aikka

Pharma GEO | AN AIKKA PRODUCT



AIKKA RESEARCH · NOVEMBER 2026

The Pharma GEO Playbook 2027

8 steps, in the order to take them, to make a brand visible and accurate in AI answers, with a one-page checklist.

75%

OF AI ANSWERS ABOUT A DISEASE MENTION THE BRAND

5%

OF THOSE ANSWERS USE THE BRAND'S WEBSITE AS A SOURCE

26%

OF BRAND WEBSITES BLOCKED AT LEAST 1 AI TOOL

0%

OF BRAND HOMEPAGES NAME A MEDICAL REVIEWER

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Doctors and patients ask AI tools; answers mention brands but rarely use brand websites as a source.

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WHAT THIS PLAYBOOK DRAWS ON

102	2,587	23	36	9
public sources, each linked	AI answers on the 50 best-selling US brands, Sept. 2026	brands in aikka's public PharmaGEO tracker, May 2026	aikka client projects and reviews, 2026	examples from aikka client work

Client work is anonymized: no client, brand or amount is named.

HOW TO READ THIS PLAYBOOK

Every figure carries a label: MEASURED published or checked data, ESTIMATED aikka estimate with stated assumptions, AIKKA VIEW our interpretation.

EXECUTIVE SUMMARY

Brand websites are a source in 5% of AI answers about a disease.

For a typical top-50 US brand (half of the 50 score higher, half lower), AI answers about the disease mention the brand 75% of the time but use the brand's website as a source only 5% of the time.[1] AI tools such as ChatGPT, Gemini, Claude and Perplexity rely first on drug labels and medical journals, and 26% of brand websites blocked at least 1 AI tool, so the work starts with access and evidence.

80%

OF DOCTORS USE AI TOOLS

1 80% of doctors and 32% of US adults use AI for health.

Doctors in 34 countries as of June 2026; US adults using an AI chatbot for health.[2,3]

26%

OF TOP-50 BRAND WEBSITES BLOCKED AT LEAST 1 AI TOOL

2 26% of top-50 brand websites blocked at least 1 AI tool.

These websites blocked at least 1 AI tool even though their access file (robots.txt) allowed it.[1]

69%

OF TOP-15 WEBSITE SOURCES ARE GOVERNMENT

3 Government sites account for 69% of sources on the 15 most-used websites.

69% went to government sites, led by PubMed Central and FDA labels; no brand website made the top 15.[1]

4.2

POINTS OF ERROR AT 100 QUESTIONS (34 AT 1 QUESTION)

4 1 test question can be off by 34 points; 100 questions, by 4.2.

The questions matter too: one brand scored 69% on general questions and 6.7% on real clinical cases.[4,5]

8

STEPS, EACH BUILDING ON THE ONE BEFORE

5 8 steps in order, starting with access for AI tools.

Paid placements in AI tools and measurement come last. The order is aikka's judgment; no pharma study has yet published a before-and-after gain. AIKKA VIEW

ABOUT THIS PLAYBOOK

Who it is for. Brand, digital, medical and insights teams in pharma.

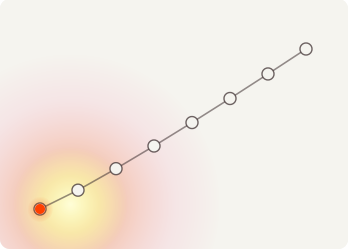
Evidence base. aikka's public audit of the 50 best-selling US brands (2,587 answers, Sept. 2026), 102 linked public sources and anonymized aikka client data.

GEO. Generative engine optimization: being visible and accurate in AI answers. It does not change what a medicine can claim; the label and local rules still apply.

MEASURED published or checked data.

ESTIMATED aikka estimate with stated assumptions.

AIKKA VIEW our interpretation.



AI tools rely on drug labels and journals before brand websites.

THE FIRST 90 DAYS

DAYS 1 TO 30 · MEASURE THE STARTING POINT

Test whether AI tools can open every brand website; measure answers on 100 or more questions, both about the disease and about the brand.

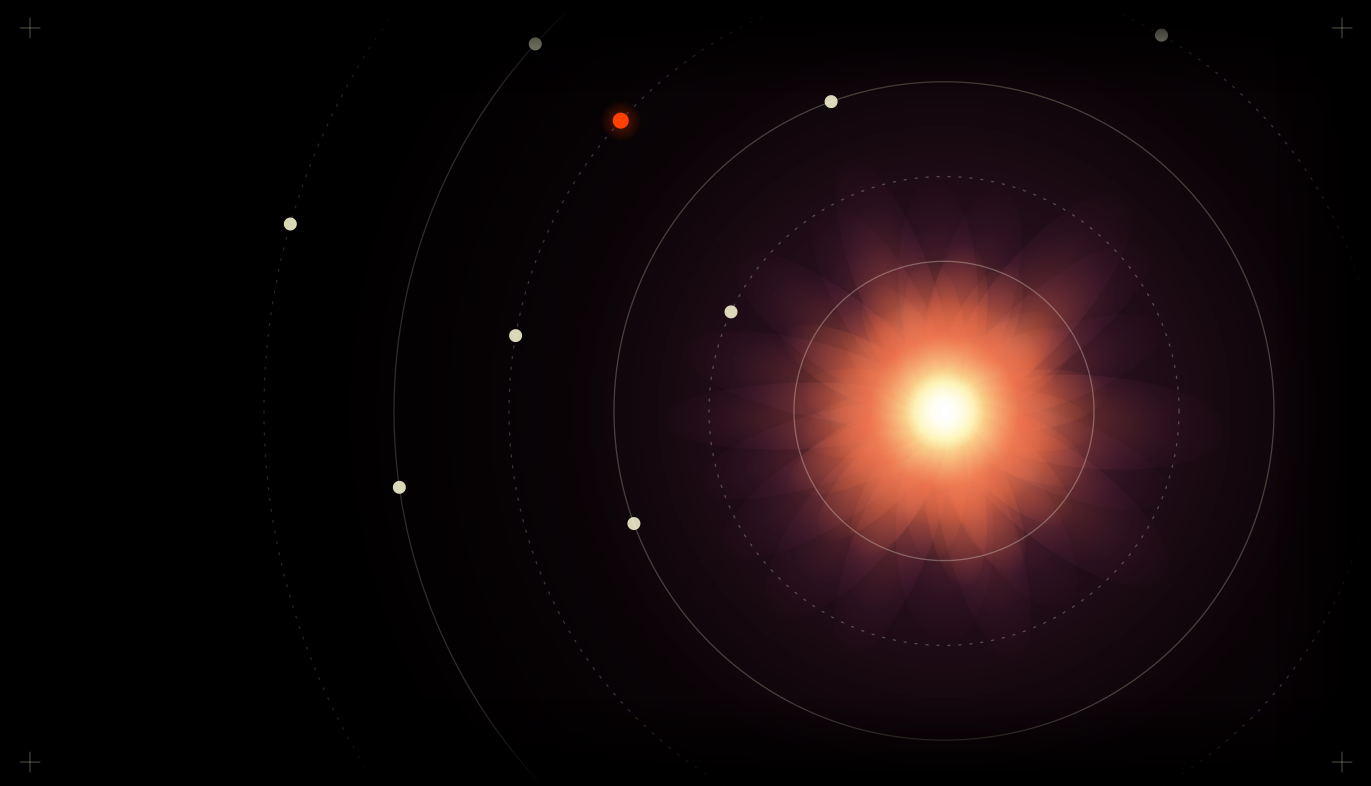
DAYS 31 TO 60 · FIX AND PUBLISH

Open access, add machine-readable labels, publish 10 to 20 answer-first pages through medical, legal and regulatory review.

DAYS 61 TO 90 · SET THE RULES

Re-measure every month, name an owner for each step, send label errors and safety issues found in answers to the right team.

Source: aikka, 2,587 AI answers on the 50 best-selling US brands, Sept. 2026; IQVIA and Rock Health surveys; Sistrix study. Details in Sources.



PART 1

How AI answers mention brands

In 5 aikka client audits, brand websites supplied 0% to 4% of the sources in answers about a disease.[5]

AT A GLANCE

75%

of AI answers about a disease mention the brand, for a typical top-50 US brand.[1]

5%

of the same answers use the brand's website as a source.[1]

41.4% and 8.2%

the same brand, the same month, on 2 AI tools (OpenAI and Perplexity).[6]

1.1 · AI USE FOR HEALTH

80% of doctors and 32% of US adults now ask AI about health.

Surveys of 23,769 doctors in 34 countries and 8,000 US adults, and click data from US search, point the same way. The first answer about a medicine now often comes from an AI.

Doctors adopted AI first. 80% of them in 34 countries used AI tools as of June 2026, and about half used them daily or several times a week.[2] In the US, 72% of physicians reported using AI for at least one use case in 2026, up from 38% in 2023, in a survey of 1,342.[7] The AMA's headline 81% also counts 9% unsure which uses their practice offers.

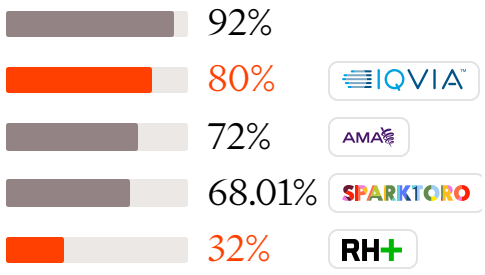
Patients follow. 32% of US adults used an AI chatbot for health in December 2025, double the year before; 55% of them asked about prescription drugs or side effects.[3]

Search pages now give answers. 68.01% of US Google searches ended without a click in early 2026.[8] AI Overviews appear on 92% of symptom searches, in a sample whose location is not stated.[9]

Many still see a doctor. 58% of adults who used AI for a physical health issue followed up with a doctor.[10] Google still handles 73.7% of US desktop searches, compared with 3.2% for AI tools.[11]

EXHIBIT 1 **80% of doctors and 32% of US adults use AI for health.**

Five separate surveys and studies, 2025 to 2026. Each figure has its own group of people, so read them one by one, not against each other.



Sources: IQVIA, AMA, Rock Health, SparkToro and Stanford AI Index.[2,7,3,8,9] Details in appendix.

EXHIBIT LIMITATIONS

These figures come from different groups and cannot be compared. No study measures how many health questions start in an AI tool.

CLICKS ON A SOURCE LINK

1%

of visits to a Google results page that shows an AI summary, March 2025.[12]

Pew Research Center, 2025

THEN SAW A DOCTOR

58%

of adults who used AI for a physical health issue then saw a doctor.[10]

KFF, 2026

IMPLICATION

Many people now get an answer before they click any link. A brand that is not in the AI answer misses that first contact, even with a high Google ranking.

AIKKA VIEW

GEO is the first step: making sure accurate, approved evidence is part of the AI answer people get before they see a doctor or a brand website.

All figures Measured. Bases differ by source; see the Sources pages.

1.2 · MENTIONED, RARELY A SOURCE

AI answers mention top brands 75% of the time, their websites 5%.

4 AI tools answered 13 questions on each of the 50 best-selling US brands. When the question is about the disease, answers often mention the brand but draw on regulators, journals and publishers.

EXHIBIT 2 **75% of AI answers mention the brand; 5% use its website as a source.**

We asked ChatGPT, Gemini, Claude and Perplexity about the 50 best-selling US drug brands. Figures show a typical top-50 brand: half of the 50 score higher, half lower.

AIKKA DATA

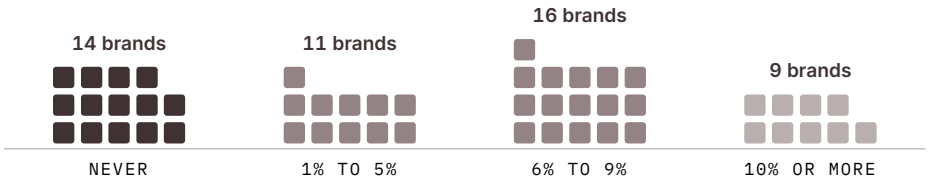


Source: aikka, 2,587 AI answers on the 50 best-selling US brands, Sept. 2026.[1] Method in appendix.

EXHIBIT 3 **For 28% of top brands, AI never used their website as a source.**

The 50 best-selling US brands, grouped by how often AI answers about their disease used the brand's own website as a source. 1 square = 1 brand.

AIKKA DATA



How often AI answers about the disease used the brand's website as a source

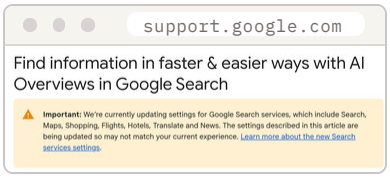
Source: aikka, 2,587 AI answers on the 50 best-selling US brands, Sept. 2026.[1] Method in appendix.

EXHIBIT LIMITATIONS

One measurement per brand, in 1 disease and 1 language. With 32 answers per brand, 1 answer changes a brand's score by about 3 points. We did not check whether answers were accurate.

AIKKA VIEW

Questions about a disease come at the moment treatment is chosen. With 5% of sources from the brand, other sources describe the brand at that moment.



Google Search Help, AI Overviews, captured on 19 Nov. 2026.

AIKKA DATA

0% to 4%

of sources in answers about a disease came from the drugmaker's own websites, in 5 aikka client audits in 2026.[5]

AIKKA ENGAGEMENT DATA, ANONYMIZED

IMPLICATION

First, check the drug label, the PubMed Central archive and the guideline society pages. For questions about the disease, the brand website comes second.

