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Invisible Influence

Who is answering
for your brand in
the Age of AI?

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This report was produced by PharmaBrands following Age of AI Europe 2026, held on 10 March 2026 at the IET London, Savoy Place. It draws on the presentation and transcript delivered by Michelle Dunst, Managing Director, Integrated Intelligence at Real Chemistry on the day.



Michelle Dunst
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Michelle leads analytics strategy and innovation work across Real Chemistry's healthcare client portfolio, with a focus on how emerging technologies (including AI search and generative tools) are reshaping health communications, brand strategy, and HCP engagement.

**“AI is already shaping your brand...
Without You. Across AI search, chat
interfaces, and synthesised summaries.”**
– **Dunst**



AI is already shaping your brand. Without you.

Generative AI tools are already surfacing answers about brands - including products, safety profiles, and therapeutic area positioning - regardless of whether any deliberate action has been taken to shape those outputs.

As patients and healthcare professionals increasingly begin their discovery journey within chat-based interfaces rather than traditional search engines, visibility is no longer determined by rankings alone but by how information is synthesised and presented.

Traditional search engine optimisation (SEO) frameworks, tactics, and metrics do not translate directly to this environment. Generative AI systems synthesise information rather than rank results, making competition for clicks a less relevant objective. Instead, the focus shifts to influencing and shaping the answers themselves. This requires new capabilities, revised organisational structures, and an updated definition of success.

Healthcare discovery has entered what can be described as a “synthesis era,” defined by the wide range of stakeholders now turning to AI for answers within a single therapeutic area.

“You cannot optimise for AI the way that you optimised search. AI synthesises, it does not rank. Stop competing for clicks.”

– Dunst



What GEO actually is (and what it isn't)

Generative Engine Optimisation (GEO) is the discipline of shaping how a company, brand, and therapeutic area are represented within AI-generated responses. Think about it in these three areas:

- 1 Inclusion & Visibility:** making sure your brand appears in AI-generated treatment, pipeline, and category discussions.
- 2 Source Authority:** strengthening your presence across the trusted clinical, regulatory, and third-party sources AI systems draw from.
- 3 Narrative & Clinical Framing:** shaping how efficacy, safety, and differentiation are described and compared

What's in:

- Inclusion in AI-generated answers
- Citation presence and weighting
- Competitive positioning within summaries
- Preservation of key messages and clinical nuance
- Measurement of "share of answer"

What's out:

- Ranking as the primary objective
- Traffic as a proxy for influence
- Share of voice as the sole measure of dominance
- Optimising only for search visibility
- Assuming visibility equals understanding

The new KPI: Share of answer

Share of answer is the core metric for measuring GEO performance. It goes beyond visibility, impressions, or traffic, focusing instead on a more meaningful question: to what extent does a brand appear in - and shape - AI-generated responses within its therapy area?

Measuring it is relatively straightforward:

- 1 Select a representative set of prompts based on real questions from healthcare professionals, patients, journalists, and policymakers
- 2 Run those prompts through AI tools
- 3 Audit the responses and score for brand presence, accuracy, and positioning

This creates a baseline that can be tracked over time, with changes indicating performance.

**"Visibility becomes that share of answer.
Are you showing up, and how?"**
– **Dunst**



The GEO readiness framework

A practical way to assess GEO readiness is to look across four core areas:

Relevance:

Are you answering the questions people are actually asking AI?

- Identify real patient and HCP questions using search data, social listening, and direct input
- Use clear, plain-language explanations that AI can interpret accurately
- Keep content up to date, as recency influences what AI systems surface

Structure:

Is your content easy for AI to extract?

- Use clear headings and logical hierarchy
- Front-load key information and present it in lists or summaries
- Structure data in tables or clearly defined sections where possible

Authority:

Would AI trust and cite this source?

- Support claims with credible clinical, regulatory, and third-party references
- Make expert authorship visible with named, verifiable credentials
- Build external validation through citations and earned media

Accessibility:

Can AI actually read the content?

- Ensure pages are crawlable and properly indexed
- Use structured markup to clarify content type and context
- Avoid relying on PDFs for critical information

GEO is everyone's job - and that's the challenge!

Unlike traditional SEO, which typically sits within a defined team, GEO does not fit neatly into a single function. It spans content, commercial, PR, medical, digital, and web - because AI-generated answers are built from all of these sources.

The risk is if it sits everywhere, it can end up owned nowhere.

Addressing this requires embedding GEO into existing workflows across all content-producing functions, rather than isolating it within a single team. A shared metric - such as share of answer - can help create alignment and accountability across these groups, ensuring a coordinated approach to how the brand is represented in AI-generated responses.

“GEO doesn't fit inside a single team”
- **Dunst**



Key takeaways

1

Your brand is already in AI search results. Audit them now.

ChatGPT, Perplexity, and Gemini are generating answers about your products, your safety profile, and your therapeutic area today. Run a prompt audit: ask the questions your HCPs and patients are asking. Score what comes back. That is your baseline, and it may surprise you.

2

GEO and SEO are different disciplines.

Stop treating them as the same. SEO competes for rankings. GEO shapes narratives. Keyword density, backlink profiles, and click-through rates are the wrong success metrics for generative AI. Reframe your content strategy around inclusion, citation quality, and answer framing.

3

Share of answer is the KPI. Build the measurement infrastructure now.

Define a representative set of prompts for your therapy area. Run them quarterly across major AI tools. Track your brand's presence, accuracy, and competitive positioning in the answers. Share of answer is measurable, reportable, and directly connected to commercial outcomes.

4

PDFs are a GEO liability.

Move critical content to crawlable formats.

If your efficacy summaries, clinical data, and safety information exist only as PDFs, they are largely invisible to generative AI. Prioritise migrating the highest-value content to structured, crawlable web pages with clear headings, data tables, and visible expert authorship.

5

Authority signals matter as much as your own content.

AI systems weight third-party citation, expert authorship, and clinical credibility. An accurate third-party reference to your brand may do more for your share of answer than a well-optimised branded page. Invest in earned media, publications, and regulatory presence as GEO assets, not just communications outputs.

6

Assign cross-functional GEO ownership before a single team 'wins' the brief.

GEO synthesises from medical, commercial, digital, PR, and clinical content simultaneously. If one function takes sole ownership, the others will deprioritise their contribution. Build a shared share of answer metric that creates collective accountability across every team that touches content.



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A practical guide to
Generative Engine
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Director, Channel Enablement Expert
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