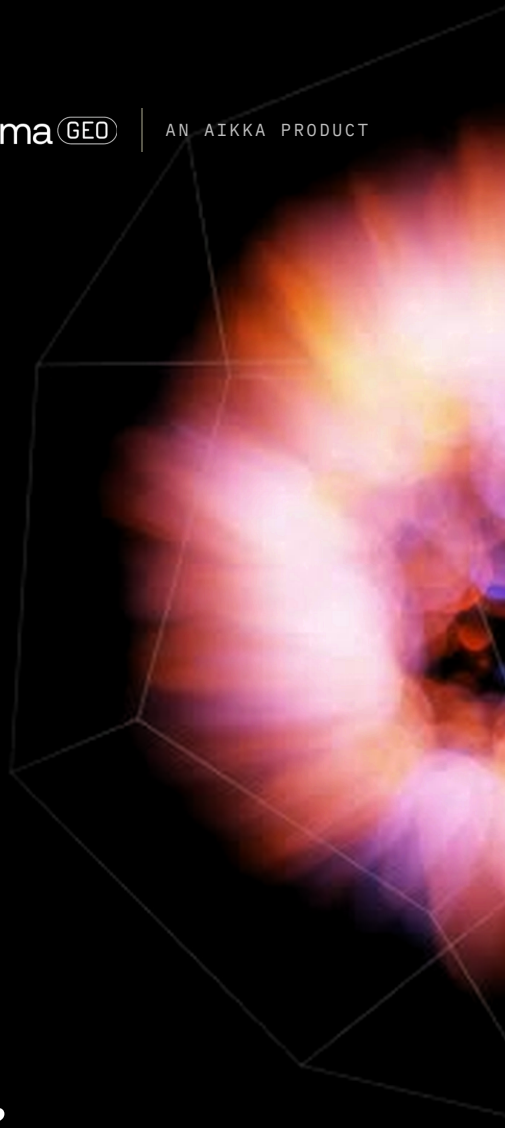
aikka

Pharma GEO | AN AIKKA PRODUCT



AIKKA RESEARCH · NOVEMBER 2026

AI-driven customer engagement

The future of pharma commercialization

How the use of AI by health professionals and patients, and smaller portfolios, change the way medicines are sold, with an estimated cost comparison.

80%	32%	64.4%	46%
OF SURVEYED DOCTORS USE AI TOOLS	OF US ADULTS HAVE USED AI FOR HEALTH	LOWER COST PER BRAND, ESTIMATED, WITH A SHARED TEAM AND AI AGENTS	OF NEW US MEDICINES CAME FROM SMALL AND MID-SIZE BIOTECHS, 2020 TO 2024

CONTENTS

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5 findings and what to do in 90 days, 12 months and by 2030.

01 Promotion, AI use and direct channels 4
Portfolios, how health professionals and patients use AI, health platforms and direct sales

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How a patient goes from first question to treatment, today, in 2027 and in 2030, and where the medicine is chosen

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Scope, evidence base, labels and limits, with method notes for the exhibits.

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WHAT THIS REPORT DRAWS ON

125
public sources: surveys, filings and studies

20
screenshots of real platform pages, captured by aikka

2,587
AI answers on the 50 best-selling US brands, 4 AI tools, aikka study

13
examples from aikka client work, 2024 to 2026, anonymized

1
aikka cost estimate, with its assumptions shown in Part 3

Client examples carry no client name or logo. Every figure has a label: Measured, Estimated or aikka view.

WHERE TO START

BRAND AND FRANCHISE LEADS

Parts 1, 4 and 5

What health professionals and patients now ask, which brands fit a pilot, first steps.

COMMERCIAL EXCELLENCE AND FINANCE

Part 3

Access to doctors, the cost per brand and the less favorable case.

MEDICAL, LEGAL AND COMPLIANCE

Part 2 and Method

Where AI fits in the path to treatment, and which decisions stay with people.

EXECUTIVE SUMMARY

AI is becoming the first place health professionals and patients look for medicine information.

80% of 23,769 doctors surveyed in 34 countries use AI tools, and 32% of US adults have used an AI chatbot for health.[1,2] Older brands, with about 1.5% of sales in promotion, need evidence AI tools can use and a shared team, with people where judgment matters. AIKKA VIEW

1.5%

OF SALES ON PROMOTION, OLDER BRANDS

IQVIA

1 Brands over 10 years old receive about 1.5% of their sales in promotion.

More than $315 billion of global sales in 2025; about $4.7 billion of promotion.[3] ESTIMATED

72%

OF US DOCTORS USED AI IN 2026

AMA

2 US doctors' use of AI rose from 38% in 2023 to 72% in 2026.

AMA's headline figure is 81%, which adds the 9% who were not sure which tasks their practice uses AI for.[4]

32%

OF US ADULTS USED AI FOR HEALTH, 2025

RH+

3 US adults' use of AI chatbots for health rose from 16% to 32% in a year.

Rock Health surveyed 8,000 US adults. From April to June 2025, one drugmaker itself filled about 35% of new US prescriptions for its obesity medicine.[2,5]

51.9%

OF QUESTIONS TO A MEDICAL AI CONCERNED A CLINICAL DECISION

JAMA

4 51.9% of health professionals' questions to a medical AI concerned a clinical decision.

JAMA sampled 38.8 million of 271 million OpenEvidence questions. Elsewhere, a consumer AI tool advised too little care in 33 of 64 emergencies.[6,7]

64.4%

LOWER COST PER BRAND, ESTIMATED

5 A shared team with AI agents costs an estimated 64.4% less per brand.

$3.98 million against $11.18 million for a dedicated sales team. AI agents are software that drafts or sorts. Less favorable case: 2.6%; no study shows the same sales result. ESTIMATED

ABOUT THIS REPORT

Scope. Prescription medicines, US and Europe, to Nov. 2026.

FROM AIKKA CLIENT WORK · ANONYMIZED

"The entry point is AI and the exit is a human; in between, more and more is absorbed by AI."

aikka founder, translated from French. AIKKA VIEW

RECORDED WORKING SESSION, 18 NOV. 2026

NEXT 90 DAYS

Measure what health professionals and patients ask AI about your brands.

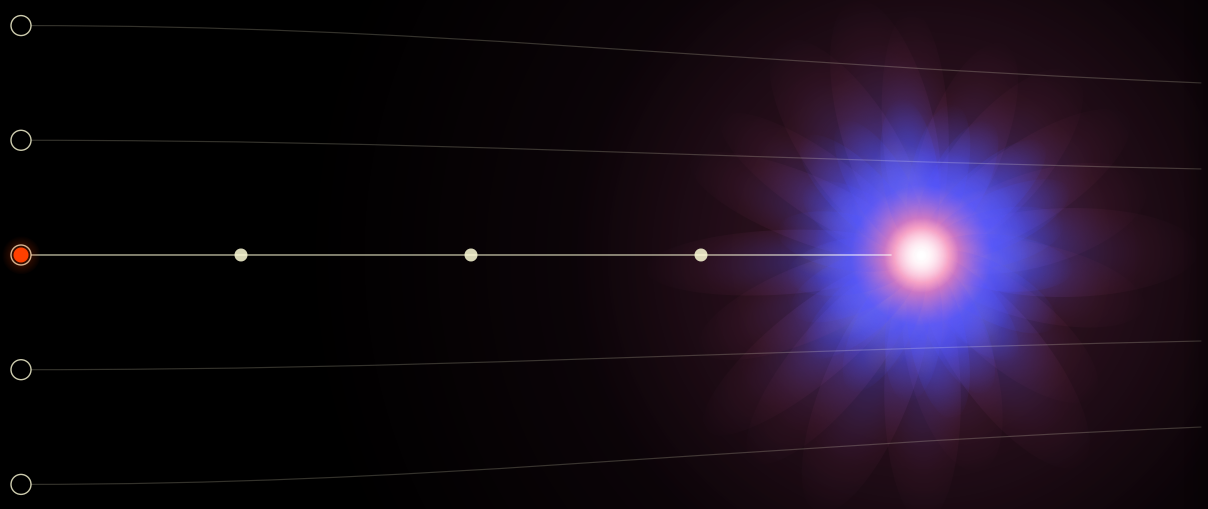
NEXT 12 MONTHS

Test a team with AI agents on one older brand, against a similar brand.

TO 2030

Publish evidence AI agents can use; named people keep medical, legal and regulatory approval.

Sources: IQVIA, AMA, Rock Health and JAMA, 2023 to 2026; aikka estimate on 4 US specialty brands. Details on the Sources pages.



PART 1

Promotion, AI use and direct channels

Selected prices paid directly by patients were 40% to 94% below the list price.

AT A GLANCE

Under 1.6%

of visits to the sampled websites came from a link in an AI tool, Oct. 2026 (Similarweb, estimated).[8]

52%

of US doctors used AI every day in 2026, up from 37% in 2025 (Doximity).[9]

More than 300 million

people ask ChatGPT health questions each week (OpenAI, July 2026).[10]

Sources: drugmaker releases, Similarweb, Doximity and OpenAI, 2025 to 2026.

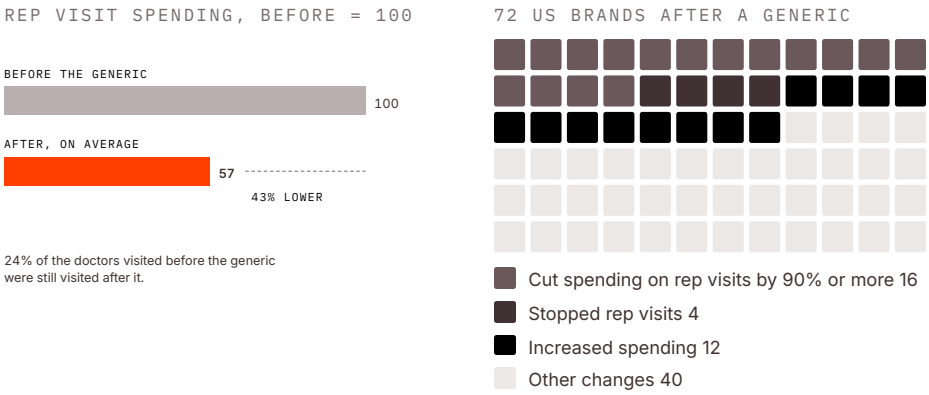
1.1 · PORTFOLIOS

Brands over 10 years old receive about 1.5% of their sales in promotion.

IQVIA estimates $4.7 billion of promotion on more than $315 billion of older-brand sales worldwide in 2025. A study of 72 US brands shows how spending on rep visits changes when a generic arrives.[3,11]

EXHIBIT 1 **After a generic, spending on sales rep visits falls 43% on average.**

Spending on sales rep visits to US doctors for 72 brands, before and after the first generic version reached the market. MEASURED



Source: Erasmus University study of 72 US brands, IQVIA data 2003 to 2020.[11] Method in appendix.

EXHIBIT LIMITATIONS

The study covers spending on in-person sales rep visits in the US only, not digital promotion, and ends in 2020.

From 2020 to 2025, several companies separated their older, generic or consumer medicines from their research businesses: the Upjohn transaction that formed Viatris, the Sandoz spin-off and the Opella controlling-stake sale.[12,13,14] More than 6,000 prescription medicines launched before 2015 are still sold.[3]

In one outsourcing case, promotion ended 2 to 3 years before loss of exclusivity.[15] A secondary estimate puts the number of US sales reps at about 61,900 in 2013 and about 81,000 in 2023; those totals do not show how reps were allocated.[16] ESTIMATED

SALES OF OLDER BRANDS, 2025

More than $315 billion

Brands on the market for 10 years or more, worldwide. Promotion estimated at $4.7 billion. ESTIMATED

SALES CONCENTRATION

80%

of older-brand sales come from the top 100 brands, about 2% of them.

IMPLICATION

Thousands of approved medicines are no longer a priority for the companies that own them. A model that serves them must cost far less than one sales rep per territory.

AIKKA VIEW

The opportunity lies with these older brands. A brand without a sales team still gets questions from doctors and patients, and those questions now often go to AI first.

Sources: IQVIA, 2025 to 2026; Erasmus University study; IESE Insight, 2025; company releases, 2020 to 2025.

1.2 · OUTSOURCING

Small and mid-size biotechs launched 46% of new US medicines.

IQVIA Institute counted the new medicines launched in the US from 2020 to 2024. Selected deals and provider revenues show the ways a company can buy sales capacity.[17]

EXHIBIT 2 **6 ways to buy sales capacity; 2 link fees to results.**

Six public examples; the 2 highlighted pay part of the fee only against goals. MEASURED

IQVIA
HIRED SALES REPS
Fee per rep
$788M
revenue in 2025, up 9.7%[18]
IQVIA CONTRACT SALES & MEDICAL SOLUTIONS

INIZIO
HIRED SALES REPS
Fee per team or program
$658.3M
adjusted net revenue in 2025, up about 13%[19]
INIZIO ENGAGE

EVERSANA
FULL LAUNCH SERVICE
30% to 50% of fees paid later, against goals
20+
companies, 40+ medicines (company figure)[20]
EVERSANA COMPLETE

ARS PHARMA + ALK
SHARED PROMOTION
Fixed fee each quarter, plus a payment in year 2 above a sales level
20,000
US health professionals expected to be reached[21]
ARS PHARMACEUTICALS WITH ALK

IQVIA
OUTSOURCING WITH SHARED RISK
No promotion cost paid upfront
€100M
extra sales over 4 years (company figure)[22]
IQVIA, 15 OLDER BRANDS

CHEPLAPHARM
BUYING THE BRAND
Buys brands at 2 to 4 times their yearly sales
€1,658.4M
revenue in 2025, 38.8% operating margin (EBITDA), 799 staff[23,24]
CHEPLAPHARM

Source: Company results and releases, 2025; Moody's, Dec. 2025. Method in appendix.

Exhibit limitations. Company examples name no client and give no control group. Market size estimates differ by about 40% for the same year.

Of 176 small and mid-size biotechs (IQVIA: emerging biopharma) that launched a medicine in 10 years, 58 were bought, 21 licensed it to another company, 69 kept it.[17]

In the ALK deal, the year 2 payment is 30% of eligible net revenue above a market share level.[21] None of these terms shows a comparable return.

MARKET FOR HIRED SALES TEAMS, 2025

$10.7 billion to $15.2 billion

Estimates cover different scopes; forecast growth of 6.7% and 9.1% a year.[25,26,27] ESTIMATED

AIKKA VIEW

Outsourcing today mostly means hiring people. The next step is to hire a working system of question data, content and channels, with people added where a relationship matters.

Sources: IQVIA Institute, 2025; company filings and releases, 2022 to 2026; analyst market estimates, 2026.

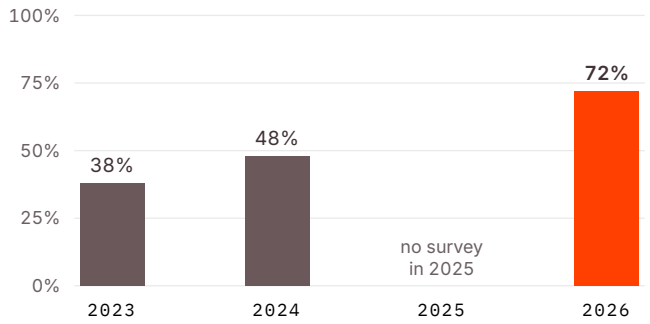
1.3 · DOCTORS

US doctors' use of AI rose from 38% to 72% in 3 years.