1.3 · AI TOOLS AND LANGUAGES

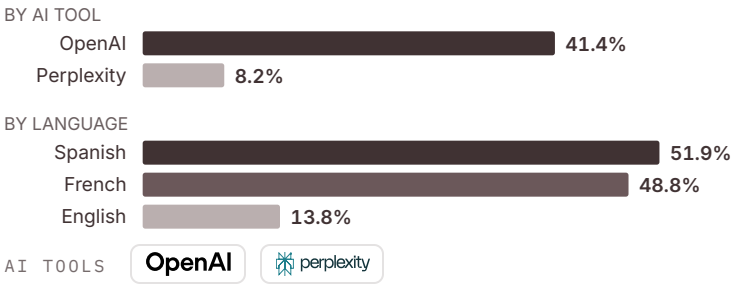
One brand was mentioned in 8.2% to 41.4% of answers, depending on the AI tool.

In May 2026, aikka's public tracker asked 80 questions per disease area on 3 AI tools in 3 languages.[13] The same brand, in the same month, got very different answers by AI tool and language.

EXHIBIT 4 **One brand: 41.4% of answers on OpenAI, 8.2% on Perplexity.**

How often AI answers mentioned one eczema brand (atopic dermatitis), by AI tool and by language, in the same month, May 2026.

AIKKA DATA



Source: aikka, public PharmaGEO tracker, May 2026.[6,14] Method in appendix.

Brands approved at the same time in the US and Europe varied by 3.2 points or less from one language to another.[14] In psoriasis, one brand ranked second on OpenAI and sixth on Perplexity.[6] A single combined score hides these differences.

AIKKA DATA

38 points

typical difference between 2 AI tools in how often they mention the same brand

18 of 49

brands where 2 AI tools differ by 50 points or more

On the same 8 questions about the disease, a typical brand was mentioned in 88% of ChatGPT answers, 75% on Claude, 62% on Gemini and Perplexity.[1] One AI tool does not represent all of them.

AIKKA TOP 50 AUDIT, SEPT. 2026

EXHIBIT LIMITATIONS

One month of data, on questions written by aikka. Results vary each time the same questions are asked. Brand results are in the published audit and index.

MEDICINES MENTIONED

29 and 10

lung cancer medicines mentioned by Perplexity and by OpenAI, on the same questions.[6]

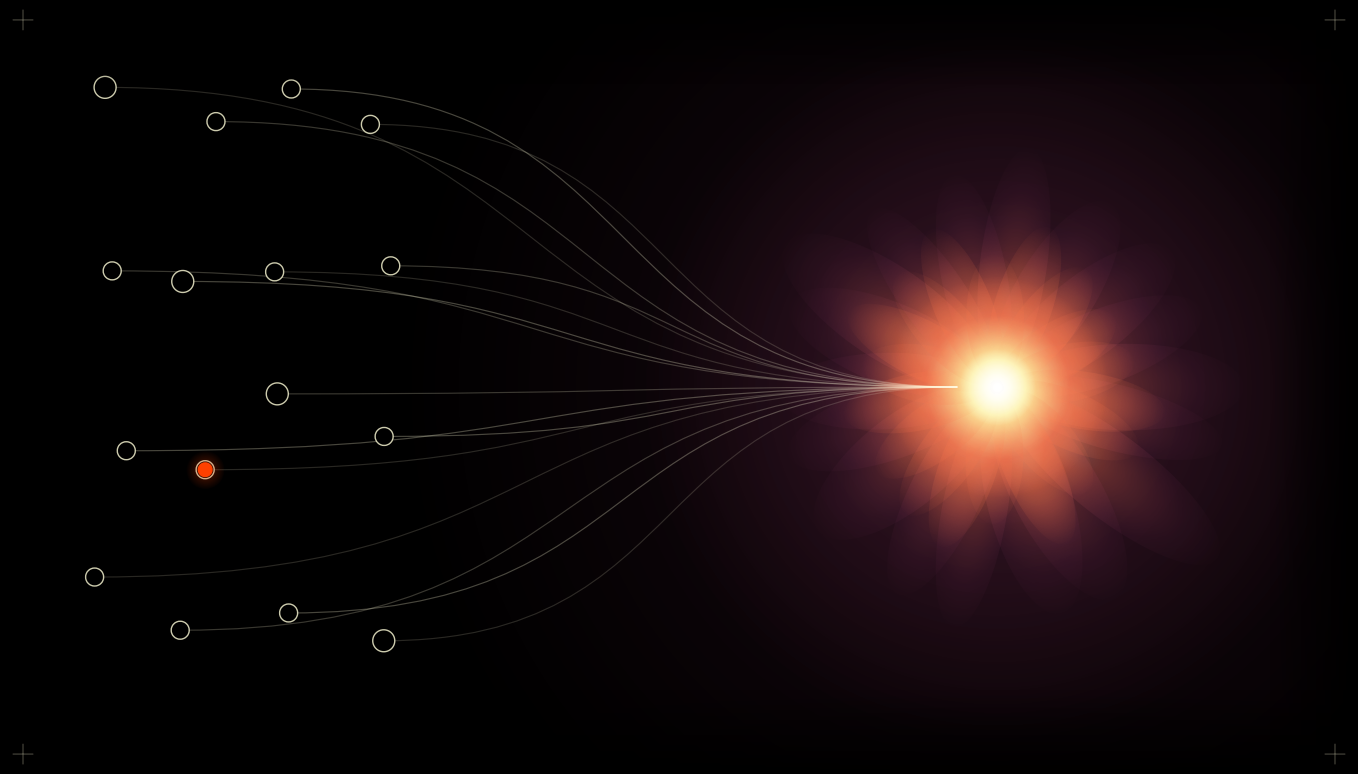
IMPLICATION

Set goals for each AI tool and each language.

AIKKA VIEW

Differences by language follow where a drug was approved and where its studies were published. Measuring in English only underestimates European brands.

Measured: aikka's public PharmaGEO tracker, May 2026; aikka Top 50 audit, Sept. 2026 (our calculation). aikka view: reading by country of approval.



PART 2

Where AI answers get their sources

Clearer page structure made pages 17.3% more likely to be used as a source (relative increase).[15]

AT A GLANCE

69%

of sources from the 15 most-used websites were US federal health sites; no brand website was among the 15.[1]

32% and 2.8%

Being found by ChatGPT's search step explained 32% of how often a page was used as a source; page features explained 2.8% (study outside pharma).[16]

59% and 33%

In pharma, a typical company gets 59% of its AI sources from press and outside coverage and 33% from its own websites (Profound).[17]

2.1 · SOURCE HIERARCHY

US government health sites supply 69% of sources on the 15 most-used websites.

On medicine questions, AI tools draw first on public medical archives, drug labels and medical societies. Across 2,587 answers on the 50 best-selling US brands, no brand website was in the top 15.

Other studies agree. Across 11.84 billion sources, pharma and biotech answers typically took 59% from press and outside websites and 33% from drugmakers' websites, against 57% from companies' websites in all industries (Profound).[17] In about 825,000 sources in US health answers naming no brand, PubMed Central ranked first.[18]

EXHIBIT LIMITATIONS

Each use counts the same, wherever it is in the answer. Brand sources are split over 50 websites.

IMPLICATION

Answers about a disease depend on PubMed Central listings, up-to-date FDA labels, guideline journals and accurate drug databases.

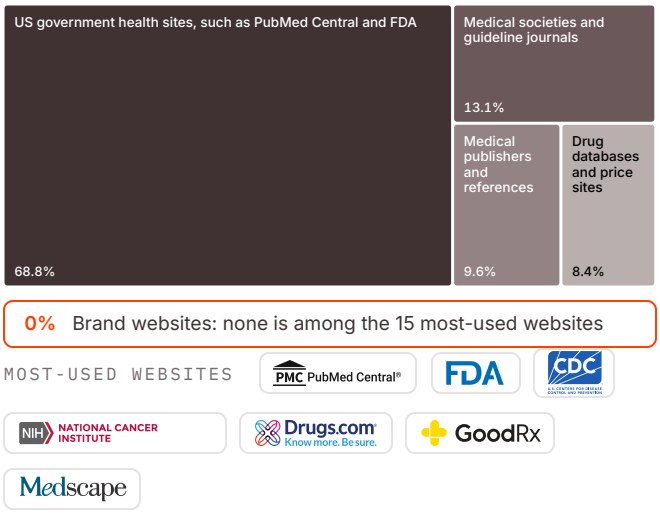
AIKKA VIEW

Each brand has its own website, while PubMed Central and FDA cover every medicine on one website. Make sure brand evidence is in the archives AI tools use.

EXHIBIT 5 **No brand website is among the 15 websites AI answers use most.**

Who runs the 15 websites most used as a source in AI answers on the 50 best-selling US brands. Share of all their uses.

AIKKA DATA



Source: aikka, 2,587 AI answers on the 50 best-selling US brands, Sept. 2026.[1] Method in appendix.

EXHIBIT 6 **ChatGPT uses government sites most; Google AI uses top hospitals.**

Most-used types of source in health answers, share of sources, 2 AI tools (BrightEdge study, 2026).

ChatGPT

SOURCES IN HEALTH ANSWERS

27% US government agencies

17% medical specialty societies

Google AI Overviews

SOURCES IN HEALTH ANSWERS

33% leading hospital systems

10% US government agencies

Source: BrightEdge, health answers on ChatGPT and Google, Jan. 2026.[19,20,17]

Measured: aikka Top 50, Sept. 2026 (69% = 1,186 of 1,723, our calculation), Profound, LLM Pulse, BrightEdge, Ahrefs. Implication and view: aikka view.

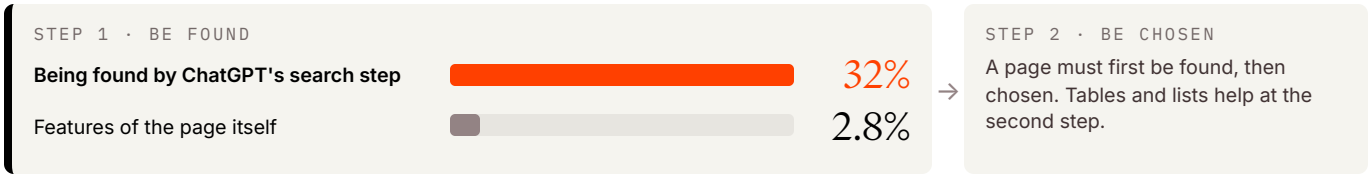
2.2 · WHAT MAKES A PAGE A SOURCE

Being found by search matters 11 times more than page features.

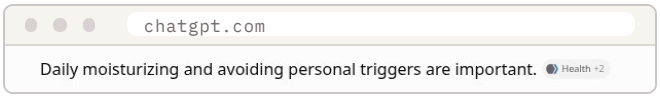
Recent studies separate 2 steps: the AI tool first finds a set of pages, then chooses which to use as a source. On ChatGPT, being found explains 32% of the differences and page features 2.8%. Checkable numbers, quotations and tables help; repeating keywords does not.

EXHIBIT 7 **Being found by search accounts for 32%; page features for 2.8%.**

What explains how often ChatGPT uses a page as a source, comparing pages of the same website over 90 days. Studies outside pharma, 2025 to 2026.



Source: Chen and Koudas, 2026, and 4 other studies outside pharma.[16,21,15,22,23] Details in appendix.



ChatGPT answer with 1 source link. Captured on 19 Nov. 2026.

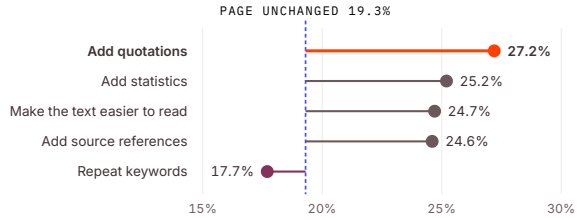
Across 200 articles and 377 questions on 6 AI tools, clearer structure (headings, short sections, formatting) made pages 17.3% more likely to be used as a source.[15] Machine-readable labels alone changed how often ChatGPT used pages by +2.2%, not significant, across 1,885 pages.[22] AI tools extracted facts 43% more accurately from tables and lists than from running text.[15]

IMPLICATION

First, work on being found: search visibility and scientific mentions on other websites. Then build brand pages around checkable trial numbers, tables and direct quotations. AIKKA VIEW

EXHIBIT 8 **Adding quotations raised a page's share of the answer to 27.2%.**

Share of the AI answer taken from one page after a single change to that page, in a lab test of 1,000 questions outside pharma.



Source: Aggarwal et al., lab study, 2024.[24]

EXHIBIT LIMITATIONS

In the lab test, each page was always among the 5 pages given to the AI tool. In real search conditions, only 3 of 54 rewriting tests gave a clear gain.

Measured: Chen and Koudas; Ahrefs; Aggarwal et al.; Yu et al.; C-SEO Bench via 2026 GEO survey. Studies use non-pharma questions. Diagram and implication: aikka view.

2.3 · DOCTORS' AI TOOLS

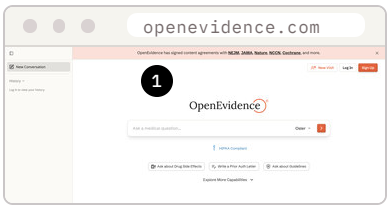
Doctors' AI tools use licensed medical content, with no drugmaker content.

