust and strengthen brand image; all it takes is creating messages that are more personalised and relevant.

Even though many pharma companies would like to claim the status of being "patient-centric", unfortunately, this is not the case, unless the companies in question have the right means to collect and analyse patient feedback. It seems like the situation might take a different turn in the next few years, as more businesses recognise the long-term benefits of patient-centricity.

Trend #5: Generative AI

When Generative AI (GenAI) was first introduced to a wide audience, almost everyone believed that sooner or later it would wipe out the career market and be the last "content creator" standing. However, at this point, it's obvious that GenAI can only augment the work of a human, not take it on fully. GenAI can enhance many marketing campaigns in pharma, making it much easier to deliver great content fast.

Generative AI takes care of repetitive and tedious tasks, allowing marketers to focus on more important and creative ones. In its current state, GenAI can automate up to 70% of an average worker's workload, and many experts believe that this is just the beginning. Artificial intelligence is also capable of making content more personalised by analysing the available data and extracting key information from it. And, as a result, it takes only a little bit of time to create a marketing campaign tailored to a specific audience.

Pharma marketers can leverage GenAI's content creation, data analysis, and automation capabilities to create exceptional campaigns from scratch in a remarkably short time, all without sacrificing quality. From generating ideas for the next blog post to conducting a full analysis of current pharma industry

trends, Generative AI can aid pharma marketers in many tasks, and it will keep evolving and reshaping pharma marketing in 2024.

Navigating the change in the evolving pharmaceutical marketing landscape

The pharmaceutical marketing landscape in 2024 is destined for rapid digital transformation, marked by the emergence of various other technologies as well.

No doubt, keeping pace with these changes necessitates cultivating a culture of continuous learning. While new technologies and approaches to pharmaceutical marketing are emerging, it's crucial to take the time to ensure that our focus shifts toward their improvement.

About the author

Nataliya Andreychuk is the CEO and co-founder of Viseven, a global MarTech services provider for life sciences and pharma industries. She is one of the top experts in digital pharma marketing and digital content implementation and has more than 14 years of solid leadership behind her belt. Andreychuk is among the strongest female leaders in the marketing technology world. She has been contributing her vast expertise to developing smart digital solutions and software, which are now serving clients in over 70 global markets, delivering intelligent, personalised content across channels, platforms, and countries.

About Viseven

Viseven is a future-inspired global MarTech Services Provider for Pharma and Life Sciences industries with more than a decade of experience. Viseven's digital transformation centre offers innovative solutions for companies of different sizes and digital maturity levels by merging marketing and digital technology expertise with innovation and strategic capabilities. The company's solutions, products, and services are actively used by the TOP 100 Pharma and Life Sciences companies in more than 50 countries around the globe.

Follow Viseven on social media: LinkedIn, Twitter, YouTube, Facebook

Follow Nataliya Andreychuk on LinkedIn

A spectrum of obesity requires precision

Obesity is a hot topic, and a focal research area, in the twentieth century. With over 40% of adults in the US afflicted and obesity costing the US healthcare system up to $210 billion per year in medical expenses, GLP-1s seem to be a miracle option – but they come at a cost.

In this pharmaphorum podcast, web editor Nicole Raleigh speaks with Michael Kyle, chief medical officer at Currax Pharmaceuticals – a company working to advance a greater understanding of how to effectively treat obesity – about perceptions and options beyond the bounds of GLP-1s, including evolution of hypertension treatments.

It is, as Kyle states, important to fundamentally understand that there are different types of obesity. Only since 2012 has obesity been classified as a disease, but, in addition to genetics, there are environmental and psychological factors that have impact, also. It is not a one-size-fits-all scenario and precision medicine is necessary.

The need for specific medical training in obesity is critical as well and, although this is changing, it is as yet inadequate. Additionally, early intervention is key.

You can listen to episode 143a of the pharmaphorum podcast in the player below, download the episode to your computer, or find it - and subscribe to the rest of the series - in iTunes, Spotify, Amazon Music, Podbean, and pretty much wherever you get your podcasts!

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