In 2026, 72% of US doctors said they used AI for at least one task, up from 38% in 2023. IQVIA finds a similar level among doctors in 34 countries, with large differences between countries.[4,1]

EXHIBIT 3 **The share of US doctors using AI rose from 38% to 72%.**

Share of US doctors who use AI for at least one task in their practice, AMA survey. MEASURED



AMA's headline figure of 81% also counts the 9% who were not sure which tasks their practice uses AI for.

Source: AMA survey of US doctors, Jan. to Feb. 2026.[4,28] Method in appendix.

Exhibit limitations. AMA's headline figure is 81%, which adds the 9% who were not sure which tasks their practice uses AI for. That option did not exist in 2023; the question wording changed between years, and AMA notes the years are not strictly comparable. Medscape notes that the way the sample was chosen is unclear.[29] Online panels over-represent digitally active doctors.

The number of tasks per doctor rose from 1.1 to 2.3, and research and summaries of standard treatment rose from 13% in 2024 to 39% in 2026.[4] Use is now daily: 52% of US doctors use AI every day, up from 37% in 2025, and 65% of oncologists do.[9]

Globally, 80% of 23,769 doctors in 34 countries have used AI, and about half do so daily or several times a week.[1] Rules lag behind use. In the Doximity survey, 81% of US doctors say their organization permits AI, but 28% report clear policies.[9]

AIKKA VIEW

Surveys of a representative sample find lower use than online panels: 28% of UK family doctors use AI, and 46.3% of French doctors say they do not use it.[30,31] Check which tools doctors use in each country.

FROM AIKKA CLIENT WORK · ANONYMIZED

aikka briefing to a large drugmaker, Europe, 2026, paraphrased.

Check the base and the source of any adoption claim before using it in a plan.

MEETING NOTES, 2026, PARAPHRASED

Sources: AMA, March 2026; Doximity, 2026; IQVIA, November 2026; Nuffield Trust and RCGP, 2025; JMIR Medical Education, 2026.

1.4 · QUESTIONS

51.9% of health professionals' questions to OpenEvidence concern a clinical decision.

A JAMA study of 38.8 million OpenEvidence questions found that 51.9% concerned a clinical decision. In IQVIA's European study, many questions naming a medicine also concerned a decision.[6,1]

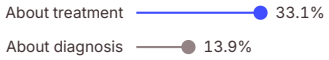
EXHIBIT 4 **Doctors ask AI about treatment 2.4 times as often as diagnosis.**

What US health professionals asked OpenEvidence, a medical AI tool, 2024 to 2026, in a large sample of their questions; right panel, doctors only. MEASURED

ALL QUESTIONS SORTED



DOCTORS' QUESTIONS



2.4 times as often

treatment as diagnosis

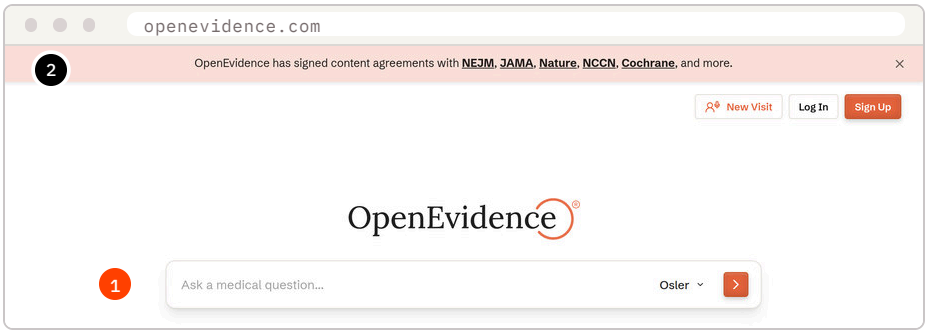
The 2 panels use different totals, so their figures cannot be added.

Source: JAMA study of OpenEvidence questions, 2024 to 2026.[6] Method in appendix.

Exhibit limitations. The logs do not show when a health professional consulted the tool or whether it changed care. The data come from the platform itself, OpenEvidence employees co-authored the study, and answer accuracy was not measured.[32]

The data cover January 2024 to June 2026; monthly users rose from 355 to 703,265.[6] Doctors in their first 10 years after graduation ask 2.54 times more questions than their share of all doctors.[6]

IQVIA's November analysis of more than 2,000 questions from more than 100 health professionals in France, Germany and the UK is in the tile.[1] Its October analysis mapped 971 topics; almost one third concerned a specific patient.[33]



OpenEvidence, home page. Internet Archive snapshot of 16 Nov. 2026, captured by aikka on 19 Nov. 2026. openevidence.com (1) One question box for health professionals, free with registration. (2) Content agreements with journals shown in the top banner.

QUESTIONS OUTSIDE THE SPECIALTY

35% to 88%

of doctors' questions fall outside their own specialty, from cancer and blood specialists to emergency doctors (JAMA, 2026).

QUESTIONS THAT NAME A MEDICINE

About two thirds

of health professionals' questions that name a prescription medicine concern a specific clinical decision, such as choosing a treatment (IQVIA, more than 2,000 questions, France, Germany, UK, 2026).[1]

IMPLICATION

Answer questions on comparisons, treatment order and specific patient groups in the sources AI tools use.

AIKKA VIEW

Questions outside the doctor's specialty matter most for sales teams. The doctor who asks about a specialist medicine is often not the specialist that sales reps visit.

Sources: JAMA, October 2026; IQVIA, October and November 2026; Healthcare Edition, October 2026.

1.5 · CHANNELS

AI tools for doctors sell drugmakers a place next to the answers.

Doximity says 80% of the 20 largest drugmakers bought its AI search programs, and OpenEvidence sells ads, labeled as such, next to its answers.

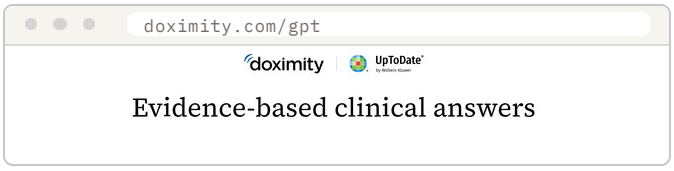
EXHIBIT 5 **3 of 5 AI tools for doctors sell drugmakers a paid place.**

How 5 AI tools for doctors deal with drugmakers, from company policies and press, 2025 to 2026. MEASURED

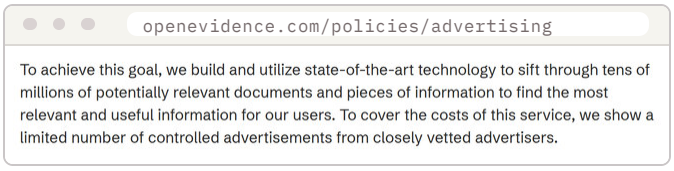
	PAID PLACE FOR DRUGMAKERS	RULE ON ADS AND ANSWERS	OTHER WAY FOR DRUGMAKERS TO TAKE PART
OpenEvidence	✓ **Ads, labeled as ads, next to answers**[34]	✓ Ads may not change answers[34]	ⓘ None found
Doximity	✓ **Paid AI search programs**[35]	ⓘ Not checked	ⓘ None found
Medscape AI	✓ **Exclusive placement on questions in an agreed area**[36]	ⓘ Not checked outside the agreement	ⓘ None found
UpToDate Expert AI	× No similar ad offer found	ⓘ Does not apply	✓ Evidence can be sent for editorial review[37]
Abridge	× No similar ad offer found	ⓘ Does not apply	✓ Tools to find patients for clinical trials[38]

Source: Company policies, earnings calls and press, 2024 to 2026.[39] Method in appendix.

Exhibit limitations. No tool publishes ranking rules or ad prices; no source we found tests whether ads change prescribing.



Doximity, AI page, captured on 19 Nov. 2026. Shown as a market fact, not a recommendation.



OpenEvidence, ad policy, archived 15 Nov. 2026, captured 19 Nov. 2026. Shown as a market fact, not a recommendation.

Doximity reports AI search orders from drugmakers worth tens of millions of dollars, with buying by auction planned.[35] OpenEvidence is free for health professionals and funded by ads, at a price above $1,000 per 1,000 ad views; it was valued at $15 billion in September 2026.[40,41]

OPENEVIDENCE REVENUE, JULY 2026

$300M

Yearly rate, Sacra estimate.

ESTIMATED

Health systems adopting UpToDate Expert AI represent about 2,500 US hospitals, not a count of active users.[42]

WORRIED ABOUT AD BIAS

72%

of US doctors and nurses worry that sponsored content can bias answers (Ipsos for Wolters Kluwer, March 2026).[43]

OpenEvidence left the EU and UK on 27 Apr. 2026, according to secondary reporting.[44]

Sources: company policies, filings and press, 2024 to 2026; Sacra estimate; Wolters Kluwer and Ipsos survey, 2026.

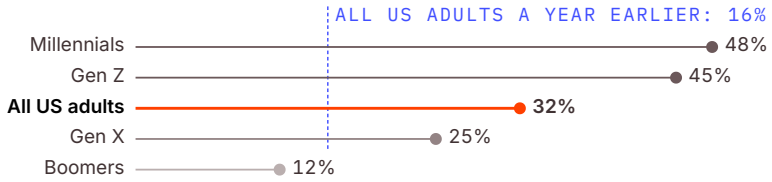
1.6 · PATIENTS

32% of US adults used AI chatbots for health in 2025, up from 16%.

In Rock Health's December 2025 survey of US adults, reported use of AI chatbots for health was highest among Gen Z and millennials.[2]

EXHIBIT 6 **48% of US millennials used AI for health; 12% of boomers.**

Share of US adults who used an AI chatbot for health information or advice, by generation, Dec. 2025. MEASURED



Source: Rock Health survey of 8,000 US adults, Dec. 2025.[2] Method in appendix.

EXHIBIT LIMITATIONS

Self-reported use, any frequency, US only; it does not show whether users acted on the answer. Pew, with different wording, finds 22% use AI chatbots for health at least sometimes.[45]

COUNTER-EVIDENCE

Doctors and nurses remain the main source: 85% of US adults get health information from them, on a different question.[45] Trust lags behind use: 30% of US consumers distrust health information from AI, up 7 points.[46]

Among AI health users, 55% ask about medicines, 56% about a diagnosis and 59% about treatment options. ChatGPT alone is used for health by 23% of US adults; chatbots run by hospitals and clinics, by 5%.[2] In a separate KFF poll of 1,343 adults in early 2026, 32% had used AI chatbots for health in the past year.[47]

Most questions come outside opening hours: OpenAI reports that 7 in 10 health conversations happen outside clinic hours.[48] KFF users named quick information (65%) or deciding on a visit (41%) as reasons.[47] For BCG, 52% of Gen Z saw medicines as consumer goods, against 31% of boomers.[49]

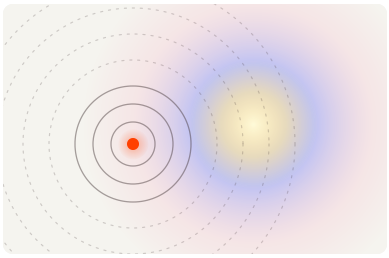
In a BCG survey of 9,914 consumers in 10 markets, July to August 2026, 67% wanted more control over their health decisions. OpenAI reports more than 300 million people asking ChatGPT health questions each week (July 2026, company-reported).[10]

IMPLICATION

Check how AI tools summarize information written for patients. The survey does not show which source people check first.

AIKKA VIEW

Content for patients should be clear when read directly and when an AI tool summarizes it.



Sources: Rock Health, March 2026; KFF, March 2026; BCG, November 2026; Pew, April 2026; Deloitte, 2025; OpenAI, 2026.

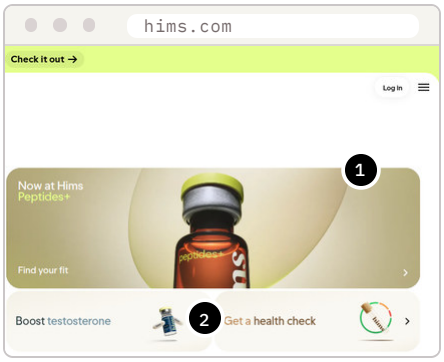
1.7 · DIRECT WEBSITES

6 websites sell care, devices or doctor appointments directly to patients.

Online care, booking, device and drugmaker websites show offers, prices and appointments before any visit to a prescriber. These pages show what a patient sees before an AI tool summarizes them.

EXHIBIT 7 **6 websites where patients buy care, devices or appointments.**

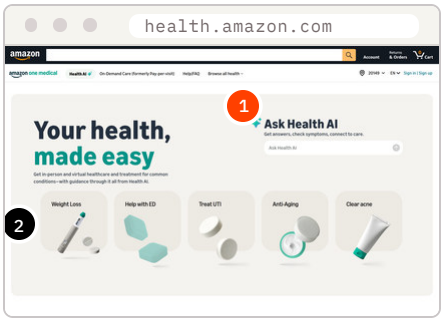
The home or offer page of each site, as it appeared in Nov. 2026. MEASURED



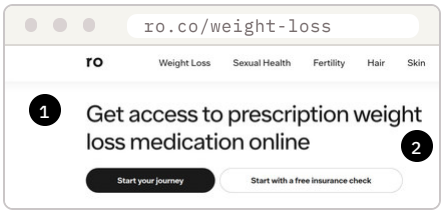
hims & hers **Hims & Hers, home page**, captured 19 Nov. 2026. 1 a peptides offer. 2 testosterone and health check offers.



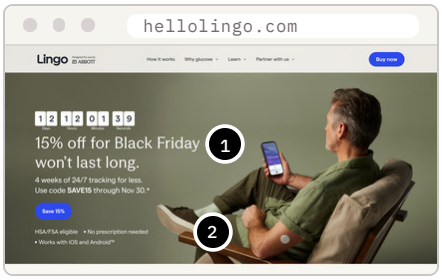
Zocdoc, home page, Internet Archive copy of 13 Nov. 2026. 1 search for a doctor by insurance.



Amazon One Medical, home page, captured 18 Nov. 2026. 1 a box to ask an AI health assistant. 2 tiles by condition.



Ro, weight loss page, captured 18 Nov. 2026. 1 weight loss medicines prescribed online. 2 free insurance check.



Lingo by Abbott, home page, captured 18 Nov. 2026. 1 4-week plan on sale. 2 no prescription needed.



LifeMD, home page, captured 18 Nov. 2026. 1 online access to doctors, prescriptions and lab tests. 2 insurer logos.

Source: Screenshots by aikka, Nov. 2026 (Zocdoc via Internet Archive). Shown as a market fact, not a recommendation.

SCREENSHOT LIMITATIONS

Offers as presented on the capture date; they are not endorsements, and they do not show how AI tools describe these offers. Product names as published by the sites; shown as market facts, not as a recommendation.

IMPLICATION

List the websites that sell or book care in your brand's disease area, and check how each describes it.