AI tools built for doctors answer from journals, guidelines and references licensed from publishers and medical societies. None takes content directly from drugmakers.

OpenEvidence users per month rose from 355 in January 2024 to 703,265 in June 2026. In a sample of 38.8 million of its 271 million questions, 51.9% concerned clinical decisions.[25] About 30% of Doximity Ask questions are about drugs.[26]

UpToDate Expert AI answers from peer-reviewed UpToDate content.[27,28] Doximity Ask combines the Pathway dataset with UpToDate.[29,30]

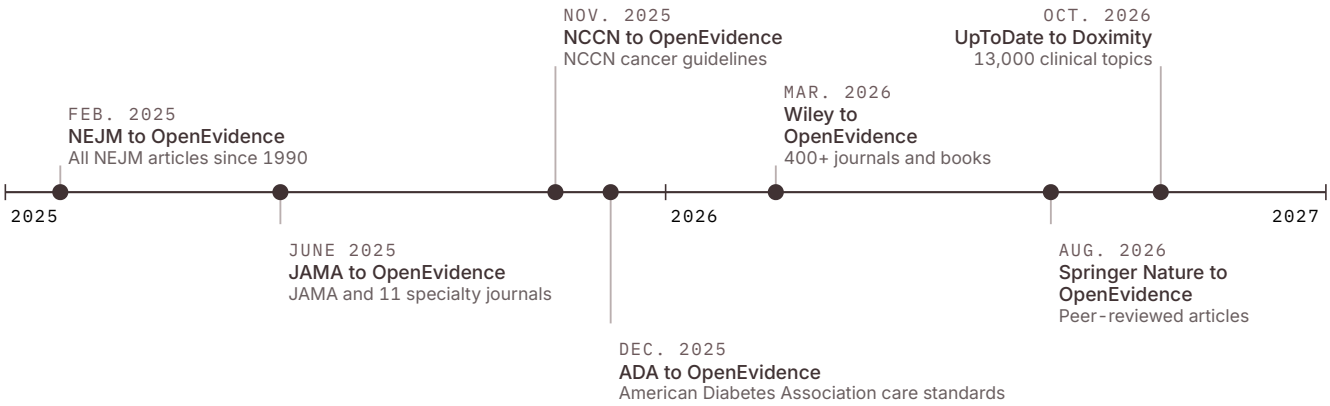
What pharma can do: publish in licensed journals, inform guideline committees, keep labels current in public registries. **What it cannot do:** place a brand page inside the content these tools draw on. AIKKA VIEW



OpenEvidence, home page, archived by the Internet Archive on 16 Nov. 2026. openevidence.com 1 The banner names NEJM, JAMA, NCCN and other partners.

EXHIBIT 9 **0 of 8 content deals for doctors' AI tools involve a drugmaker.**

Public agreements that give doctors' AI tools, such as OpenEvidence and Doximity, access to journals and guidelines, Feb. 2025 to Oct. 2026.



COMPANIES IN THESE DEALS NEJM GROUP · JAMA Network · National Comprehensive Cancer Network (NCCN) · American Diabetes Association. · WILEY · SPRINGER NATURE · Wolters Kluwer · OpenEvidence · doximity · AMBOSS

Source: Company announcements, Feb. 2025 to Oct. 2026. Also in 2026: German guidelines, RKI and ifap drug data to AMBOSS AI Mode (month not stated).[31,32,33,34,35,36,30,37,38]

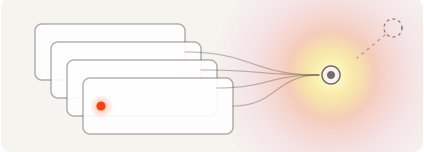
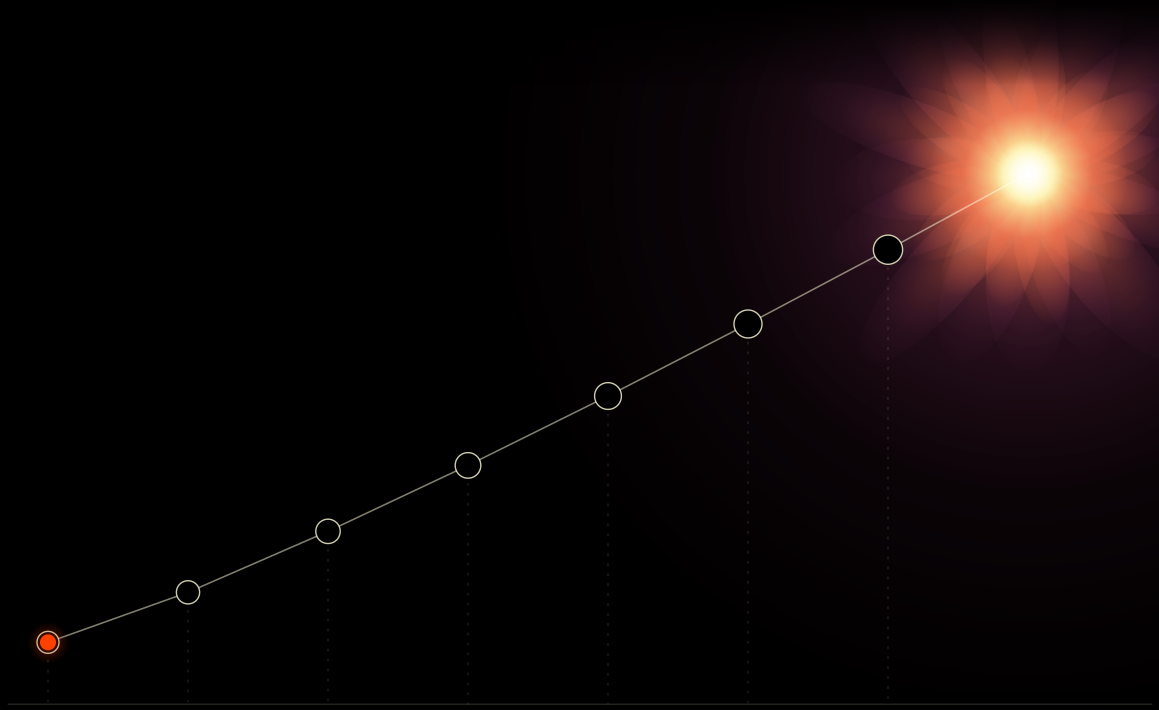


EXHIBIT LIMITATIONS

Announced agreements only. No public source confirms that these tools use FDA labels, or measures the effect of any drugmaker action.

Measured: JAMA (peer reviewed); company announcements. Doximity share of drug questions is a company figure.



PART 3

8 GEO steps

42% of AI answers to consumer health questions used PubMed Central as a source.[39]

AT A GLANCE

26%

of top-50 US brand websites blocked at least 1 AI tool, Sept. 2026.[1]

40%

of brand homepages carry no machine-readable labels (structured data); none labels its FAQ.[1]

0%

of brand homepages name a medical reviewer; 22% show a review or update date.[1]

3.0 · OVERVIEW OF THE 8 STEPS

The 8 steps build on each other, starting with access for AI tools.

A page that an AI tool cannot open cannot be used as a source. The order is aikka's judgment; no before-and-after result has been published in pharma yet.

EXHIBIT 10 **8 steps in order: let AI tools in first, measure every month.**

Each step builds on the one before. One finding per step from our research; owners and effort are aikka's view.

AIKKA DATA · ORDER: AIKKA VIEW

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8
Access for AI tools	**Machine-readable labels**	**Answer-first pages**	**Drug label and outside sources**	**Reference sites and Wikipedia**	**Doctors' AI tools**	**Paid placements in AI tools**	**Measurement with enough questions**
26% of top-50 sites blocked at least 1 AI tool	40% of homepages have no machine-readable labels	0% of homepages name a medical reviewer	369 uses of FDA label pages as a source	7 of 36 aikka projects used the Wikipedia discussion page	16 of 36 aikka projects advised a separate review of doctors' AI tools	16 of 20 of the top 20 drugmakers bought ads in Doximity's AI	69% on general questions against 6.7% on health professionals' real questions
OWNER Digital, IT	OWNER Digital	OWNER Brand, medical, review team	OWNER Regulatory, medical	OWNER Medical communications	OWNER Medical affairs	OWNER Media, brand, review team	OWNER Insights, brand
EFFORT Low	EFFORT Low	EFFORT Medium	EFFORT Medium	EFFORT Medium	EFFORT High	EFFORT Medium	EFFORT Low
TIMING 2 to 4 weeks	TIMING 2 to 4 weeks	TIMING One review round	TIMING Ongoing	TIMING 4 to 8 weeks	TIMING Publication cycle	TIMING Media budget	TIMING Monthly
ACCESS		EVIDENCE AND CONTENT				PAID PLACEMENTS AND MEASUREMENT	

Source: aikka research and client work, 2026; Fierce Healthcare, Nov. 2026.[1,5,40]

IMPLICATION

Fund steps 1 and 2 from the current web budget this quarter. Every later step depends on them. AIKKA VIEW

FROM AIKKA CLIENT WORK · ANONYMIZED

22	19	17	16	12
Use sources in the local language	Let the medical team lead	Test with real clinical questions	Review doctors' AI tools separately	Re-measure every month

WHAT AIKKA RECOMMENDED MOST OFTEN, IN 36 CLIENT PROJECTS, 2026. NUMBER OF PROJECTS, AT LEAST.[5]

3.1 · ACCESS FOR AI TOOLS

26% of top-50 brand websites blocked AI tools their own rules allowed.

An AI tool cannot use a page it cannot open. Our test of 50 brand homepages found sites that blocked AI tools even though their access file allowed them. Vercel's data show that content loaded by scripts is not collected by AI tools.

EXHIBIT 11 **26% of brand websites blocked AI tools that their own rules allowed.**

We tried to open the homepages of the 50 best-selling US brands with 3 AI tools. None of the 50 excluded AI tools in its access file (robots.txt).

AIKKA DATA



Opened for all 3 AI tools
37 homepages

Blocked at least 1 AI tool
13 homepages (26%)

20% blocked Perplexity's page reader

14% blocked GPTBot, OpenAI's web collector

8% blocked all 3 AI tools

10% showed under 1,500 characters of text without scripts

8% published a file for AI tools (llms.txt)

0% excluded AI tools in their access file (robots.txt)

Source: aikka test of 50 brand homepages, Sept. 2026.[1] Method in appendix.

No brand website excluded major AI tools in its access file, yet 26% blocked at least one AI tool and 8% blocked all 3 of our tests; the tests ran from US cloud servers.[1] Among major publishers, 81% of websites blocking Claude's search tool were almost never a source for Claude, against 12% of websites allowing it.[41]

FROM AIKKA CLIENT WORK · ANONYMIZED

allow
access file (robots.txt), for AI tools

blocked
server response to GPTBot, ClaudeBot, PerplexityBot and OAI-SearchBot

In one aikka audit, the site's access file allowed AI tools, but the server blocked all 4 of them (error 403). Test real visits by each AI tool, not only the access file.[5]

AIKKA TECHNICAL AUDIT, 2026 · MEASURED

JAVASCRIPT RUN BY AI TOOLS

None

of the OpenAI, Anthropic and Perplexity web collectors Vercel analyzed ran it, Dec. 2024.[42]

▲Vercel Vercel, Dec. 2024

LLMS.TXT FILES NEVER REQUESTED

97%

of 137,210 websites with an llms.txt file received no request for it, May 2026.[43]

Ahrefs data, May 2026

IMPLICATION

Ask IT and security to let in verified AI search tools, set the AI-training policy separately, and deliver key patient and doctor pages as plain HTML.

nytimes.com

```
User-agent: Bytespider
Disallow: /

User-agent: CCBot
Disallow: /

User-agent: ChatGPT-User
Disallow: /

User-agent: ClaudeBot
Disallow: /

User-agent: Claude-SearchBot
Disallow: /

User-agent: Claude-User
Disallow: /

User-agent: Claude-Web
Disallow: /
```

Access file of nytimes.com, captured on 19 Nov. 2026. A publisher that blocks each AI tool by name.

Measured: aikka audit; Muck Rack, 207 million sources in AI answers; Vercel; Ahrefs via Hybrid Ranking. aikka view: rail commentary.

3.2 · MACHINE-READABLE LABELS

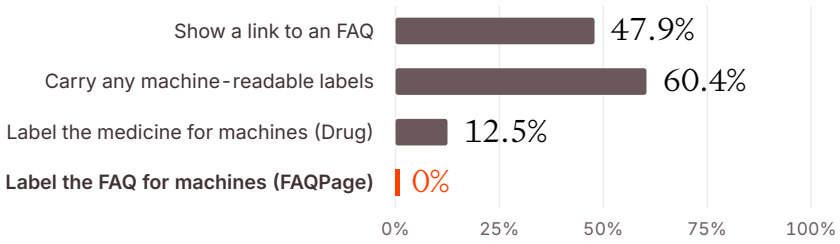
40% of brand homepages carry no machine-readable labels.

Machine-readable labels state the medicine, the disease and the review date in a form AI tools can process. Controlled studies in 2026 found that these labels alone did not make pages more likely to be used as a source.

EXHIBIT 12 **48% of brand homepages link to an FAQ; none labels it for machines.**

Share of the 48 readable homepages of the 50 best-selling US brands that show each element. Machine-readable labels (structured data) tell AI tools what a page contains.

AIKKA DATA

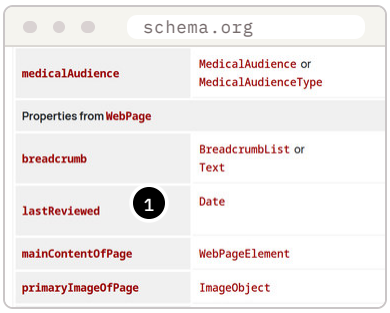


Source: aikka test of 48 brand homepages, Sept. 2026.[1] Method in appendix.

Labels alone show no measured gain. Across 1,885 pages that added machine-readable labels, compared with 4,000 similar pages, Ahrefs measured changes of +2.2% on ChatGPT and +2.4% on Google AI Mode that were not significant, and a small, significant 4.6% decline on AI Overviews.[22] A study of 730 sources that allowed for search rank also found no significant gain ($p = 0.296$).[44]

In pharma, the labels pair the brand and the generic name. Swapping generic names for brand names cut the accuracy of AI models by 1% to 10% across 726 questions.[45] Drug and MedicalWebPage fields state both names, the label and the review date, as listed below.[46,47]

MACHINE-READABLE FIELD	WHAT IT STATES	WHERE IT MUST APPEAR ON THE PAGE
Drug · proprietaryName	Brand name	Title and first paragraph
Drug · nonProprietaryName	Generic name	Next to the brand name in visible text
Drug · prescribingInfo	Link to the drug label	Visible prescribing information link
MedicalWebPage · lastReviewed	Review date	Dated review line on the page



schema.org, MedicalWebPage, captured on 19 Nov. 2026. 1 lastReviewed takes a date; reviewedBy names the reviewer.

IMPLICATION

Add the Drug and MedicalWebPage labels in one 2-week project, word for word the same as the visible text. AIKKA VIEW

AIKKA DATA

11 of 50

brand homepages show a review date.

4 publish an llms.txt file; none names a medical reviewer.[1]

TOP 50 AUDIT, 50 BRAND HOMEPAGES, SEPT. 2026.

EXHIBIT LIMITATIONS

We checked homepages only; FAQ or prescribing pages may carry more labels.

Measured: aikka audit; Ahrefs before-and-after test with similar pages; Growth Marshal via Site.info.link; Gallifant et al. aikka view: rail commentary and deployment advice.

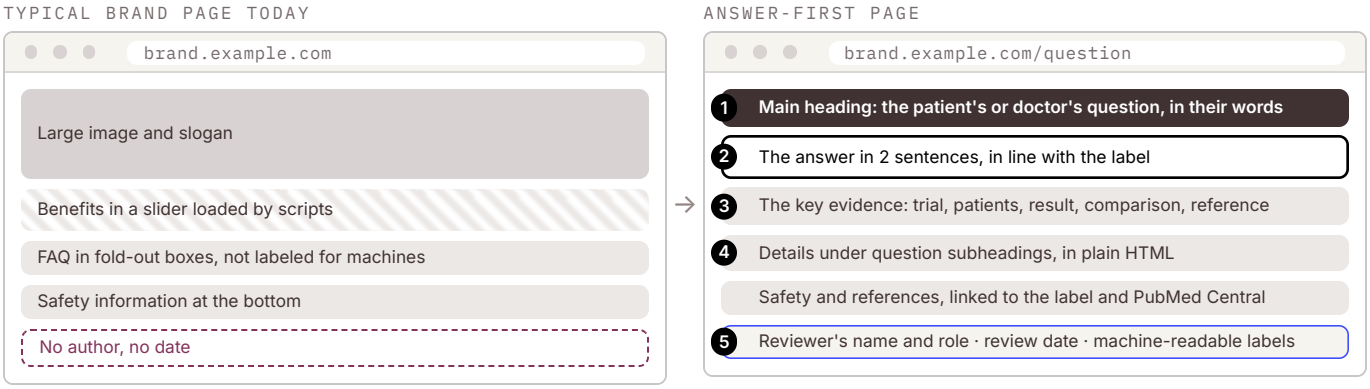
3.3 · ANSWER-FIRST PAGES

No top-50 brand homepage names a reviewer; 22% show a date.

AI tools quote pages that answer early, under a question heading, with a date and a named author. Our test shows that brand homepages rarely do this.

EXHIBIT 13 **A clear page starts with the question, the answer and the evidence.**

A typical brand page today, and the same page written answer-first. Illustration, no real brand.

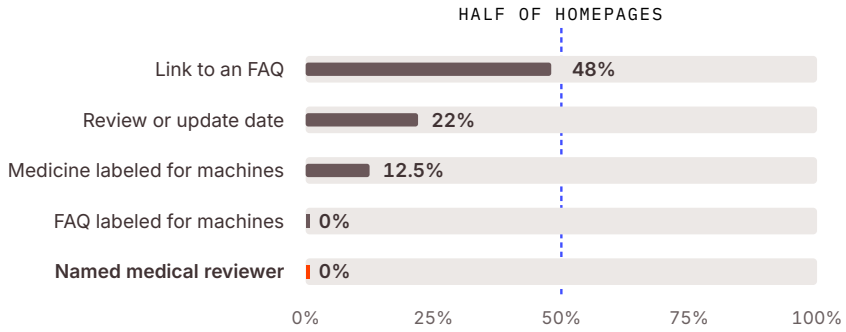


Source: aikka guides on medical writing for AI answers, 2026.[48,49] Pattern: aikka view.

EXHIBIT 14 **No brand homepage names a medical reviewer; 22% show a date.**

Brand homepages of the 50 best-selling US brands that show each sign of a reliable page.

AIKKA DATA



Source: aikka test of 50 brand homepages (48 readable for FAQ and labels), Sept. 2026.[1] Method in appendix.

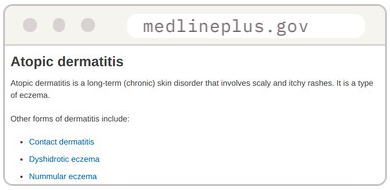
48% of readable homepages linked to an FAQ, yet none labeled it for machines.[1] In 18,012 checked ChatGPT sources, 44.2% pointed to text in the first 30% of the page, and 78.4% of those linked to a question pointed to a heading.[50] No pharma before-and-after result is published.

IMPLICATION

Write 10 to 20 answer-first pages from real questions of health professionals and patients; send them through medical, legal and regulatory review in one round.

AIKKA VIEW

A named reviewer and a date add little review work and are the lowest-cost sign of reliability a brand can add.



MedlinePlus, encyclopedia entry, captured on 19 Nov. 2026. The definition comes first.

Homepages only: deeper pages may carry reviewers and dates. The data do not show that adding them makes pharma pages more often a source.

3.4 · DRUG LABEL AND OUTSIDE SOURCES

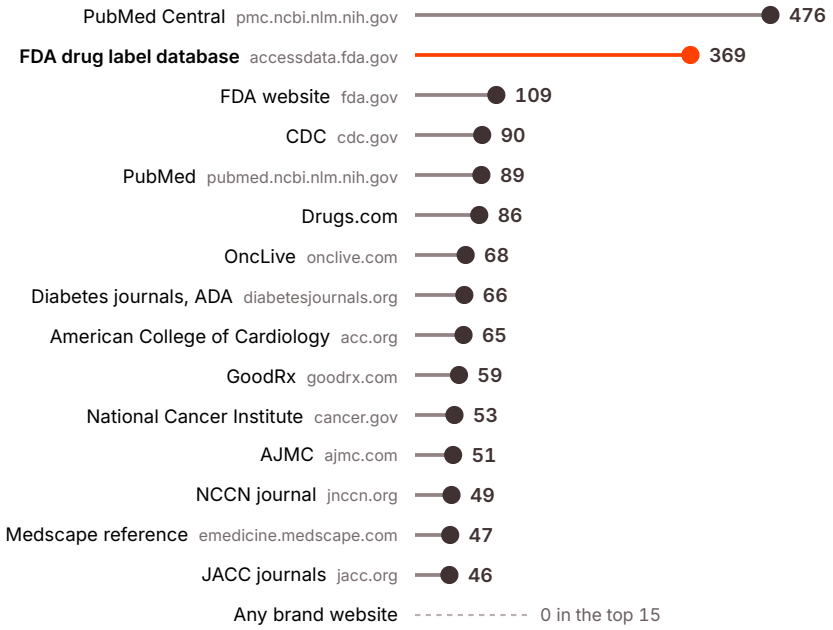
FDA label pages were used as a source 369 times, second to PubMed Central.

To answer questions about a prescription brand, AI tools use the drug label and medical studies far more than the brand's website. The drugmaker can act on the accuracy of those sources, within the regulatory process.

EXHIBIT 15 **FDA drug labels are the most-used source after PubMed Central.**

Number of times each website was used as a source in 2,587 AI answers on the 50 best-selling US brands. The 15 most-used websites.

AIKKA DATA



Source: aikka, 2,587 AI answers on the 50 best-selling US brands, Sept. 2026.[1] Method in appendix.

The label is the balanced source. It names benefits and limits equally; Wikipedia and PubMed abstracts are more than twice as likely to mention a benefit as a limit. When 135 questions about when not to use a drug (contraindications) were answered from the label, accuracy rose from 40.0% to 55.8%; across all 726 questions the gain was 1.5 points.[51]

Copies of the label can drift. Drugs.com says its drug pages repeat FDA labeling, yet a review of 270 summaries in 5 drug references found 782 errors against the official label (2014 to 2015 data).[52,53] DailyMed posts labels without NLM review, so an outdated label can spread.[54]

AIKKA DATA

20 and 10

times AI answers used an outdated label file, against the current label

Example of a US cancer immunotherapy whose old label files omit its newest approved use. Brand pages supplied 3.1% of 422 sources.

AIKKA ANALYSIS OF PUBLIC DATA, NOV. 2026, BRAND NOT NAMED.

IMPLICATION

Keep the US label file and the European product information up to date, deposit papers in PubMed Central and send factual correction requests. Withdraw outdated label files.[55,56,57] AIKKA VIEW



DailyMed, generic label page, captured on 19 Nov. 2026; label updated 15 Jan. 2026. A market fact, not a recommendation.

Measured: aikka Top 50 study, Sept. 2026; arXiv preprint; Cureus review. Policy: Drugs.com, DailyMed, NIH, EMA. aikka view: side column. Limits: counts are uses as a source, not % of answers; EU sources were not measured.

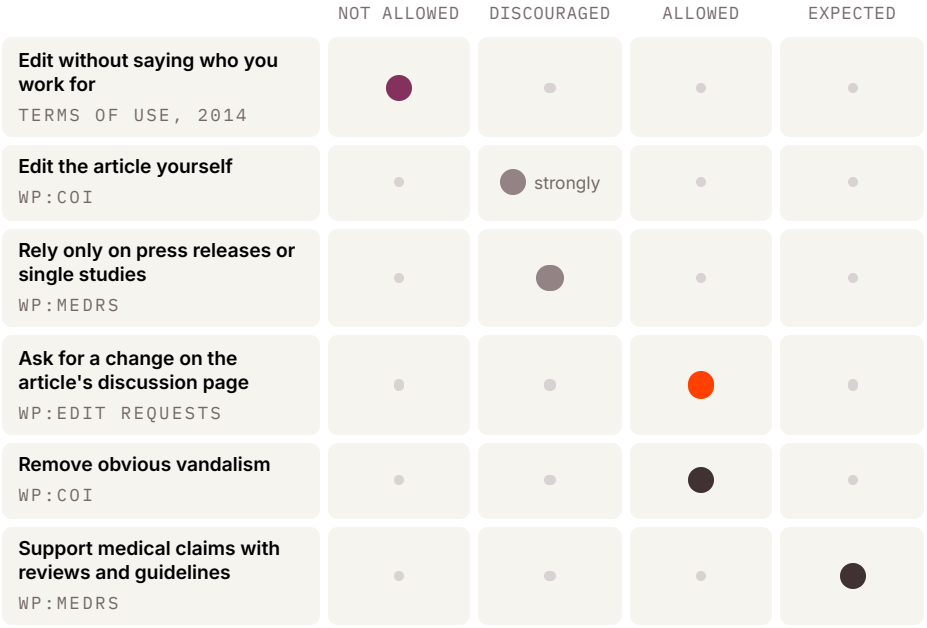
3.5 · REFERENCE SITES AND WIKIPEDIA

Wikipedia accounts for 16.3% of ChatGPT mentions; companies can request edits.

Wikipedia had extra weight in the data used to train GPT-3, and Ahrefs finds it in 16.3% of ChatGPT mentions on general questions. Its rules strongly discourage companies from editing articles about their own products, so the accepted route is an open request based on published reviews.

EXHIBIT 16 **Companies may ask for Wikipedia edits openly, not make them.**

What English Wikipedia rules let a drugmaker or its agency do on an article about its product.



Source: Wikipedia rules on conflicts of interest and medical sources; CIPR, Jan. 2026.[58,59,60,61,62]



Wikipedia, Edit requests, captured on 19 Nov. 2026. en.wikipedia.org 1 The route for editors who should not edit a page themselves.

IMPLICATION

Say who you work for, cite reviews or the label on the discussion page, and never edit the article yourself.