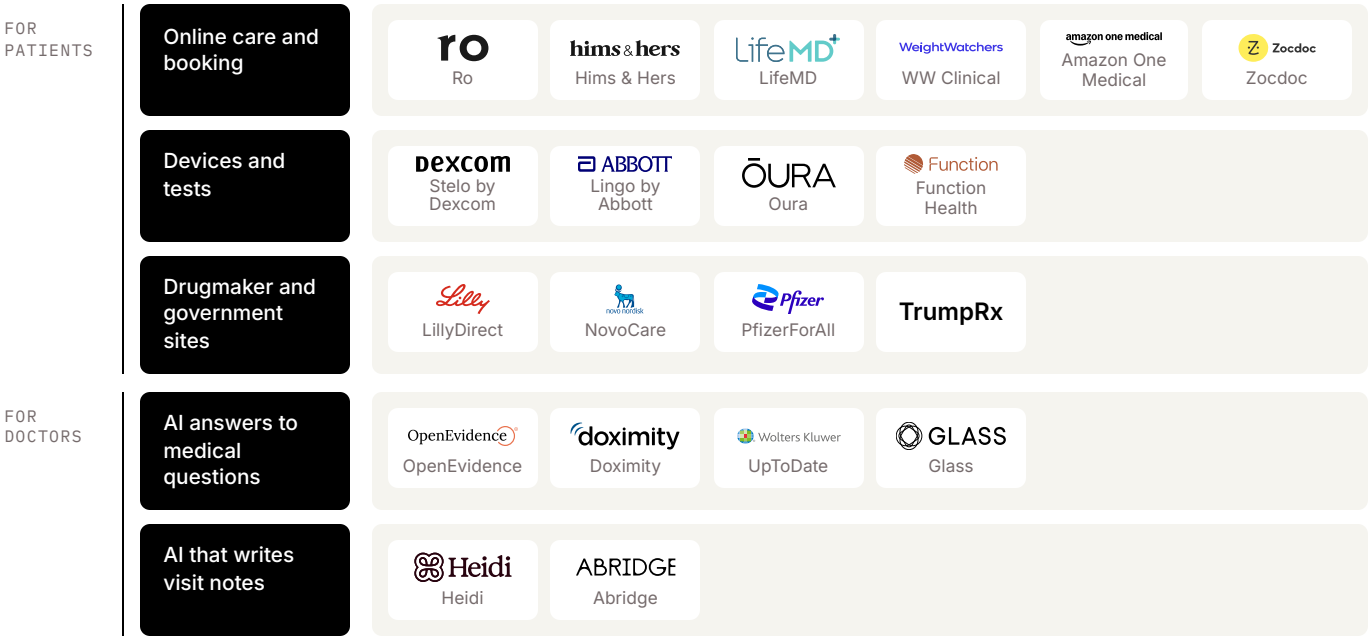
1.8 · MARKET MAP

Patients buy care and medicines online; doctors use AI tools for answers and notes.

We sorted 20 selected websites by who uses them and what they offer. 3 groups serve patients: online care and booking, devices and tests, and sites run by drugmakers or the US government. 2 groups serve doctors: AI tools that answer questions, and AI tools that write notes.

EXHIBIT 8 **20 websites in 5 groups reach patients or doctors directly.**

Selected websites, sorted by aikka by who uses them and what they offer, Nov. 2026. Not a full list. AIKKA VIEW



Source: Company websites and filings, Nov. 2026; grouping by aikka. Shown as a market fact, not a recommendation. Method in appendix.

Exhibit limitations. Selection by aikka, not exhaustive. A logo shows presence in a group, not size or share; several companies sit in more than one group.

For a brand team, each group is a place where patients can find, read about or see the price of a medicine before a doctor or pharmacist is involved. The next pages show how fast these websites grow and what drugmaker sites offer.

AIKKA VIEW

Place your brands in these 5 groups: where a patient or doctor finds the brand, and who decides what the answer says there.

Source: company websites and filings, captured 18 Nov. 2026. Classification by aikka.

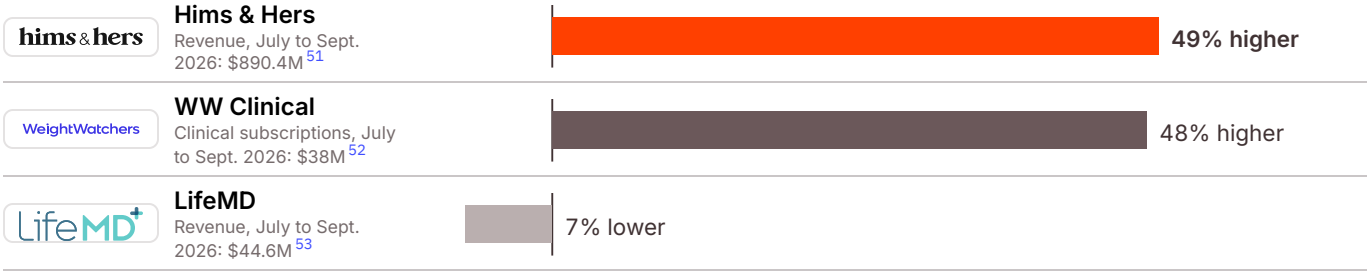
1.9 · WEBSITE GROWTH

Revenue of online care companies grew in 2025 and 2026, with exceptions.

Hims & Hers revenue grew 59% to $2.35 billion in 2025; its gross margin fell from 74% to 57% between the third quarters of 2025 and 2026.[50,51]

EXHIBIT 9 **Revenue rose 49% at Hims & Hers and fell 7% at LifeMD.**

Change in revenue, July to September 2026 against the same months of 2025. For WW, the clinical subscriptions only. MEASURED



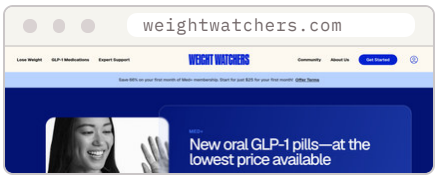
WW's total revenue fell 11%, to $152.9 million.

ro YEARLY REVENUE RATE, OCT. 2026

$3.0B

About; Sacra estimate. ESTIMATED[54]

WW CLINICAL · MEDICATION PAGE



weightwatchers.com/us/weight-loss-medication, captured by aikka on 19 Nov. 2026. Shown as a market fact, not a recommendation.

ŌURA RINGS SOLD, SEPT. 2025

5.5M+

valued at $11B, Oct. 2025; worldwide.[55]

Source: Company results, 2025 to 2026; Sacra for Ro. Method in appendix.

Exhibit limitations. Revenue and members, not patient outcomes. Ro is private and its figure is a third-party estimate.

Hims & Hers grew revenue 49% year on year in July to September 2026 to $890.4 million, with 2.788 million subscribers and $105 in average monthly revenue per subscriber.[51]

Zocdoc reports 30% annual revenue growth over 3 years and more than 20 million people served.[56] WW's clinical members rose 40% to 174,000, while LifeMD revenue fell 7% in July to September 2026.[52,53]

AIKKA VIEW

Growth shows where patients already buy care directly; it does not show which brands they choose there.

Sources: company filings and releases, 2025 to 2026; Sacra, October 2026.

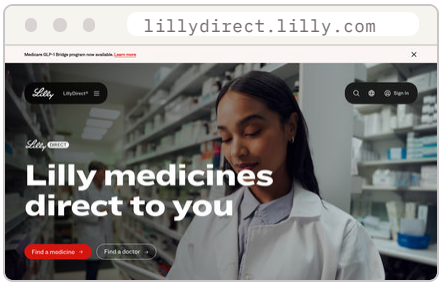
1.10 · MANUFACTURER SITES

5 drugmakers and the US government run sites that connect patients to medicines.

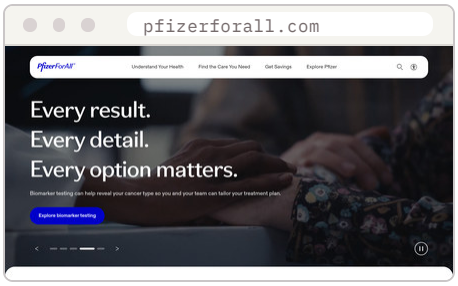
Lilly, Novo Nordisk, Pfizer, AstraZeneca and Bristol Myers Squibb run direct sites that connect patients to telehealth, pharmacy delivery or cash prices. TrumpRx.gov, launched in February 2026, lists manufacturer offers in one place.[5,57,58,59,60]

EXHIBIT 10 **5 drugmakers and 1 US government site connect patients to medicines.**

Each site's main page, as it appeared in Nov. 2026. MEASURED



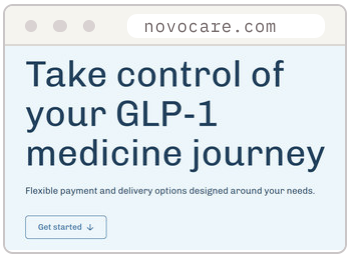
LillyDirect, home page, captured 19 Nov. 2026, with its Medicare notice on GLP-1 medicines. Shown as a market fact, not a recommendation.



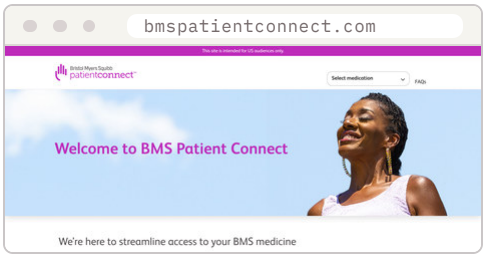
PfizerForAll, captured 18 Nov. 2026.



AstraZeneca Direct, captured 18 Nov. 2026.



NovoCare, home delivery page, captured 18 Nov. 2026.



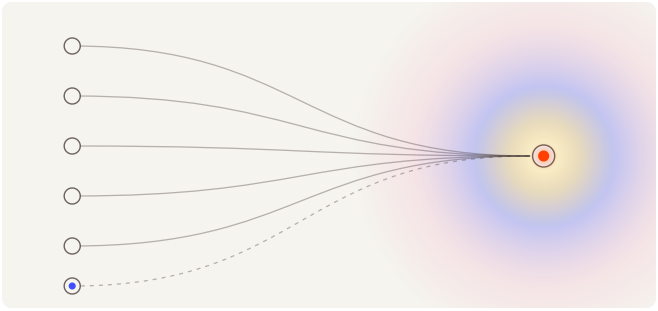
BMS Patient Connect, captured 19 Nov. 2026.



TrumpRx.gov, captured 18 Nov. 2026.

Source: Screenshots by aikka, Nov. 2026. Shown as a market fact, not a recommendation.

Exhibit limitations. Prices and product names as published by the manufacturers or the US government site; shown as market facts, not as a recommendation. A capture shows one page on one date, not the volume of patients served.



AIKKA VIEW

On a direct site, the last step, the order, happens on a page the drugmaker runs. The questions before that step go more and more to AI tools.

Sources: manufacturer releases and sites, 2025 to 2026; White House, February 2026; captures by aikka, 18 and 19 Nov. 2026.

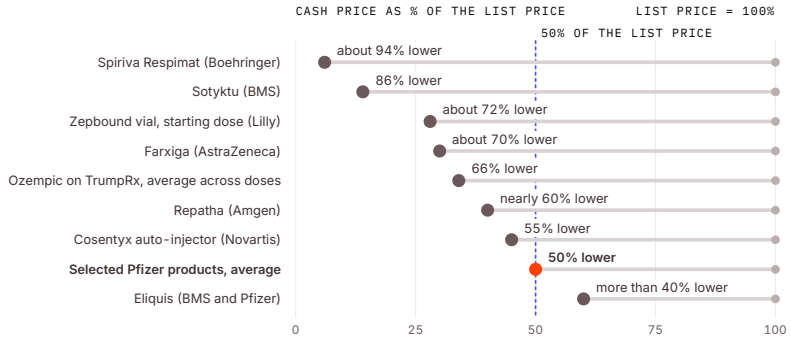
1.11 · MANUFACTURERS

Selected prices paid directly by patients were 40% to 94% below the list price.

Several drugmakers publish direct prices on their own websites. TrumpRx.gov launched in February 2026, and several drugmakers have announced partnerships with online care companies.[60]

EXHIBIT 11 **8 of 9 published cash prices cost at most half the list price.**

Price for a month of treatment when the patient pays directly, compared with the US list price, as published by drugmakers or TrumpRx.gov, 2025 to 2026. MEASURED



Source: Drugmaker releases and TrumpRx.gov, 2025 to 2026. Shown as a market fact, not a recommendation.[61,58,62,57,59,63,60] Method in appendix.

Exhibit limitations. Published examples are not a market range or current offers. Dose, eligibility and terms vary. List prices are not what insurers actually pay. Prices and product names as published by the manufacturers or the US government site; shown as market facts, not as a recommendation.

COUNTER-EVIDENCE

One analysis put the share of US doctors' office revenue paid by patients at 10.3% in 2006 and 7.2% in 2023, when the survey benchmark changed; it does not measure cash payment across all care.[64] The survey base for the 42% is small.

LILLY, APRIL TO JUNE 2025

About 35%

of new Zepbound prescriptions were filled through LillyDirect.[5]

IXLAYER SURVEY, SEPT. 2025

42%

of about 36 drug company staff surveyed said their company runs a direct-to-patient program.[65]

IMPLICATION

Keep price and access pages up to date, and show the list price, the direct price and the cost with insurance.

AIKKA VIEW

With direct sales, a brand must also be found and correctly described where patients ask. The evidence supports this only for brands patients ask for themselves; most specialist medicines are still paid through insurance.

About 35% of new Zepbound prescriptions were filled through LillyDirect from April to June 2025; Lilly announced planned pickup at nearly 4,600 Walmart pharmacies.[5]

On 6 Nov. 2026, Lilly and Hims & Hers announced plans to give eligible patients access to Lilly medicines at the same self-pay prices. The announcement gave no implementation date.[66]

TrumpRx.gov launched with offers on dozens of brand-name medicines and announced more than 600 generics in May 2026.[60,67] In the survey shown at right, a further 30% planned a direct program.[65]

Sources: manufacturer releases, 2025 to 2026; White House, 2026; Fierce Pharma, 2025; Meddkit, 2026.

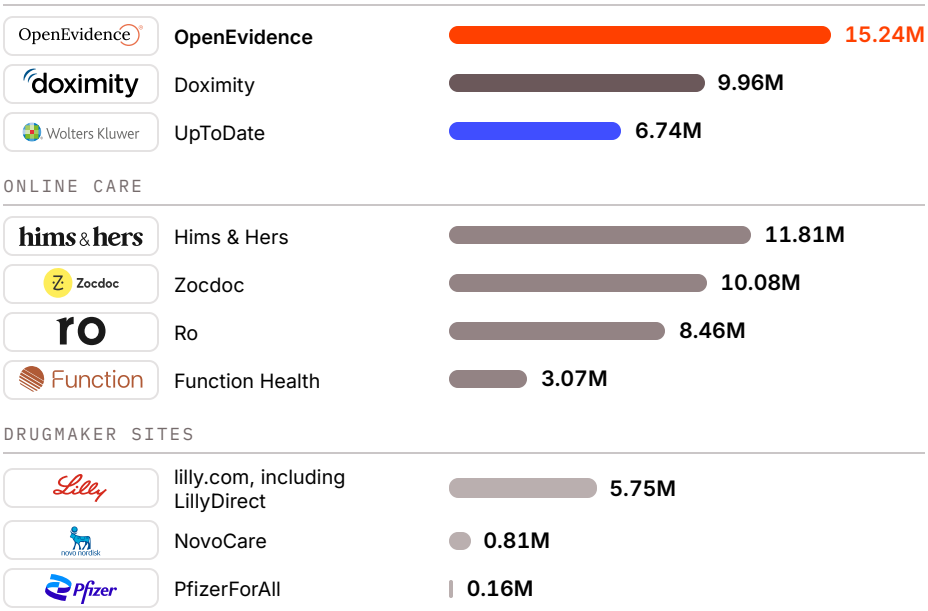
1.12 · DEMAND SIGNALS

OpenEvidence drew an estimated 2.3 times as many visits as UpToDate.