Wikipedia made up 3% of GPT-3 training data, with extra weight over web text.[63] On general questions, Ahrefs counts it in 16.3% of ChatGPT mentions and 8.4% in AI Overviews, yet no Wikipedia site is among the 15 top sources in aikka's study of 2,587 pharma brand answers.[20,1]

Wikipedia covers 97% of 1,201 FDA-approved drugs, but 17% state the benefit size, and pages are more likely to mention a benefit than a limit: the odds are 2.43 times higher.[64,51]

Paid editors must disclose who pays them, and editors with a conflict of interest post edit requests on the article's discussion page (talk page) instead of editing.[59,58] Medical claims need secondary sources such as systematic reviews and guidelines.[61]

In 2007, edits deleting a Humira safety study were traced to a computer at Abbott's Chicago office. In January 2026, CIPR restated that agencies must never edit for a client, except to remove vandalism.[65,62]

FROM AIKKA CLIENT WORK · ANONYMIZED

At one European drugmaker, 2 global marketing teams were starting GEO from scratch. aikka recommended working with Wikipedia editors, within the conflict-of-interest rules, to add references to published studies.[5]

2026 MEETING, ANONYMIZED.

Measured: OpenAI; Ahrefs; aikka Top 50 study, Sept. 2026; JABFM; arXiv preprint; aikka engagement data, anonymized. Policy: Wikipedia; CIPR, 15 Jan. 2026. Abbott case: Pharmaceutical Executive, 1 Oct. 2007. aikka view: implication. Limits: rules differ by language edition; no study measures the effect on AI answers.

3.6 · DOCTORS' AI TOOLS

PubMed Central was a source for 42% of consumer health questions.

AI tools use studies that are free to read. Of 537 sources used by ChatGPT and Perplexity, medical, academic and government sources came first and brand and company websites supplied 11%. AI tools for doctors rely even more on licensed journals and guidelines.

Step 6 means publishing evidence where both kinds of AI tools can use it. On general AI tools, free full text matters: PubMed Central was a source on 21 of 50 consumer health questions.[39] In aikka's Top 50 study of 2,587 answers on 50 US brands, PubMed Central (476 uses) and FDA labels (369) were the two sources used most.[1]

Free-to-read papers were referenced by other papers about 10% faster in the 12 months after ChatGPT's release, in a study of 64,841 communication journal articles.[66] Doctors' AI tools license journals and guidelines, and guidelines are the largest topic in real questions from health professionals.[35,38]

1 JOURNALS
Choose journals that doctors' AI tools license; pay to make papers free to read.

2 SUMMARIES
Publish plain-language summaries with complete PubMed details.

3 GUIDELINES
Share evidence with guideline and health technology assessment groups.

4 LABELS
Keep labels current on DailyMed and with EMA.

AIKKA VIEW

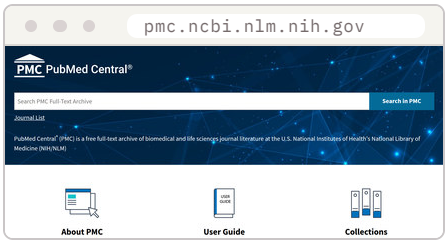
EXHIBIT 17 **Brand and company websites supply 11% of sources in health answers.**

Who published the sources ChatGPT and Perplexity used to answer 50 consumer health questions, Oct. 2026.



Medical, academic or government **30%** · Health publishers **23%** · General media **16%**
Brand or company sites **11%** · Other blogs **9%** · Review or ranking sites **8%**
Retailers **2%**

Source: Abovance, study of 537 sources, Oct. 2026.[39] Method in appendix.



PubMed Central home, captured on 19 Nov. 2026. A free full-text archive of biomedical and life sciences literature at NIH/NLM.

EXHIBIT LIMITATIONS

Questions on general health and supplements, not prescription drugs, asked once. A second run, with 2,080 sources, gave 31% from medical, academic or government sources. No study measures how a plain-language summary or new paper changes medical AI answers.

FROM AIKKA CLIENT WORK · ANONYMIZED

3 of 4

answers to one question said a trial that was still recruiting patients had stopped

Wrong trial status, outdated trial sizes, confusion between related brands and uses outside the label recurred.[5]

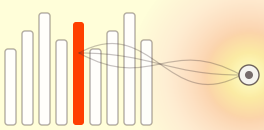
6 AIKKA AUDITS, 2026.

IMPLICATION

For each key paper, the publication plan should record the journal's deals with AI tools, its open-access status and a plain-language summary.

AIKKA VIEW

For prescription brands, the label and the main trial papers count for more in AI answers than any brand page. The publications and medical affairs teams own this step.



Measured: Abovance; aikka Top 50 study, Sept. 2026; ACM CSCW Companion (communication journals). Steps and views are aikka view.

3.7 · PAID PLACEMENTS IN AI TOOLS

Doximity says 80% of the top 20 drugmakers bought ads in its AI search.

Drugmakers can now buy ads next to AI answers, mostly in tools for doctors. AI tools for the public keep ads out of health conversations or refuse prescription drug ads; EU law bans such ads to the public.

Doximity says 16 of the top 20 drugmakers bought its AI Search product, launched in late April, with 3 more in contracting and eight-figure bookings.[40] OpenEvidence is free to health professionals and funded by pharma and device ads; its policy calls the ad and answer systems "fully unconnected".[67] Analyst estimates, not audited, put its price at $1,000 or more per 1,000 views, against $5 to $15 on consumer platforms.[68,69] ESTIMATED

AI tools for the public allow less, and the EU bans advertising prescription medicines to the public.[70] Platforms state that ads sit beside the answer and do not change it. As of March 2026, FDA had no AI-specific promotion guidance.[71]

EXHIBIT 18 **2 AI tools for doctors sell drug ads; 4 general AI tools limit them.**

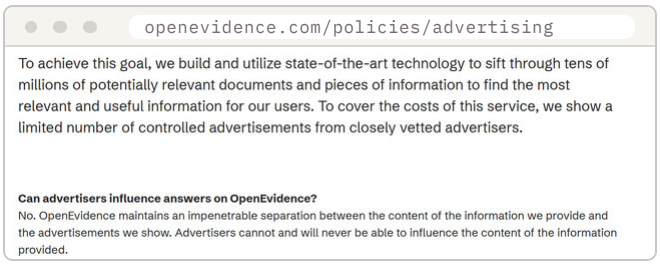
Whether each AI tool accepts ads for prescription medicines, Nov. 2026, from company policies and statements.

	AI TOOLS FOR DOCTORS	AI TOOLS FOR THE PUBLIC
Sells ads for prescription medicines	**Doximity AI Search** 16 of the top 20 drugmakers bought; launched late April **OpenEvidence** Banners, video and ads in the text; more than $1,000 per 1,000 views; about 5% sold ESTIMATED	**Google AI Mode** First drugmaker ad 11 Oct. 2026, about a disease, no drug named; 10 more countries from 28 Oct.
Limited	**Microsoft Copilot** Shown only with specific warnings	
Closed to prescription medicine ads or new advertisers	**ChatGPT** Prescription medicine ads banned; no ads next to personal health topics; ads live since 9 Feb. 2026	**Perplexity** No new advertisers since Oct. 2025; ads under 0.01% of revenue, Sept. 2025 **Amazon Rufus** Prescription medicines banned; non-prescription medicines only

Source: Company policies and statements, Nov. 2026.[40,67,68,72,73,74,75,76,77,78] Full list in Sources.

IMPLICATION

Treat ads in AI tools as media for health professionals, under medical, legal and regulatory review, and buy them after steps 1 to 6. An ad does not correct an answer that gets the label wrong. AIKKA VIEW



OpenEvidence advertising policy, Internet Archive copy of 15 Nov. 2026, captured on 19 Nov. 2026: ads from vetted advertisers fund free access. Shown as a market fact, not a recommendation.

Measured: Doximity earnings call via Fierce Healthcare, Nov. 2026; company policies; Adthena, 13 Oct. 2026. Estimated: OpenEvidence price per thousand ad views and share of ads sold, consumer price range (Sacra, The Inference). No medicine is named or promoted.

3.8 · MEASUREMENT WITH ENOUGH QUESTIONS

The margin of error falls from 34 points with 1 question to 4.2 with 100.

AI answers change each time a question is asked, so a single test proves little.

SparkToro found that ChatGPT and Google AI gave the same list of brands twice in less than 1% of cases.[79] If a brand truly appears in 25% of answers, 1 question measures it within 34 points either side, 20 questions within 9.5 and 100 questions within 4.2.[4]

IMPLICATION

Ask any provider, PharmaGEO included, how many questions and repeats it uses, its AI tools and margin of error. Test in the user's language. AIKKA VIEW

AIKKA DATA

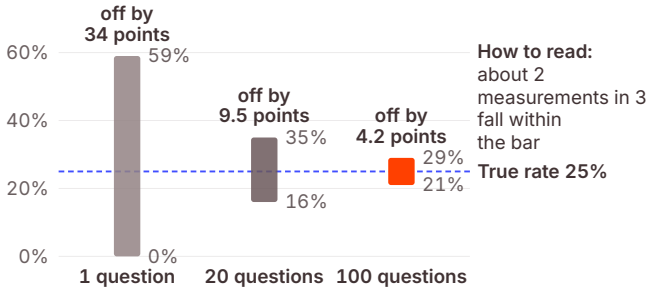
3.4% or 31.9%

one audit score, counting answers or names.[5]

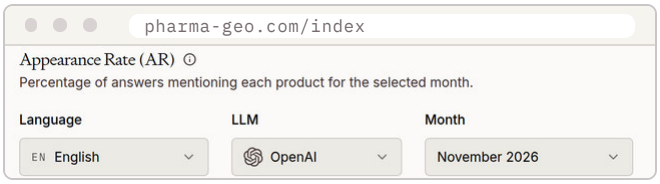
AIKKA CHECK, ONE PHARMAGEO AUDIT, 2026.

EXHIBIT 19 **More test questions cut the margin of error from 34 points to 4.2.**

A brand that truly appears in 25% of AI answers, measured with 1, 20 or 100 test questions.



Source: Sistrix, AI visibility study, Oct. 2026.[4] Method in appendix.



PharmaGEO public index, captured 19 Nov. 2026. Measured by aikka.

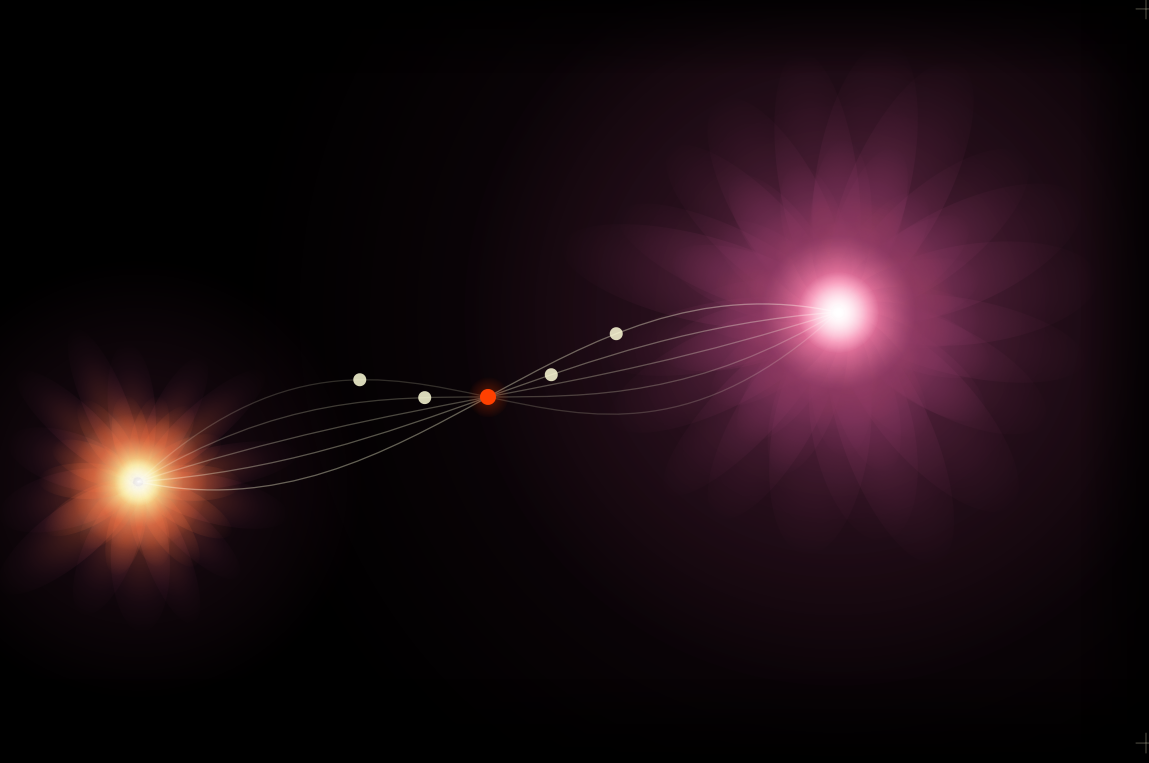
EXHIBIT 20 **No general AI tracking tool we checked lists doctors' AI tools.**

Which AI tools each provider says it tracks, from its own web pages, 2025 to 2026. Listed in no particular order.