In October 2026, the selected AI tools for doctors and online care sites drew more estimated visits than the drugmaker sites shown. Links clicked in AI tools brought under 1.6% of visits to the sites sampled.[8]

EXHIBIT 12 **AI tools for doctors and online care sites drew the most visits.**

Estimated web visits in Oct. 2026, in millions, worldwide. UpToDate, a medical reference for doctors, is shown for comparison. ESTIMATED



Source: Similarweb estimates, Oct. 2026.[8] Method in appendix.

Exhibit limitations. Does not include use of mobile apps or of tools inside hospital record systems. OpenEvidence separately reported 45 million consultations by verified US doctors and nurses in October 2026, a different measure.[68] The Lilly bar covers all of lilly.com.

Estimated US visits from unpaid search results to openevidence.com rose 507.1% year on year, while uptodate.com fell 29.1%; drugs.com, webmd.com and healthline.com fell 46.0% to 55.9%, and mayoclinic.org rose 4.7%.[69] From September 2025 to September 2026, estimated US searches for compounded semaglutide fell 63.4%, while the 2 LillyDirect spellings rose 156% to 131,000.[69]

Counter-evidence. Across 8,658 US sites in a separate study, estimated visits from unpaid search results fell 13.2% from August 2024 to August 2026; the author names Google ad layouts as one possible contributor.[70] English Wikipedia views of the Semaglutide and Tirzepatide pages fell 51.8% and 53.7% over the year to October 2026.[71,72]

3 HEALTH PUBLISHERS

46% to 56%

lower visits from Google to Drugs.com, WebMD and Healthline in the US, Oct. 2026 against Oct. 2025 (DataForSEO estimate).

ESTIMATED

AFTER A CHATGPT RECOMMENDATION

55.9%

of people visited a brand through a search within 7 days of a ChatGPT recommendation; 8.8% clicked the AI link directly (finance, travel and beauty brands, Similarweb, 2025).[73]

ESTIMATED

IMPLICATION

Measure the rise in searches for the brand name and how often AI tools use the brand's pages as a source, as well as clicks from AI tools. Make price, insurance and safety pages readable by AI tools.

AIKKA VIEW

Counting only clicks from AI tools can miss people who found the brand through AI and searched for it later. Test this for medicines, rather than using figures from other industries.

Sources: Similarweb and DataForSEO estimates, November 2026; Search Engine Land, 2026; Wikimedia; Fierce Healthcare, 2026.

1.13 · AIKKA DATA

AI answers mention a typical top-50 brand 75% of the time and use its website 5%.

In September 2026, aikka asked ChatGPT, Gemini, Claude and Perplexity about the 50 best-selling US drug brands, with questions about a disease that name no drug. For a typical top-50 brand (half of the 50 score higher, half lower), 75% of answers mentioned the brand and 5% used the brand's website as a source. The 4 AI tools often disagree on the same brand.

EXHIBIT 13 **ChatGPT mentioned a typical brand in 88% of answers; Gemini, 62%.**

% of answers that mention the brand, for a typical top-50 US brand, by AI tool. Questions about a disease that name no drug. MEASURED

AIKKA DATA

18 of 49

brands with a difference of 50 points or more between the AI tool that mentions them most and least

75%

of answers mention the brand

5%

of answers use the brand's website as a source

% OF ANSWERS THAT MENTION A TYPICAL TOP-50 BRAND, BY AI TOOL



The middle difference between the highest and the lowest AI tool, across brands, is 38 percentage points. Method in appendix.

Source: aikka, 2,587 AI answers on the 50 best-selling US brands, Sept. 2026. Method in appendix.

Exhibit limitations. Questions about a disease that name no drug only, 8 answers per AI tool per brand, collected over 3 days: one point in time, not a trend.

For a brand team, the main issue is the difference between being mentioned and being used as a source. With the brand's website used as a source in 5% of answers, evidence in guidelines, journals and medical reference sites may shape the answer more than the brand's website.

FROM AIKKA CLIENT WORK · ANONYMIZED

8 GENERAL TEST QUESTIONS

69%

AI visibility score of the brand.

→

CLINICAL CASES FROM HEALTH PROFESSIONALS' REAL QUESTIONS

6.7%

Score of the same brand.

BASE: AIKKA CLIENT WORK, ANONYMIZED, 2026. ONE CLIENT PROJECT, SO THIS IS NOT A BENCHMARK. NUMBER OF CLINICAL CASES NOT PUBLISHED. MEASURED.

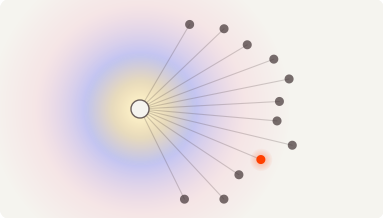
FROM AIKKA CLIENT WORK · ANONYMIZED

In one project, 79% of 61 real questions that health professionals in 3 countries asked medical AI tools named no medicine, so a brand could only be found through the clinical question.

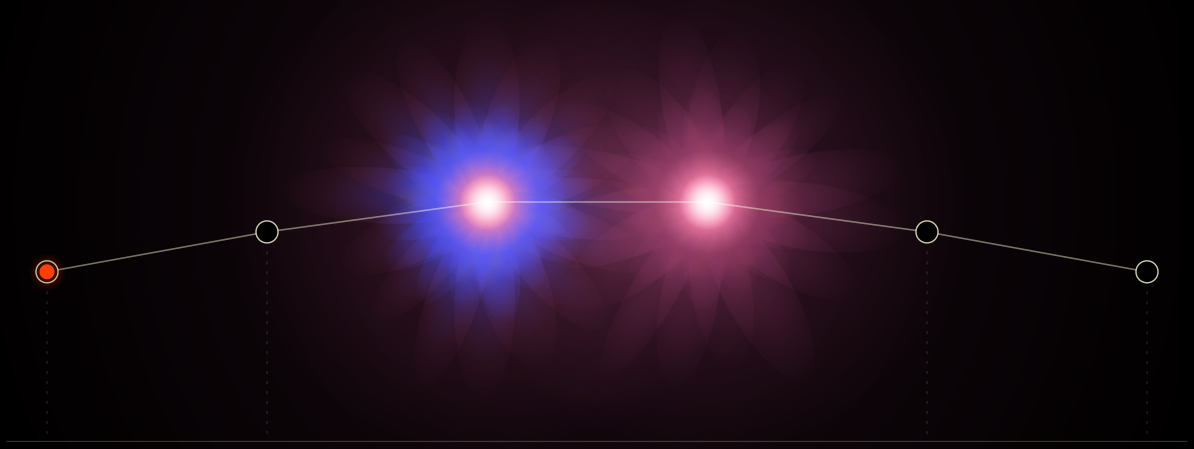
BASE: 61 QUESTIONS FROM HEALTH PROFESSIONALS, ANONYMIZED, LICENSED FROM MEDICAL AI AND DATA PARTNERS, 2026. MEASURED.

AIKKA VIEW

Test a brand with the questions health professionals actually ask, on each AI tool, before relying on a single score.



Source: aikka, Pharma AI-Ready Brands H2 2026, US Top 50, fieldwork 28 to 30 Sept. 2026; aikka field evidence, 2026.



PART 2

AI in the care pathway

AI could do part of the work behind 16% to 22% of US outpatient claims (McKinsey estimate).

AT A GLANCE

19%

of 150 US insurers, care providers and health technology firms surveyed used AI agents in late 2025; 51% were testing them. [74]

75%

of insurance coverage checks ran automatically in a pilot by Epic and Humana. [75]

More than 150

organizations support A2A, an open standard that lets AI agents from different companies exchange requests. [76]

Source: McKinsey, Bain and KLAS, Linux Foundation, 2025 to 2026.

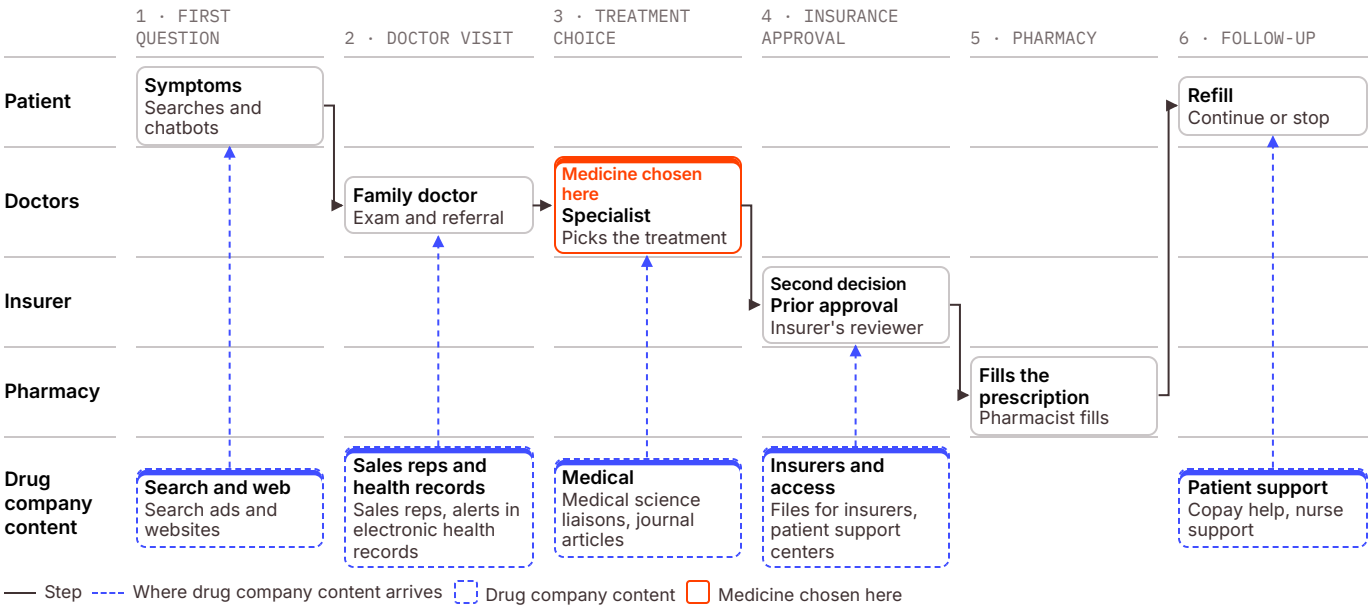
2.1 · PATHWAY IN 2026

In 2026, people make every decision; AI appears at the first question.

In this example, a patient, 2 doctors, an insurance reviewer and a pharmacist make every decision.

EXHIBIT 14 **In 2026, drug company content reaches the patient's path at 5 steps.**

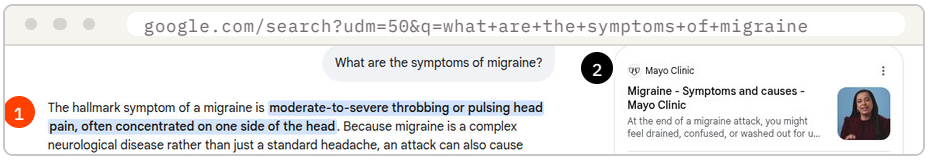
The steps from first question to follow-up for a US specialist medicine, 2026. A simplified example built by aikka. AIKKA VIEW



Source: aikka, based on McKinsey, Stanford AI Index, Pew Research and Rock Health, 2026.[77] Method in appendix.

In this example, each step ends with a human decision. Drug company content reaches each person who decides through people and pages: sales reps and medical science liaisons (the drugmaker's medical experts) for doctors, files for insurers, websites and search ads for patients.[77]

Google's AI summaries appeared for 92% of tested symptom searches and 90% of tested treatment searches.[78] When Google showed an AI summary, 8% of visits to the results page included a click on a regular result, against 15% without a summary.[79]



Google AI Mode, answer to "What are the symptoms of migraine?", logged out, captured on 19 Nov. 2026. 1 The answer appears before any website visit. 2 The list of sources. Shown as a market fact, not a recommendation.

AI SUMMARIES ON GOOGLE

92%

of tested symptom searches on Google showed an AI summary (Stanford AI Index 2026).

Exhibit limitations. A simplified US example for a specialist medicine. In Europe, family doctors decide on referrals, health technology assessment bodies review new medicines, and advertising prescription medicines to patients is banned.

Source: aikka synthesis of McKinsey, Sept. 2026; Stanford AI Index 2026 via AI Adoption; Pew Research data via arXiv, Aug. 2026; Rock Health, Mar. 2026; US. Analysis by aikka.

2.2 · 2027, ESTIMATED

In 2027, AI could help at each step, and people still decide.

The 2027 example builds on tools already used in 2026: health assistants for consumers, AI that writes visit notes, AI search for doctors and AI agents that handle insurance approvals. A person still decides at each step.

EXHIBIT 15 **AI could help at 5 of 6 steps, and a person still decides.**

The same US example as on p. 19, as aikka expects it in 2027. ESTIMATED

1 · FIRST QUESTION	2 · DOCTOR VISIT	3 · TREATMENT CHOICE	4 · INSURANCE APPROVAL	5 · PHARMACY	6 · FOLLOW-UP
The patient's AI assistant summarizes	AI writes the visit note	Doctors' AI lists treatment options	Insurance approval, between AI agents	Pharmacist fills	An AI agent makes support calls

Patient

PATIENT'S AI ASSISTANT
Health assistant for the public
- Summarizes symptoms and options
- Books the visit
- Handles refill calls

More than 230M
people worldwide asked ChatGPT health or wellness questions each week, Jan. 2026 (OpenAI figure) [80]

WHERE DRUG COMPANY CONTENT ARRIVES

- **Sources the AI uses** — Drug labels, journals, approved pages
- **Evidence and labeled ads** — Inside doctors' AI tools
- **Evidence for insurers** — Criteria data for the insurer's AI agent

Doctor

DOCTOR'S AI TOOLS
Note writing and medical AI
- Writes the visit note
- Lists treatment options
- Prepares the insurance approval request

67%
of health professionals in internal medicine at one US health system used AI to write visit notes at least once, Dec. 2024 to May 2025 [81]

A person signs. The doctor signs the prescription, the insurer's reviewer decides on coverage and the pharmacist fills it.

Source: aikka estimate, based on AMA, OpenAI, npj Digital Medicine and JAMA, 2024 to 2026. [4,6] Method in appendix.

Both sides of the visit already use AI. OpenAI reported more than 230 million people globally asking ChatGPT health or wellness questions each week in January 2026. [80] In one integrated health system, 67% of health professionals in community internal medicine practices used AI to write visit notes at least once between December 2024 and May 2025. [81] Physician use is covered on page 7 and clinical questions on page 8.

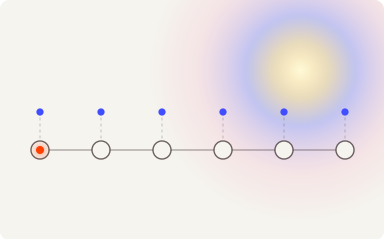


Exhibit limitations. Adoption varies by specialty and country; AI note writing was used by 16% of health professionals in general surgery at the same system's university hospital. The sequence is an aikka estimate.

FROM AIKKA CLIENT WORK · ANONYMIZED

aikka proposal, specialist drugmaker, Europe, 2026, translated from French and paraphrased.

AIKKA VIEW

For a drugmaker's specialist medicines, aikka proposed one AI system for 7 channels, from ads for doctors and email sent with consent to a patient app that sends side-effect reports to the drug safety team. Each channel would follow both US and European rules: in the US, brand content showing benefits and risks in balance; in Europe, disease information for the public and brand content for doctors and pharmacists only.

Source: aikka synthesis of AMA, Mar. 2026; OpenAI, Jan. 2026 (vendor-reported); npj Digital Medicine, Oct. 2026; aikka proposal, 2026; US. Analysis by aikka.

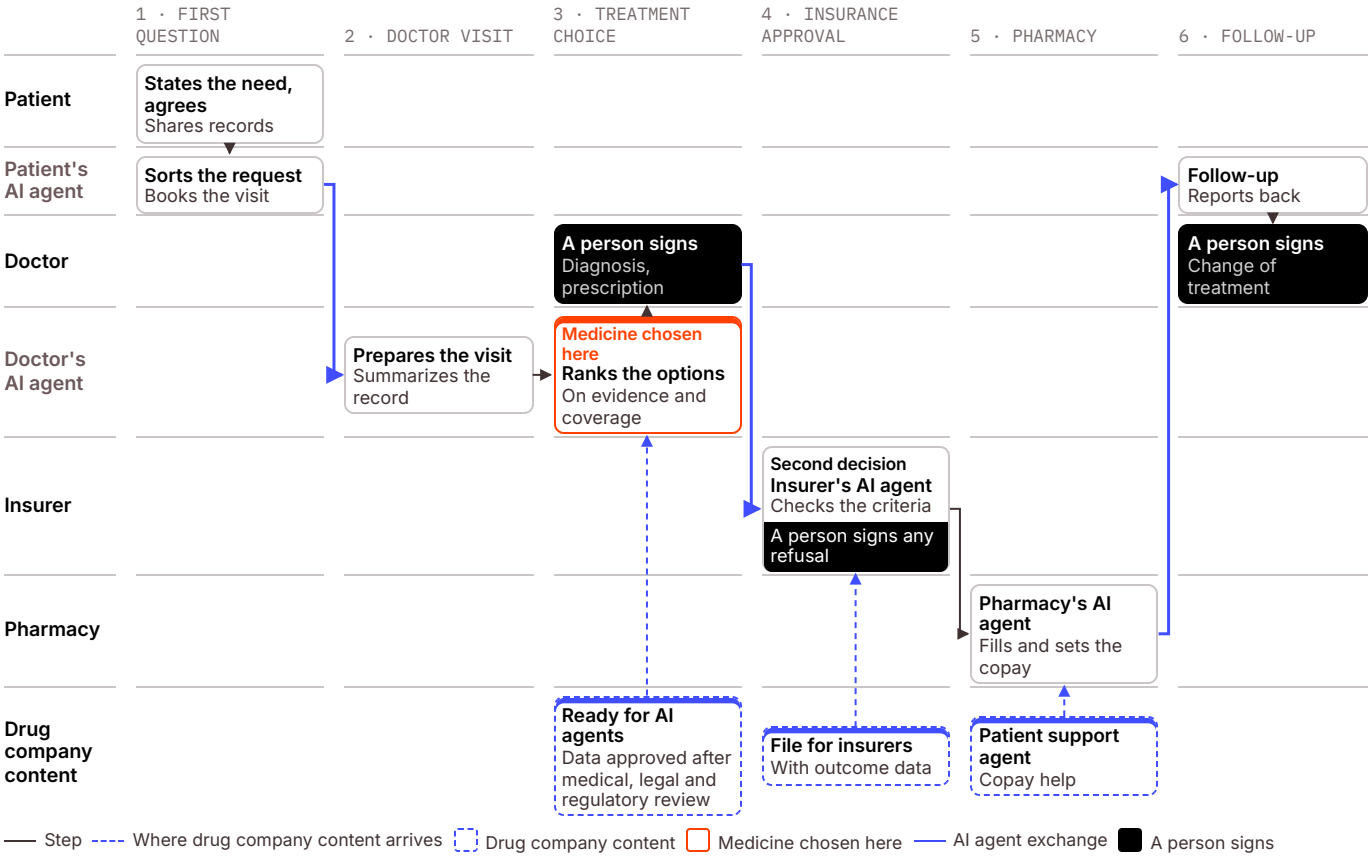
2.3 · 2030, PROSPECTIVE

In 2030, people could still sign 4 decisions.

An aikka view built on published scenarios and 2026 standards. The AI agents of the patient, the doctor, the insurer and the pharmacy exchange data; people sign the diagnosis, the prescription, any refusal of coverage and any change of treatment.

EXHIBIT 16 **In 2030, drug company content could enter at 3 steps, as data.**

The same US example as on p. 19, as aikka sees it in 2030. AIKKA VIEW



Source: aikka view, based on Linux Foundation, McKinsey, Utah Department of Commerce, CMS and OpenAI, 2025 to 2026.[76,77] Method in appendix.

A2A, the standard for exchanges between AI agents, is supported by more than 150 organizations; AP2 is a separate standard for payments.[76] McKinsey estimates that AI could do part of the work behind 16% to 22% of US outpatient claims.[77] Utah announced a pilot for the renewal of some long-term prescriptions.[82] In the Medicare pilot where AI helps with insurance approvals, only licensed doctors and nurses can refuse a request.[83]

OpenAI's shopping rules exclude prescription-only medicines; other AI systems are not bound by this rule.[84]

MORE THAN

150

organizations support A2A (Linux Foundation, Apr. 2026). Measured.

EXHIBIT LIMITATIONS

No published source describes this exact pathway. Timing depends on regulation, liability and interoperability.

Source: aikka view based on Linux Foundation, Apr. 2026; McKinsey, Sept. 2026; Utah Department of Commerce, Jan. 2026; CMS, 2025; OpenAI, Sept. 2026; US. Analysis by aikka.

2.4 · CHOICE POINTS

AI already helps at 2 of the 6 steps: treatment and insurance approval.

A doctor chooses the treatment, and an insurer may decide separately on coverage. Data from a medical AI tool and an insurance approval pilot show where AI can help; neither shows that AI decides the outcome.

EXHIBIT 17 **AI already helps when a medicine is chosen and when it is approved.**

The 2 decision steps of the p. 19 example, latest public figures. Each has its own base, so they cannot be compared. MEASURED

1 First question | 2 Doctor visit | 3 Treatment choice | 4 Insurance approval | 5 Pharmacy | 6 Follow-up

1. CHOICE OF TREATMENT

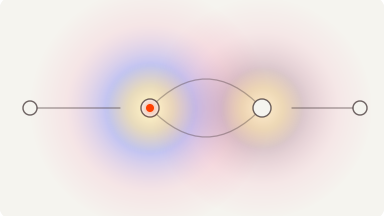
51.9%	of all questions to OpenEvidence concerned a clinical decision [6]
33.1%	of doctors' questions concerned treatment [6]
About two thirds	of health professionals' questions that name a prescription medicine concern a specific clinical decision (IQVIA, France, Germany, UK) [1]

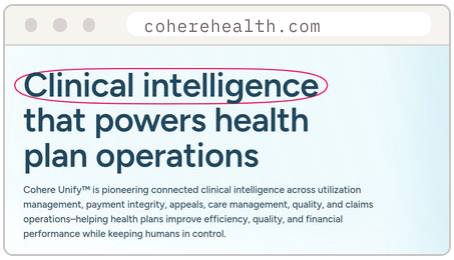
2. INSURANCE APPROVAL

19%	of 150 US insurers, care providers and health service firms used AI agents, fall 2025 (McKinsey) [74]
75%	of insurance coverage checks ran automatically in the Epic and Humana pilot, 2025 (Bain and KLAS) [75]
Up to 90%	of requests can be approved automatically, according to Cohere Health (company claim, not observed) [85]

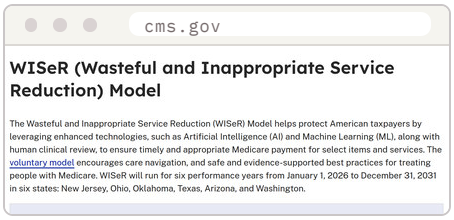
Source: JAMA, IQVIA, McKinsey, Bain and KLAS, Cohere Health, 2025 to 2026. Method in appendix.

Each decision step has a different reader. At the choice of treatment, the doctor asks the question, and 33.1% of doctors' questions in the OpenEvidence sample concerned treatment.[6] At insurance approval, the insurer's system checks the request: Cohere Health reports handling more than 12 million requests a year,[85] and Medicare is testing AI-assisted insurance approval in some US regions from 2026 to 2031.[86]





Cohere Health, home page, captured on 19 Nov. 2026. coherehealth.com. Shown as a market fact, not a recommendation.



CMS, WISeR model page, captured on 19 Nov. 2026. cms.gov

AIKKA VIEW

The 2 decision steps need 2 kinds of content: evidence from guidelines, journals and labels that a medical AI tool can use as a source, and criteria data that an insurer's AI agent can check against the patient's record.

Exhibit limitations. No effect on patient outcomes is shown; 3 authors of the OpenEvidence study worked for the company.

Source: JAMA, Oct. 2026; IQVIA, Nov. 2026; Bain and KLAS, Oct. 2025; Cohere Health, May 2025; CMS, 2025; McKinsey, Apr. 2026. Analysis by aikka.

2.5 · SAFETY AND ADVERTISING LIMITS

In 51.6% of emergency tests, ChatGPT Health underrated the urgency.

A controlled study found gaps in ChatGPT Health's ability to assess urgency. Separately, OpenAI restricts prescription medicine advertising and shopping on its platform.

EXHIBIT 18 **An AI health tool underrated urgency in 51.6% of emergency tests.**

Answers of ChatGPT Health to 64 emergency cases in a research test. "Underrated" means it advised a lower level of care than the emergency required. 1 square = 1 case. MEASURED



Urgency underrated 33 Other answers 31

Source: Mount Sinai, Nature Medicine, Feb. 2026.[87,88] Method in appendix.

Mount Sinai researchers tested 60 cases under 16 conditions, 960 conversations in total. In 51.6% of the 64 emergency answers, the tool advised a lower level of care than needed.[87,88] In an Oxford study of nearly 1,300 people, those who used AI chatbots did not make better decisions than those who used usual methods.[89]

On 9 Sept. 2025, FDA announced thousands of letters and approximately 100 letters ordering companies to stop, after one warning letter in 2023 and none in 2024.[90] Manufacturers received 74 letters in 2025, 69 of them on or after 9 Sept.[91]

EXHIBIT 19 **ChatGPT bans prescription medicine ads and sales; US law allows ads.**

Whether prescription medicines can be advertised or sold to the public, in ChatGPT and under the law, US and EU, 2026. MEASURED

	UNITED STATES	EUROPEAN UNION
OpenAI **Ads in ChatGPT** OpenAI ad policy, prescription medicines[92]	✕ Banned Ad policy	✕ Banned Same policy
OpenAI **Sales in ChatGPT shopping** Prescription-only products[84]	✕ Banned Shopping policy	✕ Banned Same policy
FDA **Ads to the public, under the law** Prescription medicines advertised to the public[93,90]	Allowed, under FDA rules	✕ Banned EU law, Art. 88 of Directive 2001/83/EC; other countries not checked

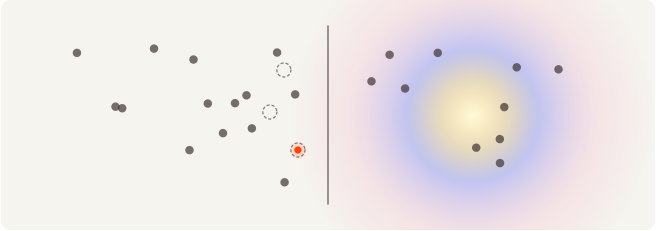
Source: OpenAI policies, FDA rules and EU Directive 2001/83/EC, 2026.[92,84,93,90]

Exhibit limitations. Findings are specific to the tests and policies shown; other platforms and countries were not assessed.

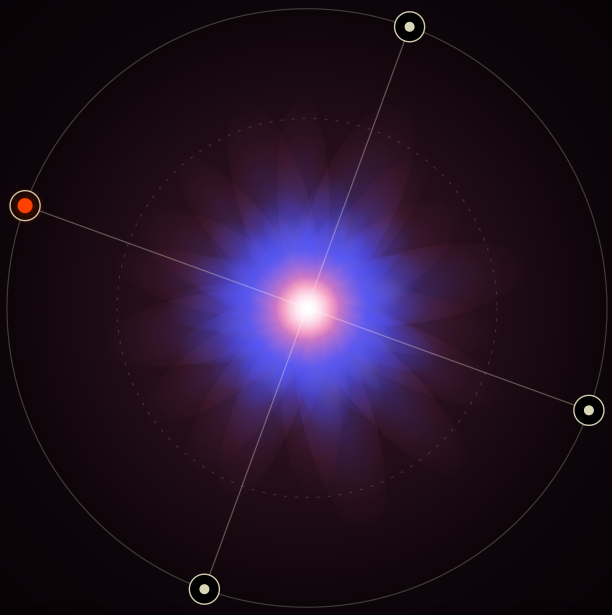
FROM AIKKA CLIENT WORK · ANONYMIZED

Workshop with regional sales and medical teams of a large drugmaker, 2026, paraphrased.

In a workshop on AI-written content, the emails to doctors looked correct, but each had small errors of audience, goal or tone. Each error came from information missing in the instructions given to the AI.



Sources: Mount Sinai, Medical Economics; Oxford; OpenAI; Directive 2001/83/EC; FDA; 2025 to 2026. Analysis by aikka.



PART 3

Commercial team economics

Outside pharma, AI helped support staff solve 15.2% more issues an hour.

AT A GLANCE

45%

of US health professionals were open to sales rep visits in 2024, down from 60% in 2023. [94]

$150K to $275K

estimated yearly cost to a drugmaker of one outsourced sales rep, depending on the work (one US supplier, 2026). [95]

59% to 46%

of health professionals open to visits had more than 12 sales rep visits a year, 2019 to 2024. [96]

Source: Veeva, Promoveo Health, ZS and QJE, 2025 to 2026.

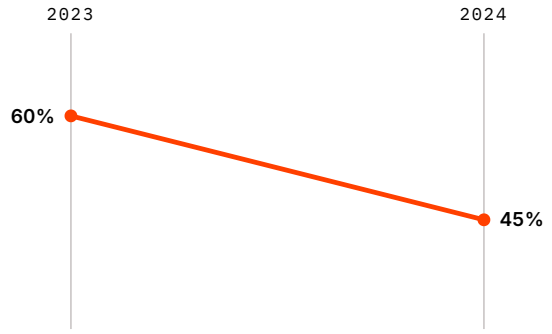
3.1 · FIELD TEAM COSTS AND ACCESS

Fewer US health professionals were open to sales rep visits: 60% in 2023, 45% in 2024.