GROUP 1 General AI tracking tools	Profound AI TOOLS TRACKED Main AI tools (not named)	Peec AI AI TOOLS TRACKED Not listed	SEMRUSH (Adobe) AI TOOLS TRACKED Google AI summaries and AI Mode, ChatGPT, Perplexity, Gemini	OtterlyAI AI TOOLS TRACKED ChatGPT, Google AI summaries and AI Mode, Perplexity, Copilot, Gemini, Claude
GROUP 2 Health-focused offers	HealthGEO	degene: AI search work	IQVIA: AI question analysis	PharmaGEO: aikka's product
GAP Doctors' AI tools, behind a login	None of the general providers we checked lists OpenEvidence, Doximity or other AI tools for doctors			

Source: Provider websites and press releases, 2025 to 2026.[80,81,82,83,84,85,86,38]

Measured: Sistrix, SparkToro; aikka quality-check data, anonymized. AI tools tracked as stated by each provider. Providers are listed without ranking.



PART 4

From GEO to doctor engagement

Depending on the specialty, 35% to 88% of doctors' questions to a medical AI tool are outside their own specialty.[25]

AT A GLANCE

971

medical topics in more than 2,000 real questions health professionals asked AI, in France, Germany and the UK.[38]

200%

higher engagement with medical content through one AI search tool for health professionals than through the website (company figure).[87]

80% and 38%

of health professionals rate experts, and AI tools, as a critical or very important source.[88]

4.1 · REAL CLINICAL QUESTIONS

One brand scored 69% on general questions and 6.7% on real clinical cases.

General test questions give brands higher scores; real clinical questions are more specific.

In aikka client work (anonymized), one audited brand scored 69% on 8 general questions and 6.7% on clinical cases built from real questions from health professionals.[5] MEASURED One client project, so this is not a benchmark.

Studies of real questions show what health professionals ask. In a sample of 38.8 million of 271 million questions asked on OpenEvidence, 51.9% concerned a clinical decision. Depending on the specialty, 35% to 88% of questions fell outside the asker's own field; emergency medicine had the highest share.[25] In IQVIA's European sample, about two thirds of questions naming a prescription medicine concerned a specific clinical decision.[2] About 30% of Doximity questions are drug related.[26]

Write test questions on choice of treatment, order of treatments, efficacy, safety, dosing, access and real-world evidence. No public study reports how often health professionals' questions name a brand.

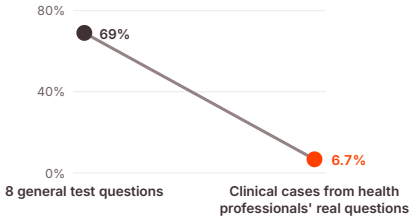


Build the test questions from questions health professionals actually ask.

EXHIBIT 21 **One brand: 69% on general questions, 6.7% on real clinical cases.**

AI visibility score of one brand, measured on 2 sets of questions: 8 general questions, and clinical cases written from health professionals' real questions.

FROM AIKKA CLIENT WORK · ANONYMIZED



Source: aikka client work, anonymized, 2026.[5] Method in appendix.

IMPLICATION

Measure AI visibility on questions written like real clinical cases, by medical teams, in 4 groups: evidence, comparison, dosing and safety, and guidelines.

EXHIBIT 22 **51.9% of questions to OpenEvidence concern a clinical decision.**

What doctors and other health professionals ask doctors' AI tools, in 3 studies. Each study groups questions its own way, so compare within a study only.

OpenEvidence

JAMA study of OpenEvidence questions[25]
US, 2024 to 2026; 38.8 million of 271 million questions sorted

Clinical decisions, share of all questions	51.9%
Treatment, share of doctors' questions	33.1%
Diagnosis, share of doctors' questions	13.9%

Medscape

Medscape AI[89]
US, Apr. 2026; millions of questions, exact number not stated

Diagnosis help, share of questions	39.6%
Disease overview	18.3%
Treatment	10.2%
Dosing	7.8%

IQVIA

IQVIA study of health professionals' AI questions[38]
2,000+ questions from 107 health professionals, sorted into 971 clinical topics; France, Germany, UK; to Aug. 2026

Help with a specific patient, share of 971 topics	31%
Best treatment for a patient	27%
Guidelines, the largest single topic	14.2%

Source: JAMA, Oct. 2026; Medscape, Apr. 2026; IQVIA, Oct. 2026. Method in appendix.

Measured: aikka client work (anonymized), JAMA, Medscape, IQVIA, Doximity. Question types and implication: aikka view.

4.2 · WORKFLOW

Single steps show gains of 27% to 200%; no case tests all 5 steps together.

The questions health professionals ask AI can guide publications, medical information and field work. Company reports show gains of 27% to 200% on single steps; no public case tests them together.

EXHIBIT 23 **5 steps turn AI questions into content and field visits.**

How the questions health professionals ask AI can guide medical, content and sales teams. aikka's view; published figures where available.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Listen	**Sort**	**Find the gap**	**Send to the right team**	**Talk to the doctor**
Health professionals' AI questions, medical information requests, field team notes.	Group questions by topic, specialty and country.	Compare what health professionals ask with what AI answers and its sources.	Send each gap to its team: publications, medical information, medical science liaisons, sales reps.	Medical science liaison or sales rep visit, prepared with the questions already asked.
OWNER: Medical insights	OWNER: Medical insights, brand analytics	OWNER: Brand and medical affairs	OWNER: Content teams; medical, legal and regulatory review	OWNER: Sales reps and medical science liaisons
MEASURE: Questions and topics followed	MEASURE: Share of questions per topic	MEASURE: How often answers mention the brand and use its website as a source; accuracy	MEASURE: Content published per gap	MEASURE: Visit preparation time, insights recorded
2,000+ questions sorted into 971 topics [38] IQVIA				27% less time to prepare and follow up visits [88] IQVIA figure

Measure the change in questions and answers, then listen again

65% of Veeva's AI call reports show barriers to treatment [90] Veeva figure

Source: IQVIA and Veeva, 2026 (company figures, no control group). Steps: aikka view. Method in appendix.

IQVIA applies health professionals' AI questions to publication planning, medical education and field readiness.[38] AstraZeneca's cancer medical information team reports 200% higher engagement with its AI search tool than with its website; users rate it 4.7 out of 5.[87]

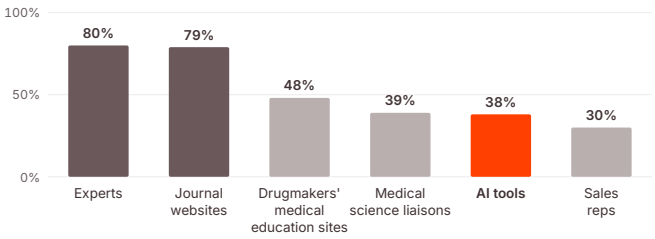
People take the final step. Under FDA guidance of October 2026, what a drugmaker's software tells users is generally promotional material in the US, so medical, legal and regulatory review is part of every step.[91]

> AIKKA VIEW
>
> Our hypothesis: health professionals start with AI and end with a person. A controlled pilot would show whether the 5 steps together raise engagement.



EXHIBIT 24 **Health professionals: 80% rate experts a key source, 38% rate AI.**

Share of health professionals who call each source of information critical or very important (IQVIA survey, 2025).



Source: IQVIA survey of health professionals, 2025.[88] Method in appendix.

PAGE LIMITATIONS

The survey was run before doctors' AI tools grew in 2026; no public case measures all 5 steps together.

Measured: IQVIA AI question study and survey. Company figures: AstraZeneca, IQVIA 27%, Veeva 65%. FDA software guidance, 20 Oct. 2026.

4.3 · GEO AND ENGAGEMENT

GEO is the first step of AI-driven customer engagement.

The 8 steps let AI tools open the brand's pages and use them as a source. The questions and answers they record then guide medical, content and field work.

EXHIBIT 25 **From AI visibility to engagement: 4 levels, each with a measure.**

Each level builds on the one below. aikka's view; time frames are indicative.

LEVEL 1 · STEPS 1 TO 3

Be readable

AI tools can open, read and quote the brand's pages.

MEASURE

Share of pages AI tools can open; use of the brand's website as a source on questions that name the brand

Weeks, one team

LEVEL 2 · STEPS 4 TO 6

Be used as a source on the disease

Drug labels, guidelines, publications and reference sites show the same evidence.

MEASURE

Use of the brand's website and of outside sources on questions about the disease that name no drug

Months, with medical

LEVEL 3 · STEP 8

Know the questions

What health professionals and patients ask, by group and country, from question panels and trends in their AI questions.

MEASURE

Share of the top questions answered by approved content

Ongoing, insights team

LEVEL 4 · STEP 7

Engage

Questions guide medical content, briefings for sales reps, email, websites for doctors, paid placements in doctors' AI tools where allowed, and AI agents (software that acts for the team).

MEASURE

One report per campaign that links questions, answers and contacts

Several teams together

Source: aikka framework, based on Parts 3 and 4. Method in appendix.

Most brand teams start at level 1 because it is measurable in weeks and needs no reorganization. Levels 1 and 2 depend on the brand's website, the label and the evidence base; level 3 adds the question data described on page 23.

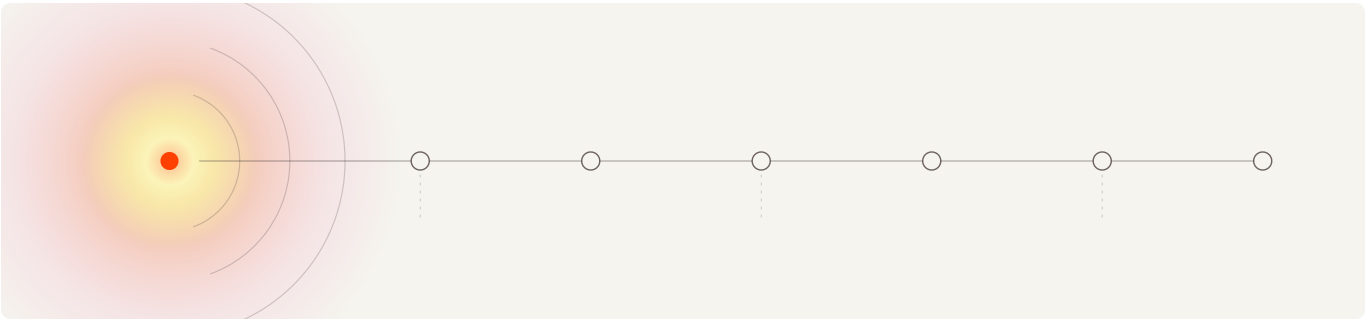
The value grows at levels 3 and 4, where question data changes what the medical and commercial teams produce. Our companion paper, **AI-driven customer engagement: the future of pharma commercialization**, describes that model and its economics.

AIKKA VIEW

A GEO score is a means. The decision it should inform is which questions the company answers, with which evidence, through which people and channels.

EXHIBIT LIMITATIONS

The levels describe what a team can do, not measured results. No public study yet links a GEO score to prescriptions or engagement.



Level 4 ends with a person: a field visit prepared with the questions health professionals asked AI.

aikka view. Time frames under each level are indicative.

4.4 · GOVERNANCE

FDA sent drugmakers 74 letters about promotion in 2025, 69 of them on or after 9 Sept.

No regulator exempts AI tools: rules on promotion, safety and record keeping apply to every page.

On 9 Sept. 2025, FDA announced thousands of letters on digital and influencer promotion; drugmakers received 74 in 2025 (10 warning and 64 untitled letters), 69 of them on or after that date.[92,93]

In aikka client work (anonymized), 19 of 36 client projects (53%) included work on approval rules and roles.[5]



FROM AIKKA CLIENT WORK · ANONYMIZED

> "[...] the agency was asking, should we make medical review this code?"

aikka team, client meeting, 2026

IMPLICATION

Before launch, medical, regulatory, legal and safety teams agree page approval, how side effects in AI answers reach the safety team, and archiving.

AIKKA VIEW

The UK code body PMCPA issued social media guidance in 2026 on false information and side-effect reporting.[94]

EXHIBIT 26 **7 rules apply to content used by AI; 2 were written for AI.**

Rules in the US, EU, UK and France, and what each means for GEO work (aikka's view).

RULE	SOURCE	WHAT IT MEANS FOR GEO WORK · AIKKA'S VIEW
Promotion rules apply to any reader, person or AI	FDA, Sept. 2025; PMCPA; ANSM[92]	Pages read by AI tools go through medical, legal and regulatory review
Uses not approved are kept apart from promotion	FDA guidance, Jan. 2025; Leem[95,96]	No content on uses not approved in pages, machine-readable labels or FAQs
Review side effect reports from any source	21 CFR 314.80 (regulation); EMA GVP VI (guideline)[97,98]	Checking AI answers needs a route to the drug safety team
Correct false information only within limits	FDA draft guidance, July 2024[99]	Dated replies give the current label and name the company
A person certifies; using AI does not remove responsibility	PMCPA guidance, June 2025[100]	AI drafts go through the usual approval steps
Disclose AI-generated text that no person reviewed	EU AI Act, Article 50 (law), applies from Aug. 2026[101]	A person reviews every published page
Dated pages, checked before publishing, records kept	ANSM; 21 CFR 314.80(j) (regulation)[102,103]	Show update dates; keep every version

Source: FDA, EMA, PMCPA, EU, ANSM and Leem texts, 2014 to 2026. Method in appendix.

Measured: FDA, King & Spalding (69 is 74 minus 5), eCFR; aikka client work (anonymized, 36 client projects). Regulatory texts: FDA, PMCPA, AI Act, ANSM, Leem. Quote: exact words, English original. No medicine is named or promoted.