Veeva describes the fall as a return to the levels seen before the pandemic.[94] A US company that provides sales reps estimates that a drugmaker pays $150,000 to $275,000 a year for each rep, depending on the work.[95]

EXHIBIT 20 **US health professionals open to rep visits fell from 60% to 45%.**

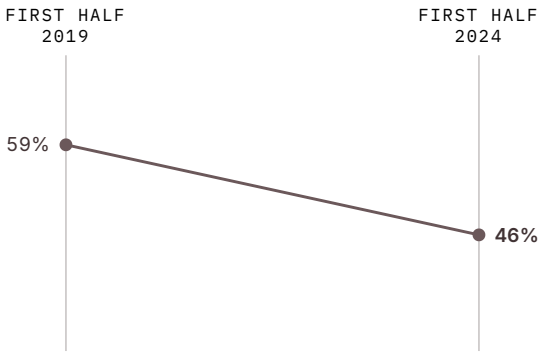
Share of US health professionals who accept drug company sales rep visits, from Veeva's software data. MEASURED



Source: Veeva Pulse report, data for 2023 and 2024.[94] Method in appendix.

EXHIBIT 21 **Health professionals with frequent rep visits fell from 59% to 46%.**

Among health professionals open to visits, the share who had more than 12 sales rep visits a year, first half of 2019 and first half of 2024. MEASURED

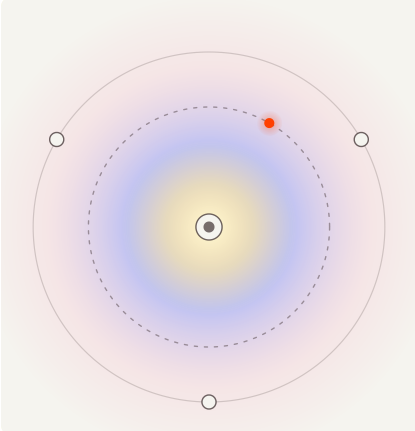


Source: ZS commercialization report, 2025.[96] Method in appendix.

Exhibit limitations. Not shown: access in 2026, the reach of one brand, or the effect of fewer visits on sales.

Access varies by measure

ZS found the share of health professionals open to visits stable at 50% to 52% from 2019 to 2024, while frequent visits fell.[96] The 2 charts come from different data, so they do not show one trend.



FROM AIKKA CLIENT WORK · ANONYMIZED

The sales rep visits only when the doctor asks; digital tools give the doctor a reason to ask.

Commercial team, European drugmaker, 2024. Translated from French and paraphrased. Idea stage, not implemented.

MEETING NOTES, 2024, PARAPHRASED

OUTSOURCED SALES REP, COST

$150K to $275K

a year for each US rep, paid by the drugmaker, according to one supplier. ESTIMATED

In IQVIA's 2025 survey, health professionals in the US, France, Germany, Italy, Spain and the UK still gave 40% of their preferred contacts to one-to-one meetings in person.[97]

Sources: Veeva, Promoveo Health, ZS and IQVIA, 2025 to 2026.

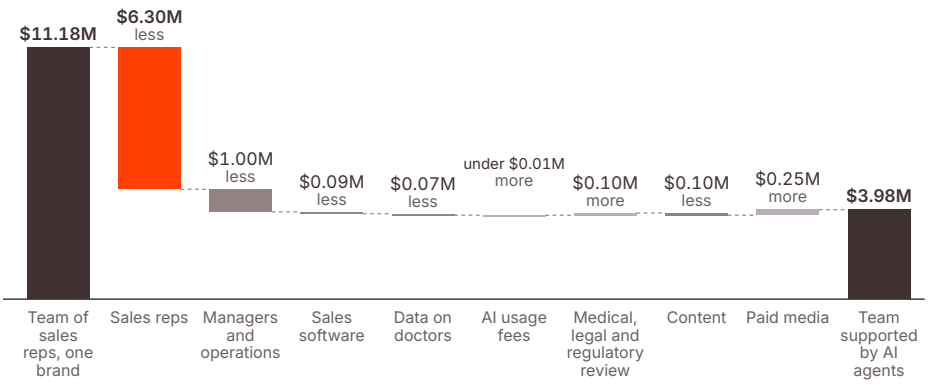
3.2 · ESTIMATED ANNUAL MANUFACTURER COST

Estimated yearly cost per brand: $11.18M with sales reps, $3.98M with AI agents.

aikka estimated the cost of 2 ways to promote a US specialty brand: a team of sales reps for one brand, or a smaller team supported by AI agents and shared by 4 brands. In our main case the second costs 64.4% less; in the least favorable case, 2.6% less.[95,98,99]

EXHIBIT 22 **Fewer sales reps explain 87.5% of the estimated cost difference.**

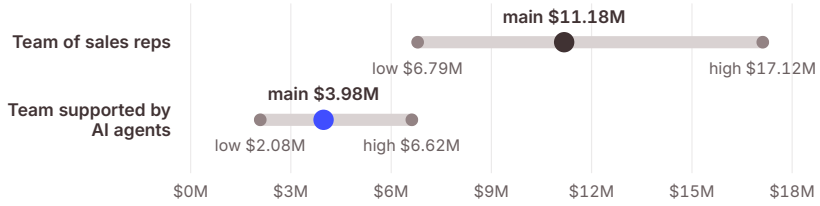
Estimated yearly cost per brand in our main case, in $ million, from a team of sales reps for one brand to a team supported by AI agents shared by 4 brands. US. ESTIMATED



Source: aikka estimate from a supplier quote, filings and OpenAI prices, 2026.[95,98,99] Method in appendix.

EXHIBIT 23 **Estimated cost is 64.4% lower in the main case and 2.6% at worst.**

Estimated yearly cost per brand, in $ million: low, main and high cases. US. ESTIMATED



Even the highest estimate for the AI team ($6.62M) is $0.17M below the lowest for the sales rep team ($6.79M). Main case 64.4% lower; at worst, 2.6% lower.

Source: aikka estimate, 2026.[95,98,99] Method in appendix.

DIFFERENCE, MAIN CASE

64.4%

$7.20M a year. ESTIMATED

IMPLICATION

Test the least favorable case first. Small setup costs or lost sales could cancel a $175,000 advantage.

The sales rep case puts 32, 40 or 48 reps on one brand, at $165,000, $210,000 or $260,000 per rep, all costs included.[95,98] The shared case keeps 6, 10 or 14 staff per brand for key accounts and splits the team, software, data and AI fees across 4 brands; each brand pays its own media, content, review and drug safety.[99] Of 8,000 target health professionals, the sales rep team reaches an estimated 3,060 and the shared team 2,920.[94,100]

EXHIBIT LIMITATIONS

Not shown: sales, whether both teams sell equally well, or the cost of the change. Existing market access and drug safety teams are assumed; setup, separation, unused overhead and launch costs are excluded. Supplier quotes and AI prices are inputs; every result is an estimate.

Source: aikka estimate, Nov. 2026, from Promoveo Health, Verrica, OpenAI and Veeva figures.

3.3 · HUMAN RESPONSIBILITIES AND EVIDENCE LIMITS

AI raised support output by 15.2%; no study yet in pharma.

A study of 5,172 customer support staff found that AI helped them solve 15.2% more issues an hour, with no gain for staff in the job for more than a year.[101] It did not measure results in pharma.

EXHIBIT 24 **Outside pharma, AI raised results in 1 study and lowered them in 2.**

Effect of AI help on work in 3 real workplaces, compared with people working without AI.

MEASURED

CUSTOMER SUPPORT · QJE, 2025

15.2%

more issues solved per hour

5,172 staff at 1 company[101]

CONSULTING · BCG STUDY, 2026

19 points

fewer correct answers on a task AI does badly

758 consultants[102]

BCG

SOFTWARE · METR, 2025

19%

more time to finish a task with AI

16 developers, 246 tasks[103]

METR

Source: QJE, 2025; Organization Science, 2026; METR, 2025. Method in appendix.

EXHIBIT 25 **AI agents prepare 3 kinds of task; people decide 3, safety included.**

How work could be split in a sales team built around AI agents. AIKKA VIEW

AI AGENTS PREPARE

- **Find approved materials** From the library of approved claims
- **Draft** Emails, visit notes, answers to send on
- **Pass on special cases** Uses not approved, safety reports and complaints go to a person

HAND-OFF TO A PERSON

PEOPLE DECIDE

- **Approval by medical, legal and regulatory review** Each piece approved before use
- **Assessment of safety cases** In the US, serious and unexpected cases reported within 15 days[104]
- **Relationships with key accounts** Hospitals, insurers, leading specialists

Source: aikka view; US safety reporting rule (21 CFR 314.80).

IMPLICATION

Test on similar groups of accounts, and keep one group without the change. Before cutting sales reps, track reach in priority accounts, the review team's workload, how safety reports are handled, and profit.

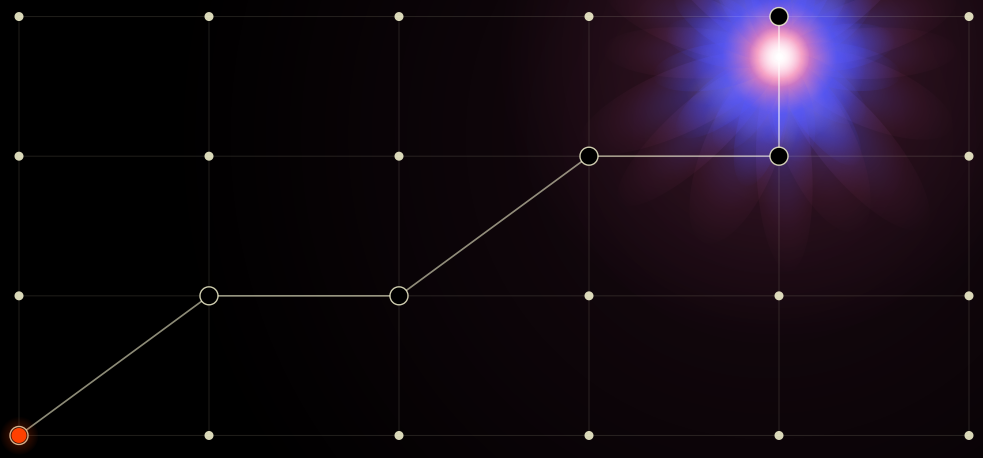
EXHIBIT LIMITATIONS

Not shown: whether the reach is as good, the effect on prescribing, or profit in pharma. The 3 studies use different tasks, measures and AI tools.

EMA guidance asks drugmakers to check digital media regularly for safety reports, under their own responsibility.[105] Before any AI agent goes live in sales, set who approves, who owns drug safety and who covers key accounts.

Company results show use, not effect. Salesforce reported more than 60 meetings a week after it launched an AI sales agent, with no figure from before.[106] Klarna reported 2.3 million AI conversations in the first month, then hired support staff again.[107,108] Neither case shows that a digital contact replaces a sales rep visit.

Sources: 3 studies, US and EU safety rules, and company reports, 2024 to 2026.



PART 4

Brand fit and operating model

IQVIA reports that early AI agents cut visit preparation and follow-up time by 27%.

AT A GLANCE

6

types of brand that aikka scored for a first pilot, on a scale of 0 to 3 (aikka's view).

80%

of the top 20 drugmakers bought ads in Doximity's AI search (Doximity figure).[109]

$2.2M to $21M

raised per round by selected AI start-ups that help drugmakers sell, May 2025 to May 2026.

Source: IQVIA, Doximity and company announcements, 2025 to 2026.

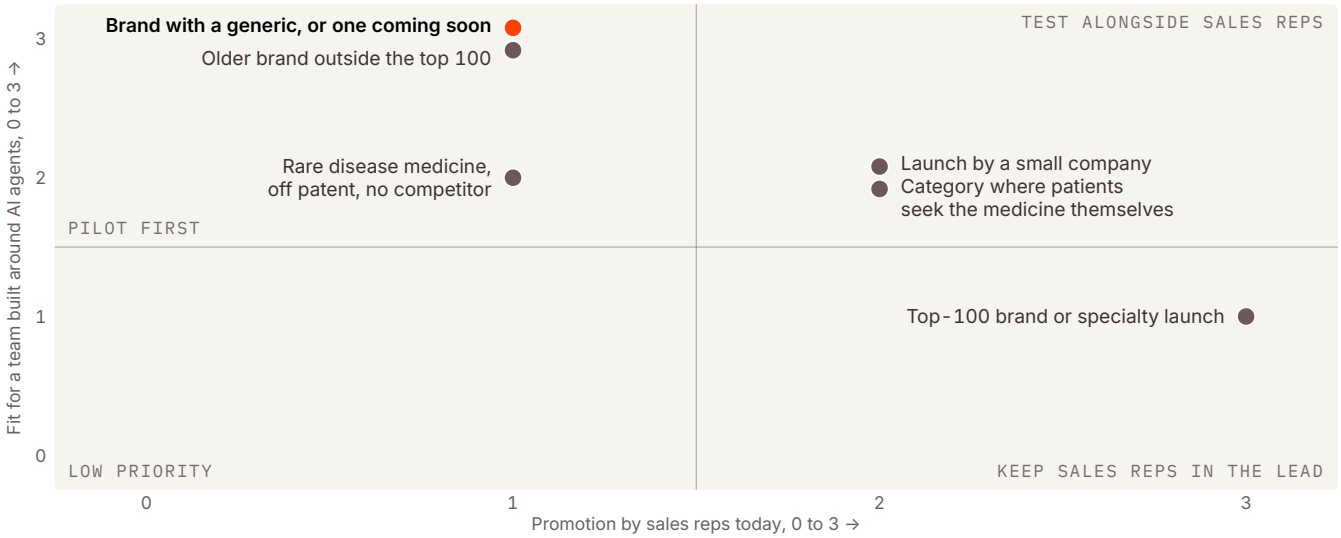
4.1 · BRAND FIT

After a generic arrives, spending on sales rep visits falls to 57% of its prior level.

An Erasmus University study of 72 US brands found that spending on sales rep visits fell after a generic arrived.[11]

EXHIBIT 26 **aikka sees brands facing generics as the best first pilots.**

aikka's 0 to 3 score for 6 types of brand: fit for a team built around AI agents, and promotion by sales reps today. AIKKA VIEW

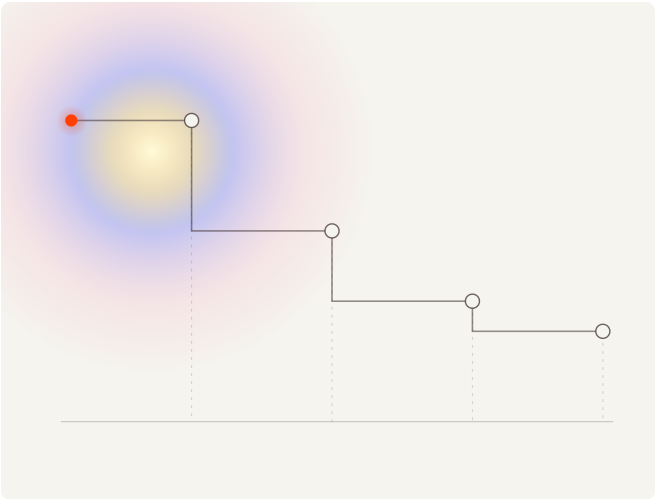


Source: aikka view, based on Erasmus University, IESE, IQVIA Institute and Novo Nordisk figures.[11,110,111,112] Method in appendix.

In the US study, spending on sales rep visits fell to 57% of its prior level on average; 20 of 72 brands cut it by 90% or more; and the estimated monthly sales per dollar spent on visits rose from $1.20 to $3.20.[11,110] IQVIA reports €100 million of extra sales over 4 years for 15 older brands whose promotion had stopped, then was outsourced.[15]

We found no public study of results for a program run only by digital tools or AI agents for these brands. IQVIA reports pilots that still used people: 10 remote sales reps in one case, 9 office-based reps in another.[113]

Exhibit limitations. Not shown: measured outcomes.



AIKKA VIEW

Older brands fit first: a brand facing a generic can be compared with its own expected decline.

Sources: Erasmus University, IESE, IQVIA and Novo Nordisk, 2018 to 2026. Return figures are the study authors' estimates.

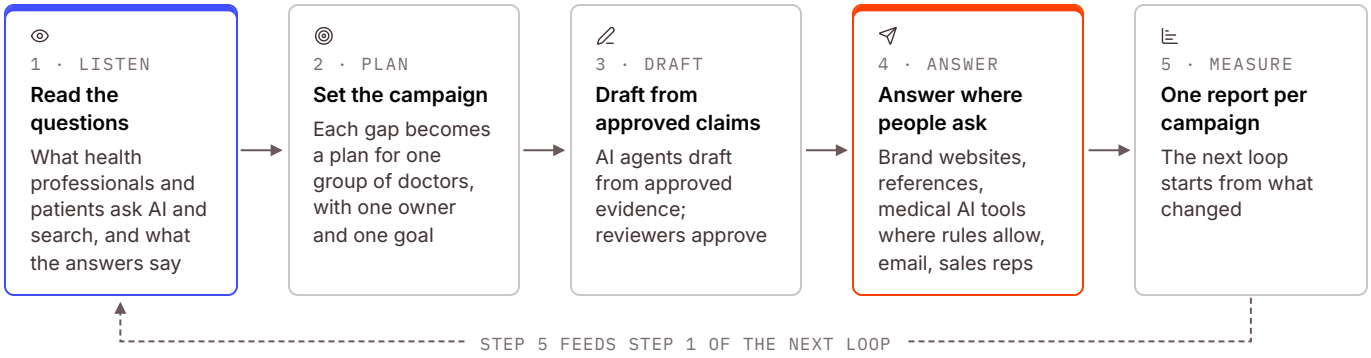
4.2 · OPERATING MODEL

In an AI agent team, the agents prepare and people decide.

In this proposed model, a small team runs several brands. Sales decisions, content approval and safety reports each have a named owner; the drugmaker keeps the legal responsibility.

EXHIBIT 27 **A shared team works in a loop of 5 steps, each with one result.**

How a team shared by several brands could work (aikka's view). AIKKA VIEW



Source: aikka view.

EXHIBIT 28 **Each of 5 key decisions has one owner, one meeting and one measure.**

Who decides what in a team built around AI agents (aikka's view). AIKKA VIEW

DECISION	OWNER	MEETING	MEASURE
Campaign goal and group of doctors	Brand lead	Monthly review	Reach among priority doctors
Approval of claims and content	Medical, legal, regulatory reviewers	Review committee	Time from brief to approval
Changes of channel and order	Campaign owner, on an AI agent's proposal	Weekly review	Share of AI suggestions accepted
Safety reports in AI conversations	Drug safety team	For each case	Time to report
Moving budget between brands	Head of the brand portfolio	Quarterly review	Cost per doctor engaged

Source: aikka view.

AIKKA VIEW

aikka builds this model for drugmakers. PharmaGEO, our first product, covers step 1: what health professionals and patients ask AI about a medicine, and what the AI answers.

FROM AIKKA CLIENT WORK · ANONYMIZED

01
SITUATION
Each department ran its own AI pilots.

02
RECOMMENDATION
One committee accepts, ranks and funds AI uses, with compliance checks matched to the risk.

03
RHYTHM
Set checks before a pilot grows; weekly, monthly and quarterly reviews.

AIKKA RECOMMENDATION TO A COUNTRY AFFILIATE OF A LARGE DRUGMAKER, 2025

Source: aikka operating model, Nov. 2026. The whole page is aikka's view.

4.3 · MEETING QUOTES

aikka's proposed model: AI agents draft the next step, brand teams approve it.

In 2026 meetings with a large drugmaker, aikka described a model where AI agents watch for changes and draft the next step, and the brand team approves it. The same meetings raised what the brand team then needs to learn.

EXHIBIT 29 **aikka's view: AI agents draft the next step, brand teams decide.**

What aikka said in meetings with a client, 2026. Client not named. AIKKA VIEW

FROM AIKKA CLIENT WORK · ANONYMIZED

"My ideal vision is that the marketer receive an email saying, hey, new signal, this is what happened, already started to draft a brief for the agency [...]."

aikka team, client meeting, 2026

The alert comes with a draft; a person decides.

MEETING TRANSCRIPT, 2026, EXACT WORDS

FROM AIKKA CLIENT WORK · ANONYMIZED

"So they need to also rely, I think, a bit less on agencies and they have a new role of understanding a bit more technical matters."

aikka team, client meeting, 2026

Less reliance on agencies, more technical skills in the brand team.

MEETING TRANSCRIPT, 2026, EXACT WORDS

FROM AIKKA CLIENT WORK · ANONYMIZED

Pilots are there to find problems and raise the questions; 1 or 2 small pilots work better than planning every use in advance.

aikka team, client meeting, 2026

Small pilots raise questions on rules and roles faster than planning.

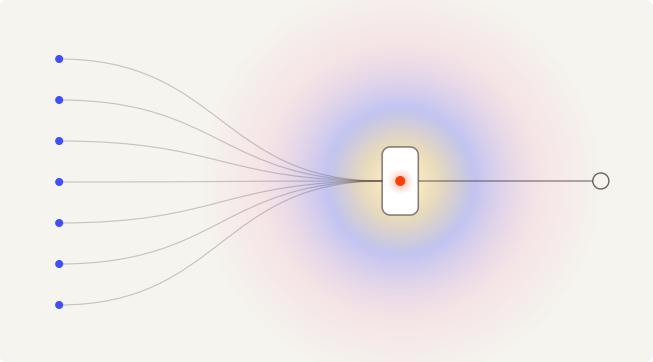
MEETING NOTES, 2026, IN OUR WORDS

Source: aikka meeting transcript and notes, 2026; client not named.

Companies often plan too little for the change of role. If AI agents draft the briefs, the brand team spends less time ordering work and more time checking it: reading the change, checking the evidence and approving the claim. The table of decisions on the previous page sets who signs each step.

AIKKA VIEW

Start with 1 or 2 small pilots and note every question on rules and roles they raise before going further.



Source: aikka meeting transcript and notes, 2026; client not named. These are aikka's statements, not the client's.

4.4 · MARKET ENTRANTS

Established companies launched AI products; new AI start-ups raised money.

Established companies announced or released AI products in 2025 and 2026. New start-ups built around AI raised money for AI agents in patient care, access to treatment and sales teams.

EXHIBIT 30 **In 3 of 5 groups of companies, results come from the vendors alone.**

Selected companies by group, and where the public figures on their results come from, 2025 to 2026. MEASURED



Source: company filings, announcements and reports, 2025 to 2026.

IQVIA reports that its first AI agents for sales teams saved 27% of the time spent preparing and following up visits.[114] Veeva released AI agents in its sales and content approval software in December 2025 and bought Ostro for about $100 million in cash and grants.[115,116] EVERSANA described a planned agency as 80% run by AI and automation.[117]

IMPLICATION

These cases show single uses of AI, with no results yet for a whole brand team.

INDEGENE GROWTH, IN RUPEES

39.5%

Q2 FY27, year on year; 27.5% in US dollars. Measured.[118]

OPTIMIZERX REVENUE KEPT FROM EXISTING CLIENTS

83%

from July to September 2026, against 121% a year earlier; total revenue 17% lower. Measured.[119]

Sources: company announcements, filings and press, 2025 and 2026. A selection, not a full list; most results are the companies' own, not audited.

4.5 · FUNDING

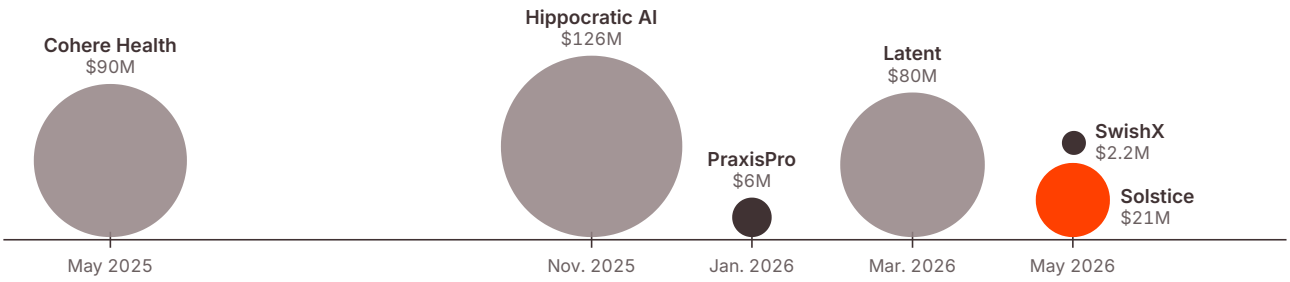
New AI start-ups that help drugmakers reach doctors raised $2.2M to $21M per round.

The largest rounds in our selection went to AI agents for patient care and access to treatment. Tools that train and inform sales teams raised smaller rounds.

EXHIBIT 31 **The largest care start-up round was 6 times the largest sales one.**

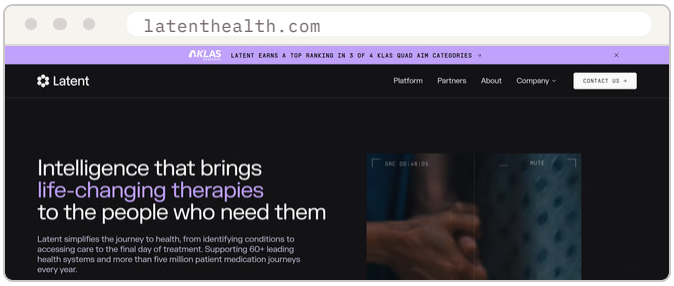
Money raised in one round by 6 AI start-ups, in $ million, May 2025 to May 2026, as announced. Circle size matches the amount.

MEASURED

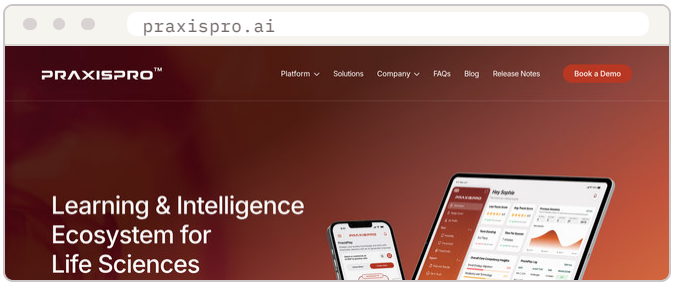


Solstice and SwishX both announced in May 2026; shown one above the other

Source: company announcements and press, May 2025 to May 2026.[120,85,121,122,123,124,125] Full list in Sources. Method in appendix.



Latent Health homepage, captured 19 Nov. 2026. Shown as a market fact, not a recommendation.

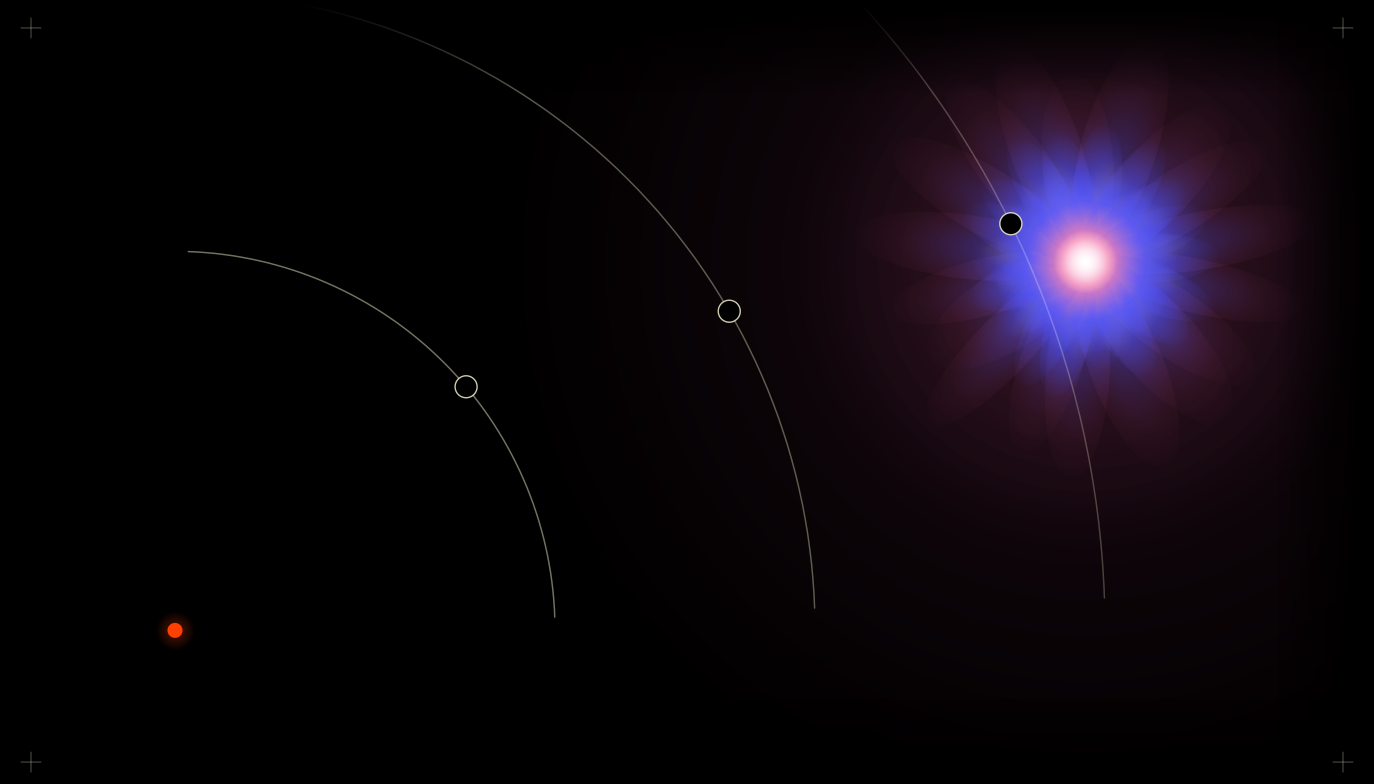


PraxisPro homepage: AI training and information for life sciences sales teams, captured 19 Nov. 2026. Shown as a market fact, not a recommendation.

Doximity reported that 80% of the top 20 drugmakers bought ads in its AI search.[109] Outside pharma, service companies built around AI raised more than $841 million in 15 rounds in 2026.[125]

> AIKKA VIEW
>
> We see a case for testing one partner that runs content, channels and access together, with named people responsible for each decision.

Sources: company announcements, filings and press, 2025 and 2026. A selection, not a full list; most results are the companies' own, not audited.



PART 5

Action plan

In a model aikka proposed, results are measured at 4 levels over 12 months.

AT A GLANCE

3

example types of company: large, mid-size and emerging (aikka's view).

9

actions on one 12-month plan.

Month 1

large companies start testing a team supported by AI agents.