PART 5

GEO checklist

80% of top brands saw rising Google searches about cost; 28% about dosing.[1]

AT A GLANCE

53%

of 36 aikka client projects in 2026 (19) included work on approval rules and roles.[5]

15 days

for US drugmakers to report a serious, unexpected side effect, whatever the source.[97]

2 Aug. 2026

date from which the EU AI Act requires disclosing AI-written text that no person reviewed, on matters of public interest.[101]

5.1 · WHAT TO DO FIRST

GEO checklist

The plan puts the 8 steps into 3 periods of 30 days, each task with an owner. It follows the plan published with the top-50 study and the order of aikka's client recommendations.[1,5]

EXHIBIT 27 **What to do first: 12 tasks over 90 days, each with an owner.**

Tasks by 30-day phase. Order, owners and durations are aikka's view.

		DAYS 1 TO 30 · MEASURE THE STARTING POINT	DAYS 31 TO 60 · FIX AND PUBLISH	DAYS 61 TO 90 · SET THE RULES
Measure answers to disease questions and to brand questions separately	Insights, brand	■		
Test real visits by AI tools: access file, firewall, scripts	Digital, IT, agency	■		
List the fast-rising questions of patients and health professionals	Brand, insights	■		
Name the medical owner; agree the review route	Medical, review team	■		
Let in verified AI tools; deliver key pages as plain HTML	IT, agency		■	
Add machine-readable labels for the medicine, the disease and the page	Digital		■	
Publish 10 to 20 answer-first pages in one review round	Brand, medical, review team		■	
Send errors in AI answers to regulatory and drug safety teams	Medical, drug safety		■	
Fix gaps in the sources AI uses, including Wikipedia discussion pages	Medical, regulatory			■
Check answers of doctors' AI tools with questions written by doctors	Medical affairs			■
Hold a monthly GEO review with medical, legal and regulatory	Brand lead			■
Measure again with the same questions	Insights			■

Source: aikka plan published with the top-50 study (Sept. 2026), and aikka client work, 2026.[1,5]

EXHIBIT 28 **80% of top brands saw rising searches on cost, 28% on dosing.**

Share of the 50 best-selling US brands with at least one fast-rising Google search on each topic, over the last 12 months.

AIKKA DATA



Source: aikka analysis of Google Trends, 50 best-selling US brands, Sept. 2026.[1] Method in appendix.

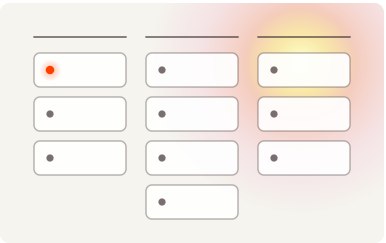
The first pages to write follow demand: 80% of the brands had at least one fast-rising Google search on cost, price or savings, compared with 28% for dosing and 22% for side effects.[1] Every page change goes through medical, legal and regulatory review, and possible side effects seen in AI answers follow drug safety rules.[1]

IMPLICATION

Name one medical owner on day 1. Without an owner who can approve answers, the plan stops between days 30 and 60.

AIKKA VIEW

90 days are enough to fix access and publish first pages. Outside sources and the content of doctors' AI tools take longer; day 90 is a checkpoint.



3 periods of 30 days, an owner per task.

Google searches, not questions to AI tools; searches are not split between patients and health professionals; cost questions may need answers outside promotional content. Sequence, owners and durations: aikka view; no measured 90-day gain exists in pharma yet.

5.2 · CHECKS FOR EACH STEP

GEO checklist

Each check is answered yes or no from the brand's website, a test of AI answers or a source review. Small print shows how the top-50 US brands scored in September 2026, where the study measured it.

1 Access for AI tools

- [ ] AI tools of OpenAI, Anthropic and Perplexity open key pages
  OAI-SearchBot, ChatGPT-User, Claude-SearchBot, PerplexityBot. **26%** of top-50 sites blocked at least 1 AI tool [1]
- [ ] The firewall lets in AI tools the access file (robots.txt) allows
  One aikka audit found a block (error 403) behind an open access file [5]
- [ ] Key pages show more than 1,500 characters of text without running scripts
  10% of top-50 homepages showed less [1]

2 Machine-readable labels

- [ ] The homepage carries valid machine-readable labels
  40% of homepages had none [1]
- [ ] Product pages label the medicine and the disease (Drug and MedicalCondition)
  12.5% labeled the medicine [1]
- [ ] Every label matches text visible on the page
  Labels alone showed no measurable gain [44]

3 Answer-first pages

- [ ] Each key page opens with the question and a 2-sentence answer in line with the label
- [ ] A named medical reviewer appears on the page
  0% of top-50 homepages [1]
- [ ] A review or update date appears on the page
  22% of top-50 homepages [1]

4 Drug label and outside sources

- [ ] Use, dosing and patient group match the current label on brand and outside pages
- [ ] Key trials link to their PubMed Central or journal page
  PubMed Central: used as a source **476** times, the most-used website [1]
- [ ] Drug databases used in answers, such as Drugs.com and GoodRx, match the current label

5 Reference sites and Wikipedia

- [ ] The Wikipedia article on the medicine matches the current label and key trials
- [ ] Proposed changes go through the discussion page, saying who you work for
- [ ] Disease reference pages (CDC, NIH, medical societies) are listed for the disease

6 Doctors' AI tools

- [ ] Key trial papers are free to read or have a plain-language summary
- [ ] The current guideline position is known for each approved use
- [ ] Answers from doctors' AI tools (OpenEvidence, Doximity) are checked for trial status and dosing

7 Paid placements in AI tools

- [ ] Each AI ad channel's policy is checked for prescription medicines and the country
- [ ] Any ad copy in AI tools goes through medical, legal and regulatory review like other promotion
- [ ] Disease-awareness formats for the public and brand formats for doctors are kept separate

8 Measurement with enough questions

- [ ] Disease questions and brand questions are reported separately
  One audit: **69%** on general questions, **6.7%** on real questions from health professionals [5]
- [ ] Each figure rests on enough questions to show a change, and is measured again every month
  Margin of error: **34** points with 1 question, **4.2** with 100 [4]
- [ ] Tests use real questions from patients and health professionals

SCORE

____ / 24

Score on day 1 and again on day 90. Open items in steps 1 and 2 come first.

AIKKA VIEW

Most brands miss checks in steps 1 to 3 that cost little to fix. Checks in steps 4 to 6 take longer and need a medical owner.

Figures: aikka study of the 50 best-selling US brands, Sept. 2026; aikka client work, 2026; Sistrix, 2026. The checks: aikka view.

METHODOLOGY

Methodology

103 endnotes: 102 linked public sources, including aikka's Top 50 study, and 1 unpublished entry for aikka engagement data. Each figure is labeled Measured, Estimated or aikka view, with its base.

The evidence base

aikka Top 50 study. Pharma AI-Ready Brands H2 2026, US Top 50: 50 US prescription brands, 2,587 AI answers from 4 AI tools on 13 questions per brand (8 questions about a disease that name no drug and 5 that name the brand), collected 28 to 30 September 2026, plus a technical read of each brand homepage.[1]

aikka engagement data, anonymized, 2026. Audits of AI answers and recommendation summaries from aikka work with pharma brand teams. Only counts are printed; no brand, company or market is named.[5]

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

Public sources. Peer-reviewed studies, regulator and AI company documentation, industry surveys and vendor studies, listed in the endnotes with their URL.

The 3 labels

Measured	Counted on a stated group by aikka or the named source.
Estimated	Calculated from measured inputs with a stated method; an estimate, never a forecast.
aikka view	Judgment from aikka work, shown in a marked box.

Limits

Vendor and survey figures. Some companies and surveys do not publish how many people or answers they counted. We print it where known and name the source.

AI answers change. Study figures describe September 2026; we report results across many answers.

No measured gain in pharma yet. No public study yet measures the effect of these steps on prescriptions or brand outcomes. The steps rest on measured gaps and on controlled tests outside pharma.

Scope. The study covers US brands and US versions of AI tools. Engagement data is reported only in aggregate.

Compliance. This publication does not promote any medicine. Study results are printed without brand names; medicines appear only in public third-party facts.

Trademarks and images. 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.

STATUS

Figures are current as of 18 November 2026.

EXHIBIT 29 **How we built the study: 13 questions on 50 brands, put to AI tools.**

aikka study, Sept. 2026

AIKKA DATA

50	×	13	×	4	=	2,587
BRANDS		QUESTIONS PER BRAND		AI TOOLS		ANSWERS ANALYZED
Best-selling US prescription brands, each with its homepage		8 questions about the disease that name no drug and 5 that name the brand		ChatGPT, Gemini, Claude and Perplexity		2,600 planned, 2,587 analyzed: brand mentioned or not, websites used as sources, use of the brand's website

SIDE BRANCH · WEBSITE TEST Access file, visits by 3 AI tools, text without scripts, machine-readable labels, reviewer and date on each of the 50 homepages (48 could be read in full).

Source: aikka study of the 50 best-selling US brands, Sept. 2026.[1]

Method of aikka research publications.

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. Bases differ by bar. IQVIA survey, 23,769 doctors, 34 countries, May to July 2026; AMA, 1,342 US doctors, 2026, like-for-like 72% (the headline 81% includes 9% unsure); Rock Health, 8,000 US adults, Dec. 2025; SparkToro browser panel, US, Jan. to Apr. 2026, Google mobile app excluded; AI Overviews on symptom searches, RAISE Health via Stanford AI Index 2026, location not stated.

Exhibit 2. Typical brand = median of 50 brands. Per brand: 8 disease questions × 4 AI tools = 32 answers; 5 brand questions × 4 AI tools = 20 answers. 2,587 of 2,600 expected answers received. Collected 28 to 30 Sept. 2026, US, English.

Exhibit 3. Share of answers about the disease that used a brand-owned website, per brand; 50 brands.

Exhibit 4. PharmaGEO public tracker, May 2026; 23 brands, 4 disease areas, 80 questions each; OpenAI, Gemini, Perplexity; English, French, Spanish. Differences in points are derived.

Exhibit 5. 1,723 uses of the 15 most-used websites; types assigned by aikka; total 99.9% due to rounding.

Exhibit 6. BrightEdge, 113,557 health question and answer pairs on 3 platforms, Jan. 2026. In general searches, outside health (Ahrefs, 78.6 million searches, June 2025), Wikipedia drew 16.3% of ChatGPT mentions and 12.5% of Perplexity mentions, and Reddit 7.4% of Google AI Overviews mentions.[20]

Exhibit 7. Chen and Koudas, 2026, 158,099 answers, 362 websites; variation within each website in 90-day ChatGPT source counts. Other figures from Ahrefs (75,000 brands; 1,885 pages), Yu et al., C-SEO Bench.

Exhibit 8. GEO-bench test set, 1,000 questions, 25 subject areas, 5 runs, 5 pages per question; measure = share of answer words taken from the page, adjusted for position.

Exhibit 9. 8 public agreements, Feb. 2025 to Oct. 2026; the AMBOSS agreement (German guidelines, RKI and ifap drug data) is dated 2026, month not stated.

Exhibit 11. 50 homepages, 3 test visits, including the Perplexity page tool and OpenAI's GPTBot, 28 to 30 Sept. 2026; counts derived from shares; the test records the server response, not its cause.

Exhibits 12 and 14. Reviewer and date on 50 homepages; FAQ and labels on the 48 homepages that could be analyzed; collected 28 to 30 Sept. 2026.

Exhibit 15. aikka study: 2,587 answers from ChatGPT, Gemini, Claude and Perplexity on the 50 best-selling US brands, collected 28 to 30 Sept. 2026, US, English; all 15 most-used websites shown.

Exhibit 17. Abovance, 537 sources, 50 questions, 2 AI tools, 5 Oct. 2026; total 99% due to rounding.

Exhibit 19. Sistrix, 10,826 daily measurement series, 4 AI models, 8 countries; 1 question asked on 20 days, 20 questions asked on 1 day, design for 100 questions not stated; ranges are typical deviations, not confidence intervals; the 1-question range is cut at 0%.

Exhibit 21. One client brand; 8 general questions; number of clinical-case questions not published; difference 62.3 points (69 minus 6.7).

Exhibit 22. JAMA, sample of 38.8 million of 271 million OpenEvidence questions, 2024 to 2026; Medscape, millions of questions, exact number not disclosed; IQVIA, 2,000+ questions from 107 health professionals, 971 topics, France, Germany, UK, data to 31 Aug. 2026; guidelines share derived.

Exhibit 23. IQVIA, 16 and 21 Oct. 2026; Veeva, 2026 (company figures, no control group). Steps, owners and measures: aikka view.

Exhibit 24. IQVIA survey, Mar. to Apr. 2025; number of respondents and countries not stated.

Exhibit 25. aikka framework built on Parts 3 and 4 of this playbook; time frames are indicative.

Exhibit 26. The 2 rules written for AI were checked against their primary texts on 19 Nov. 2026. PMCPA: using AI to support Code compliance "does not absolve a company of any of its responsibilities under the Code", and certification cannot be done by AI alone.[100] EU AI Act, Regulation (EU) 2024/1689: Article 50(4) requires disclosure of AI-generated text published to inform the public on matters of public interest, unless a person reviewed it and holds editorial responsibility; Article 113 sets the start date, 2 Aug. 2026.[101]

Exhibit 28. Google Trends related searches, US, last 12 months, collected 28 Sept. 2026.

GEO checklist. "40% of homepages had none": 19 of the 48 homepages that could be analyzed carried no machine-readable labels. "Labels alone showed no measurable gain": a study of 730 sources that allowed for search rank found no significant gain (p = 0.296).[44]

SOURCES

Sources.

1 aikka, Pharma AI-Ready Brands H2 2026, US Top 50 · GEO Playbook, October 2026; data collected 28 to 30 September 2026; 50 brands, 2,587 answers, ChatGPT, Gemini, Claude, Perplexity; US. pharma-geo.com

2 IQVIA, Beyond the front door: evolving implications of AI as a gateway to medical information, 10 November 2026; 23,000+ HCPs, 34 countries. iqvia.com

3 Rock Health, The tortoise and the hare of care: 2025 consumer adoption survey, 23 March 2026; n = 8,000 US adults. rockhealth.com

4 Sistrix, Measuring AI visibility: breadth beats repetition, 28 October 2026; 10,826 prompt series, 4 models, 8 countries. sistrix.com

5 aikka engagement data, anonymized: AI-answer audits and recommendation summaries for pharma brands, 2026. Internal, not published; held by aikka.

6 aikka, There is no AI visibility. There are six, PharmaGEO public index, May 2026; 23 brands, 4 therapeutic areas, 80 prompts each, 3 engines, 3 languages. pharma-geo.com

7 American Medical Association, Physician AI Sentiment Report, March 2026; n = 1,342 US physicians. ama-assn.org

8 SparkToro, In 2026, less than one third of Google searches still send a click, 8 June 2026; US clickstream, January to April 2026. sparktoro.com

9 AI Adoption, AI Overviews on health searches (Stanford AI Index 2026, fig. 6.3.1), 2026. aiadoption.org

10 KFF, Tracking poll on health information and trust: use of AI for health information and advice, 25 March 2026; n = 1,343 US adults. kff.org

11 SparkToro, Search happens everywhere: an analysis of 41 websites with significant search activity, 2 March 2026; US desktop. sparktoro.com

12 Pew Research Center data via arXiv, AI Overviews and clicks, 900 US adults, March 2025; published 5 August 2026. arxiv.org

13 aikka, Benchmarking 23 pharma brands across 3 LLMs, PharmaGEO public index, May 2026; 23 brands, 3 AI systems, 80 prompts. pharma-geo.com

14 aikka, The language geography of AI visibility, PharmaGEO public index, May 2026. pharma-geo.com

15 Yu J, MuFeng Y, Ding Y, Sato H, Structural feature engineering for generative engine optimization, arXiv:2603.29979, 31 Mar 2026. arxiv.org

16 Chen M, Koudas N, What Drives AI Citations? Content, Retrieval and Model Knowledge in GEO, arXiv:2610.15033, 10 Oct 2026; 158,099 answers, 468,037 citations. arxiv.org

17 Profound, Where Do AI Citations Come From? Analyzing 11.84 Billion Citations Across 29 Industries, 30 Jul 2026. tryprofound.com

18 LLM Pulse, Top US health sources cited by Perplexity and AI Overviews, updated 15 Nov 2026; about 825,000 non-branded US health citations. llmpulse.ai

19 BrightEdge, Healthcare AI citations: ChatGPT vs. Google trust, 8 Jan 2026; 113,557 healthcare URL-prompt pairs. brightedge.com

20 Ahrefs, Top 10 most cited domains in AI assistants, June 2025; 957,000 ChatGPT prompts, 76.7 million AI Overviews. ahrefs.com

21 Ahrefs, An analysis of AI Overview brand visibility factors (75K brands studied), 26 May 2025. ahrefs.com

22 Ahrefs, We tracked 1885 pages adding schema. AI citations barely moved., 11 May 2026; 1,885 treated pages, 4,000 controls. ahrefs.com

23 Optimizing visibility in generative engines: a critical survey of GEO (2023-2026), arXiv:2607.14035, 15 Jul 2026; reports C-SEO Bench, Puerto et al., 2025. arxiv.org

24 Aggarwal P, Murahari V, Rajpurohit T et al., GEO: Generative Engine Optimization, KDD 2024, arXiv:2311.09735v3, 28 Jun 2024. arxiv.org

25 Patel et al., JAMA, Clinician use of an AI-enabled clinical information platform, 15 Oct 2026; 952,008 US clinicians, 271M queries. jamanetwork.com

26 Doximity, Doximity GPT: faster, with full sources and peer-reviewed content, 17 Sep 2025. blog.doximity.com

27 Wolters Kluwer, UpToDate editorial process, 2026. wolterskluwer.com

28 Wolters Kluwer, Health system adoption of UpToDate Expert AI reaching 2,500 US hospitals and health systems, 6 Aug 2026. wolterskluwer.com

29 Doximity, Doximity acquires Pathway, a leader in AI clinical reference, 7 Aug 2025. investors.doximity.com

30 Wolters Kluwer, Doximity and Wolters Kluwer bring UpToDate to Doximity Ask, 20 Oct 2026. wolterskluwer.com

31 OpenEvidence, OpenEvidence and NEJM Group content agreement, 19 Feb 2025. openevidence.com

32 OpenEvidence, OpenEvidence and the JAMA Network sign strategic content agreement, 5 Jun 2025. openevidence.com

33 OpenEvidence, NCCN and OpenEvidence collaborate to bring clinical oncology guidelines to medical AI, 5 Nov 2025. openevidence.com

34 American Diabetes Association, ADA and OpenEvidence collaborate, 3 Dec 2025. diabetes.org

35 Wiley, Wiley and OpenEvidence partner to deliver trusted research to physicians at the point of care, 3 Mar 2026. newsroom.wiley.com

36 Springer Nature, Springer Nature and OpenEvidence content agreement, 4 Aug 2026. group.springernature.com

37 AMBOSS, AI Mode, product page, 2026; Germany. amboss.com

SOURCES, CONTINUED

38 IQVIA, Beyond GEO: turning AI conversations into strategic intelligence, 16 Oct 2026; 2,000+ prompts, 107 HCPs, France, Germany, UK. iqvia.com

39 Abovance, Who ChatGPT and Perplexity cite on health questions, 6 Oct 2026; 50 questions, 537 citations, US. abovance.com

40 Fierce Healthcare, Doximity expands clinical AI footprint to more than 190 health systems, November 2026; company-reported. fiercehealthcare.com

41 Muck Rack, What Is AI Reading? (October 2026), 14 October 2026; 207 million citations across ChatGPT, Gemini and Claude. muckrack.com

42 Vercel, The rise of the AI crawler, 17 December 2024; about 1.3 billion monthly AI crawler fetches. vercel.com

43 Hybrid Ranking, llms.txt one year later, 17 August 2026; citing an Ahrefs server-log audit of 137,210 domains, May 2026. hybridranking.com

44 Site.info.link, Does schema markup help AI citations?, 2026; Growth Marshal rank-controlled study, 730 citations. site.info.link

45 Gallifant J, Chen S, Bitterman DS et al., Language models are surprisingly fragile to drug names in biomedical benchmarks, Findings of EMNLP 2024, PMC version December 2025; 726 questions. pmc.ncbi.nlm.nih.gov

46 Schema.org, Drug, type specification, V30.1, 16 September 2026. schema.org

47 Schema.org, MedicalWebPage, type specification, V30.1, 16 September 2026. schema.org

48 aikka, Medical writing built for AI retrieval, 2026. pharma-geo.com

49 aikka, The owned content playbook for the AI answer layer, 2026. pharma-geo.com

50 Search Engine Land (Danny Goodwin; study by Kevin Indig), 44% of ChatGPT citations come from the first third of content: Study, 18 February 2026; 18,012 verified citations. searchengineland.com

51 arXiv 2611.19166, Label: literature asymmetry between efficacy and limits in drug knowledge and language models, 14 November 2026; 574 drugs; preprint. arxiv.org

52 Drugs.com, Editorial policy, 2026. drugs.com

53 Cureus, The gap in electronic drug information resources: a systematic review, 22 June 2018; reports Randhawa et al., 270 summaries, August 2014 to January 2015. pmc.ncbi.nlm.nih.gov

54 National Library of Medicine, About DailyMed, 2026. dailymed.nlm.nih.gov

55 FDA, Structured Product Labeling resources, 2026. fda.gov

56 European Medicines Agency, European public assessment report, glossary, 2026. ema.europa.eu

57 National Institutes of Health, 2024 NIH Public Access Policy, effective 1 July 2025. grants.nih.gov

58 Wikipedia, Conflict of interest guideline, edited 1 November 2026. en.wikipedia.org

59 Wikipedia, Paid-contribution disclosure, 2026. en.wikipedia.org

60 Wikipedia, Edit requests, 2026. en.wikipedia.org

61 Wikipedia, Identifying reliable sources (medicine), 2026. en.wikipedia.org

62 CIPR, CIPR raises concerns over PR firm's unethical editing of Wikipedia, 15 January 2026. newsroom.cipr.co.uk

63 OpenAI (Brown T et al.), Language models are few-shot learners, table 2.2, 2020. arxiv.org

64 Journal of the American Board of Family Medicine, Wikipedia coverage of FDA approved drugs, 2022; 1,201 drugs approved 1982 to 2020. jabfm.org

65 Pharmaceutical Executive, Wiki incident, 1 October 2007. pharmexec.com

66 ACM CSCW Companion, Do LLMs read for free? Open access and citation after ChatGPT, Oct 2026; 64,841 articles, 120 communication journals. dl.acm.org

67 OpenEvidence, Advertising policy, updated 12 Aug 2024. openevidence.com

68 Sacra, OpenEvidence revenue, valuation and funding, Sep 2026; analyst estimates. sacra.com

69 The Inference, OpenEvidence is turning hospital data and pharma ad money into its own drug pipeline, 23 Sep 2026. theinference.org

70 European Union, Directive 2001/83/EC, Article 88, legislation.gov.uk consolidated text. legislation.gov.uk

71 RAPS, Experts offer tips for using AI for drug advertising, 10 Mar 2026. raps.org

72 Google, Ads in AI Mode expand to new markets, 28 Oct 2026. blog.google

73 Adthena, Prescription drug ads in Google AI Mode, 13 Oct 2026; US. adthena.com

74 OpenAI, Ad policies, 2026. openai.com

SOURCES, CONTINUED

75 Keywords Everywhere, ChatGPT ads timeline, 31 Aug 2026. keywordseverywhere.com

76 Microsoft Learn, About ads in Copilot, 19 Jun 2026. learn.microsoft.com

77 Sprites, Perplexity ads history, 17 Nov 2026. sprites.ai

78 PharmaForward, Pharma advertising on AI platforms: 2027 outlook, 3 Nov 2026. pharmaforward.com

79 SparkToro, AIs are highly inconsistent when recommending brands or products, 27 Jan 2026; 2,961 responses. sparktoro.com

80 Profound, Profound raises $180M Series D at $1.8B valuation, 15 Sep 2026. tryprofound.com

81 Pathfounders, Interview with the Peec AI founder, 2 Nov 2026; founder statements. pathfounders.com

82 Semrush, AI Visibility features, knowledge base, 2026. semrush.com

83 Security Boulevard, Who is buying and building AI visibility: an acquisition map for the GEO category, 5 Oct 2026. securityboulevard.com

84 Otterly, Pricing, 2026. otterly.ai

85 Real Chemistry, Real Chemistry launches healthcare-first AI search solution, 20 Aug 2025. realchemistry.com

86 Indegene, AI search optimization for pharma, solution page, 2026. indegene.com

87 Medical Affairs Professional Society, From content to conversation: an external AI use case in medical affairs, 2026. medicalaffairs.org

88 IQVIA, Filling the gaps, 21 Oct 2026; HCP survey Mar to Apr 2025, n not stated. iqvia.com

89 Medscape, What physicians are asking Medscape AI about most, 10 Apr 2026. medscape.com

90 Veeva, Powering agentic commercial: latest innovations in Veeva Vault CRM Suite, 8 Oct 2026. veeva.com

91 FDA, FDA issues final guidance on prescription drug apps and software, 20 Oct 2026. fda.gov

92 FDA, FDA launches crackdown on deceptive drug advertising, 9 Sep 2025. fda.gov

93 King & Spalding, 2025 Year in Review: FDA Drug and Device Advertising and Promotion Enforcement, 2026. kslaw.com

94 PMCPA, Revised social media guidance published, 4 Feb 2026. pmcpa.org.uk

95 FDA, Communications From Firms to Health Care Providers Regarding Scientific Information on Unapproved Uses, final guidance, Jan 2025. fda.gov

96 Leem, Dispositions Déontologiques Professionnelles, 2022 English translation. leem.org

97 eCFR, 21 CFR 314.80 Postmarketing reporting of adverse drug experiences, current 2026. ecfr.gov

98 EMA, Good pharmacovigilance practices, GVP Module VI Rev 2, effective 22 Nov 2017. ema.europa.eu

99 FDA, Addressing Misinformation About Medical Devices and Prescription Drugs, revised draft guidance, Jul 2024. fda.gov

100 PMCPA, Guidance on using AI to assist in the review of promotional materials, revised Jun 2025. pmcpa.org.uk

101 EU Artificial Intelligence Act, Article 50: transparency obligations, applies 2 Aug 2026. artificialintelligenceact.eu

102 ANSM, Control over medicine advertising, updated 29 May 2026. ansm.sante.fr

103 ANSM, Charte pour la communication et la promotion des produits de santé sur Internet, V1, Mar 2014. ansm.sante.fr

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