Source: aikka view, Nov. 2026.

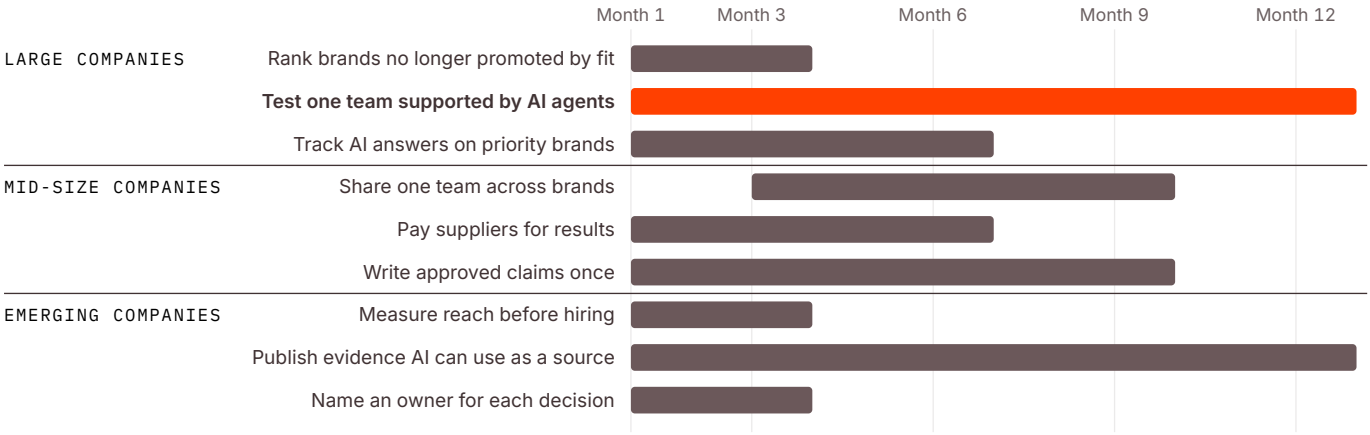
5.1 · 3 ACTIONS PER COMPANY TYPE, 12 MONTHS

Action plan

What we recommend for 3 example types of company.

EXHIBIT 32 **9 actions for 3 types of company; large ones start with a test.**

Proposed 12-month plan by type of company, in months from the start. AIKKA VIEW



Source: aikka view.

FROM AIKKA CLIENT WORK · ANONYMIZED

aikka proposal, rare disease program, 2026. AIKKA VIEW

In a model aikka proposed for a rare disease program, results are measured at 4 levels against regions or centers chosen before the start: AI visibility, doctor engagement, patients referred to expert centers, and new patients treated over 12 months. There is no payment per prescription and no payment to doctors.

PROPOSAL, 2026; 4 LEVELS; 12 MONTHS

EXHIBIT 33 **A launch team with few sales reps learned 4 points about AI answers.**

aikka training for a brand team, 2026. Client not named. AIKKA VIEW

FROM AIKKA CLIENT WORK · ANONYMIZED

When a launch has few sales reps, training starts with AI tools.

Before the launch of a medicine with few sales reps, aikka trained a brand team, with global and US colleagues, on GEO, being visible and accurate in AI answers. The training covered 4 points:

1. How answers mix what the AI already knows with live web search
2. Why content behind a login, sales rep materials and ads do not reach AI answers
3. Journals and congress videos that AI answers use as sources
4. Medical AI tools as a new kind of media, each with its own ad rules

Brand team, a large drugmaker, 2026

TRAINING PREPARATION NOTES, 2026, IN OUR WORDS

Source: aikka training preparation notes, 2026; client not named.

Source: aikka view, Nov. 2026. The whole page is an aikka recommendation; the types of company describe no real company.

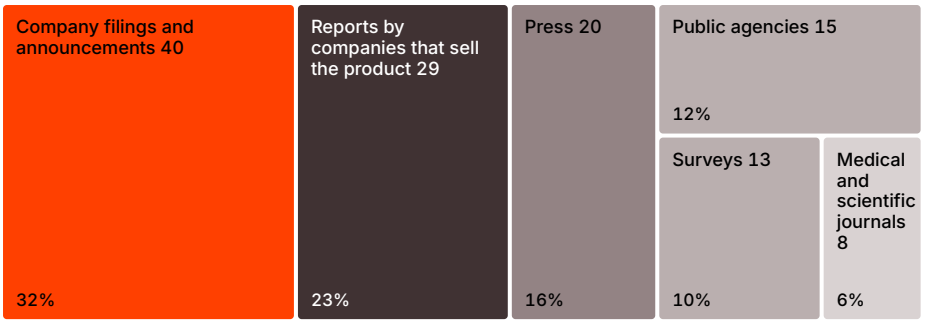
METHODOLOGY

Methodology

Every figure in this report has a numbered source with a public link, or is an aikka estimate whose assumptions are on the same page.

EXHIBIT 34 **55% of this report's sources are company filings and reports.**

The 125 sources of this report, by type. Journals are reviewed by other scientists before publication. MEASURED



Source: aikka list of the sources of this report.

Scope

Prescription medicines, US and Europe, evidence to November 2026. Part 1 is measured, Part 2 forward-looking and Part 3 an aikka cost estimate for 4 US specialty brands; Parts 4 and 5 give the aikka view and actions.

Limits

- **Results reported by companies** are marked where they appear; they name no client and have no comparison group.
- **Some surveys do not state their base**, or use online panels with more digitally active people.
- **Estimates are not forecasts.** They show a range under stated assumptions.
- **Evidence as of November 2026.** Prices, policies and usage change quickly.
- **Web visit figures are panel estimates** from Similarweb and DataForSEO; they leave out app use and most hospital software.

Field evidence and images

Field items come from aikka's 2024 to 2026 work with pharma brand and medical teams: meeting notes, audits and program designs. They are anonymized, paraphrased unless in quotation marks, and carry no client name or logo.

Company names and logos are trademarks of their owners, shown for identification only. Their use implies no endorsement. Illustrations: drawn by aikka from its brand system. Screenshots: captured by aikka on the dates shown.

HOW TO READ THE 3 LABELS

PUBLISHED DATA

MEASURED

From a survey, filing, register or reviewed study, with its source and the group measured.

STATED ASSUMPTIONS

ESTIMATED

An estimate by aikka or another firm. The assumptions are on the same page.

INTERPRETATION

AIKKA VIEW

Our reading of the evidence, shown apart from measured data.

CONFIDENTIALITY

aikka client data appear only without client names. Brands appear only as market facts; nothing here promotes a medicine.

AUTHORS

Thomas Douglas, CEO, aikka, and the aikka research team. Comments and corrections: contact@aikka.ai

Source: aikka.

METHODOLOGY

Method notes for the exhibits

Bases, periods and calculations behind the exhibits, one line per exhibit. Exhibits not listed here state their full base on the page.

Exhibit 1. Hariharan, Landsman and Stremersch, Erasmus University: 72 US brands, IQVIA data 2003 to 2020; the 24% figure comes from a group of 3,668 doctors. Of the 72 brands, 20 (27.8%) cut spending on sales rep visits by 90% to 100%, including 4 (5.6%) that stopped; 12 (16.7%) increased it.

Exhibit 2. IQVIA and Inizio annual results, 2025; EVERSANA point of view, first quarter of 2025; ARS Pharmaceuticals release, 2 May 2025; IQVIA blog, Sept. 2025; Cheplapharm 2025 results release; Moody's credit opinion, 15 Dec. 2025; worldwide.

Exhibit 3. AMA, 2026 Physician Survey on Augmented Intelligence, published March 2026, fieldwork 15 Jan. to 2 Feb. 2026. US doctors surveyed: 1,081 in 2023, 1,183 in 2024 and 1,342 in 2026; no survey in 2025. The question wording changed between surveys. The AMA's headline 81% for 2026 includes the 9% of doctors unsure which uses their practice offers; the comparable figure is 72%.

Exhibit 4. Patel et al., JAMA, 15 Oct. 2026: 271 million questions from 952,008 verified US clinicians, Jan. 2024 to June 2026; question types classified on a sample of 38.8 million questions drawn to represent the whole. The left panel covers all classified questions, the right panel questions from doctors only; the two bases cannot be added.

Exhibit 5. Doximity earnings call, 5 Nov. 2026; Medscape AI, Medscape Global, 2026; OpenEvidence advertising policy, updated 12 Aug. 2024; UpToDate editorial process, Wolters Kluwer, 2026; Fortune on Abridge, 11 June 2026.

Exhibit 6. Rock Health, 2025 Consumer Adoption Survey, published 23 Mar. 2026: 8,000 US adults, surveyed 1 to 23 Dec. 2025. Generations as named by Rock Health; the report gives no birth years.

Exhibits 7 and 10. Screenshots captured by aikka on 18 and 19 Nov. 2026; Zocdoc from an Internet Archive copy of 13 Nov. 2026.

Exhibit 8. Company websites and filings, captured 18 Nov. 2026; US; grouping by aikka.

Exhibit 9. Hims & Hers, WW, LifeMD and Oura filings and releases, 2025 to 2026; Sacra estimate for Ro. The area covered varies by company (Oura: worldwide).

Exhibit 11. Boehringer Ingelheim and Novartis (pharmaphorum, 30 Sept. 2025), AstraZeneca and BMS (Fierce Pharma, Sept. 2025), Amgen (CNBC, 7 Oct. 2025), Pfizer (5 Feb. 2026) and BMS (17 July 2025); CNBC on Zepbound vials, 1 Dec. 2025; the White House on TrumpRx, 5 Feb. 2026; US. Discounts for Spiriva, Zepbound and Ozempic calculated by aikka from published cash and list prices.

Exhibit 12. Similarweb panel estimates, extracted 18 Nov. 2026: worldwide visits from computers and phones, Oct. 2026, for the 30 sites checked. The US share of visits ranges from 54.3% to 97.1% by site. "2.3 times" = 15.24 million / 6.74 million visits.

Exhibit 13. aikka study of the 50 best-selling US brands: 2,587 answers from 4 AI tools, collected 28 to 30 Sept. 2026, US; 8 disease questions per AI tool and brand; 49 brands answered by all 4 AI tools. Differences between AI tools recalculated by aikka from the results of each brand.

Exhibit 14. aikka summary of McKinsey (Sept. 2026), Stanford AI Index 2026 (via AI Adoption), Pew Research data (via arXiv, Aug. 2026) and Rock Health (Mar. 2026); US. The p. 19 figures on Google AI summaries (92% and 90%) do not state where the searches were tested.

Exhibit 15. aikka estimate based on AMA (Mar. 2026), OpenAI (Jan. 2026, company-reported), npj Digital Medicine (Oct. 2026) and JAMA (Oct. 2026); US. The order of steps in 2027 is an aikka estimate.

Exhibit 16. aikka view based on Linux Foundation (Apr. 2026), McKinsey (Sept. 2026), Utah Department of Commerce (Jan. 2026), CMS (2025) and OpenAI (Sept. 2026); US.

Exhibit 17. JAMA, 15 Oct. 2026 (sample of 38.8 million questions); IQVIA, 2026 (more than 2,000 questions from 107 health professionals); Bain and KLAS, Oct. 2025 (Epic and Humana case); Cohere Health (company claim); McKinsey, Apr. 2026 (survey of 150: 50 payers, 50 care organizations and 50 health services firms, Sept. to Oct. 2025); US unless stated.

Exhibit 18. Mount Sinai, Nature Medicine, Feb. 2026: a test on written patient scenarios, not on real patients; US.

Exhibit 20. Veeva Pulse Field Trends Report for the fourth quarter of 2024, published 2025: activity data from Veeva's sales software, US; figures reported by Veeva.

Exhibit 21. ZS 2025 biopharma commercialization report, figure 2; first half of 2019 and of 2024; country and base not stated.

Exhibits 22 and 23. aikka cost model, Nov. 2026, US. Inputs: Promoveo Health supplier quote (Sept. 2026), Verrica Pharmaceuticals filings (Nov. 2025), OpenAI API prices (2026). Sales rep case: 32, 40 or 48 reps on one brand at $165,000, $210,000 or $260,000 per rep, all costs included. Shared case: 6, 10 or 14 key-account staff per brand; team, software, data and AI fees split across 4 brands. Main case difference $7.20M, of which sales reps $6.30M (87.5%). Least favorable case: lowest sales rep estimate ($6.79M) against highest AI team estimate ($6.62M), 2.6% lower.

Exhibit 24. Brynjolfsson, Li and Raymond, QJE, 2025 (5,172 support staff, 1 company); Dell'Acqua et al., Organization Science, 2026 (758 consultants, task outside AI's strengths); METR, 2025 (16 developers, 246 tasks). Each against a group without AI.

Exhibit 26. aikka scores, 0 to 3; 2 pairs of brand types have the same scores. Inputs: spending on sales rep visits at 57% of its level before the generic (Erasmus University and IESE studies); orphan drug spending (IQVIA Institute, 2018); self-pay channels (Novo Nordisk, Annual Report 2025).

Exhibit 31. Funding rounds by stage: Hippocratic AI, Series C; Cohere Health, Series C; Latent, Series A; Solstice, Series A; PraxisPro, seed; SwishX, seed; compiled via AI Native Map.

Exhibit 34. aikka list of the sources of this report, 125 sources.

Source: aikka.

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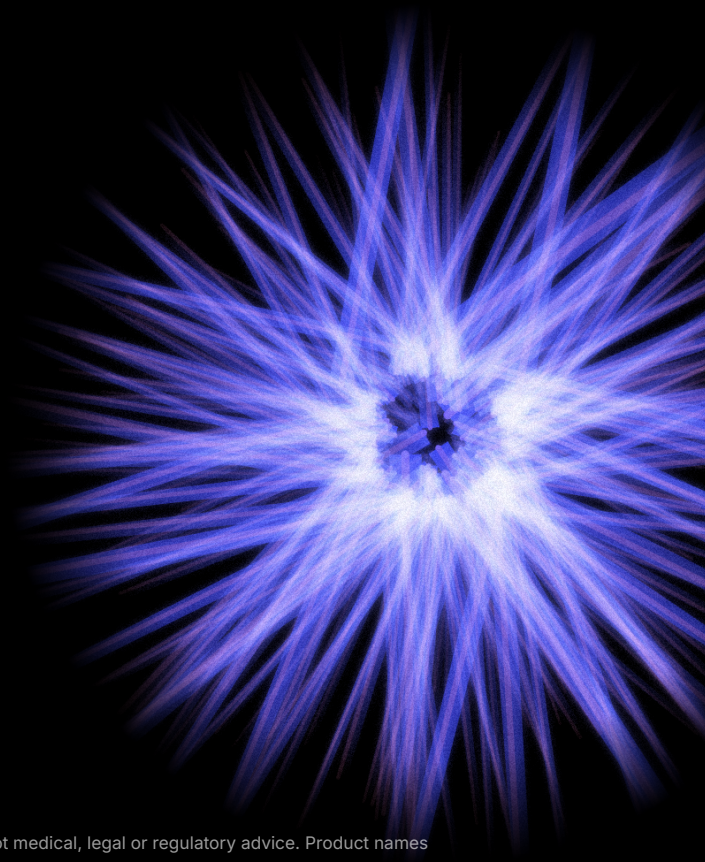
PharmaGEO, our first product, shows brand teams what health professionals and patients ask AI about their medicines, and what the AI answers.

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