Current Models of Innovation and Market Strategies in Pharmaceutical Development: A Comprehensive Review

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Review Article

ABSTRACT

This paper examines innovative models and market strategies in the pharmaceutical industry, highlighting how these innovations shape drug development, market dynamics, and public health outcomes. Pharmaceutical innovation spans product enhancements, process efficiencies, and organizational and marketing transformations, all aimed at improving patient outcomes and healthcare access. The methodology explored comprehensive literature review, focusing on recent developments in pharmaceutical innovation, drug marketing practices, and regulatory frameworks. Primary sources include scholarly articles from Google Scholar, ResearchGate, Scopus, and Web

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of Science, as well as industry reports and case studies from leading pharmaceutical firms. Key strategies explored include product and process innovations that make medications more effective and accessible, as well as open innovation models, which promote collaboration and cost-sharing in research. The review underscores the ethical and regulatory complexities of the industry, from patient-centered marketing to the rise of biosimilars. Future directions in pharmaceutical innovation, such as artificial intelligence and precision medicine, are presented as transformative tools for advancing personalized healthcare. These advancements reflect the sector's ongoing response to regulatory demands, economic pressures, and global health challenges, positioning the pharmaceutical industry as a crucial driver of public health and economic sustainability.

1. INTRODUCTION

Innovation has been a key driver of human advancement, transforming industries, tools, and systems across generations. The pharmaceutical sector exemplifies this evolution, where innovation not only introduces new products but also enhances the therapeutic quality of existing treatments, often revolutionizing disease management and patient outcomes [1]. Derived from the Latin *innovatio*, the term originally meant renewing or enhancing existing products, a concept that aptly describes much of modern pharmaceutical innovation, where the focus is on refining and adapting therapies to improve patient care rather than replacing treatments altogether [2]. The pharmaceutical industry today operates in a highly dynamic landscape shaped by rising R&D costs, stringent regulatory standards, and the need for ethical practices in marketing and drug distribution. Over the past two decades, pharmaceutical innovation has led to breakthroughs such as the tyrosine kinase inhibitors (TKIs) for chronic myeloid leukemia (CML), which improved the 5-year survival rate from less than 20% to over 90% [3,4]. Furthermore, treatments for non-small cell lung cancer now include immune checkpoint inhibitors, which offer improved survival and reduced side effects compared to traditional chemotherapy [5]. Beyond improving individual patient outcomes, pharmaceutical innovation also drives systemic cost savings, as treatments for chronic conditions reduce the need for hospitalizations and other intensive healthcare services [6,7]. This paper explores the various dimensions of pharmaceutical innovation, including models of product and process innovation, organizational restructuring, marketing strategies, and the ethical and economic impacts of drug promotion. Emphasis is placed on the role of open innovation models in enhancing R&D efficiency, the impact of generic and biosimilar competition in cost reduction, and the transformative role of advanced treatments in managing chronic and infectious diseases.

2. METHODOLOGY

The methodology of this study involves gathering data from a comprehensive literature review that focuses on recent developments in pharmaceutical innovation, drug marketing practices, and regulatory frameworks. Primary sources include scholarly articles from Google Scholar, ResearchGate, Scopus, and Web of Science, as well as industry reports and case studies from leading pharmaceutical firms. The information searched covers topics such as "pharmaceutical development," "market strategies for pharmaceutical products," and "models of innovation in pharmaceutical production," among others, from the year 2000 to 2023. A thematic analysis was conducted to categorize innovations into four main areas: product, process, organizational, and marketing innovations. By integrating data on these models, this review identifies patterns in innovation adoption, ethical implications, and economic impacts across the sector. The study also examines specific cases of open innovation and the use of biosimilars, assessing their effects on cost efficiency and patient access. Through this approach, the paper provides an evidence-based framework for understanding the intersection of innovation and market strategies in pharmaceutical development.

3. TYPES OF INNOVATION IN THE PHARMACEUTICAL INDUSTRY

3.1 Product Innovation

Product innovation is central to the pharmaceutical sector, driving improvements in drug efficacy and patient outcomes. It is

fundamental in the pharmaceutical industry, focusing on developing drugs that offer new mechanisms of action, enhanced efficacy, or improved safety profiles. An example is the antifungal agent fosfluconazole, a prodrug of fluconazole with enhanced water solubility, which facilitates its use in critical care settings. Fosfluconazole's development illustrates how product innovation can overcome limitations of existing drugs [8,9]. One landmark product innovation was the introduction of tyrosine kinase inhibitors (TKIs) for chronic myeloid leukemia (CML), with the first TKI, imatinib, approved by the FDA in 2001. This class of drugs has dramatically improved 5-year survival rates for CML patients from less than 20% to over 90%, underscoring the life-changing potential of new treatment modalities [3,4]. More recently, cancer immunotherapies, such as immune checkpoint inhibitors, have provided better outcomes for patients with advanced non-small cell lung cancer, demonstrating significant survival gains and improved quality of life [5]. Product innovation is also crucial in treating chronic diseases like HIV and hepatitis C, where advancements in antiviral therapies have led to near-normal life expectancies for treated patients and high cure rates with minimal side effects [10,11]. Such innovations not only improve health outcomes but also offer substantial economic benefits by reducing long-term healthcare costs and increasing productivity [12].

3.2 Process Innovation

Process innovation enhances the efficiency and cost-effectiveness of pharmaceutical production, often making treatments more accessible. For instance, the pharmaceutical synthesis of vardenafil achieved a significant yield increase through collaboration among Bayer, GlaxoSmithKline, and Schering-Plough, boosting production efficiency [13,14]. Process improvements like these directly impact the cost and availability of medications, ensuring wider access to critical therapies. Another example is the Directly Observed Treatment Strategy (DOTS) for tuberculosis, a public health initiative that enhanced treatment adherence and improved cure rates in regions with high tuberculosis incidence. Developed by Karel Styblo, DOTS emphasized supervised treatment administration, reducing treatment default rates and helping to curb the spread of tuberculosis in communities [15,16]. This approach highlights how process innovations extend beyond the laboratory, positively influencing public health outcomes.

3.3 Organizational Innovation

Organizational innovation involves restructuring healthcare delivery and resource allocation within pharmaceutical companies and healthcare systems. Brazil's Family Health Strategy (ESF), for example, decentralized healthcare to local teams, which allows municipalities to better address specific public health needs through a multiprofessional approach [17]. Such innovations in organizational structure reflect the industry's responsiveness to the healthcare needs of diverse populations, increasing the accessibility and effectiveness of healthcare services.

3.4 Marketing Innovation

Marketing innovation in the pharmaceutical industry now includes patient-centered campaigns, online engagement, and direct-to-consumer (DTC) advertising, particularly in markets like the United States. This strategy empowers patients to participate actively in their healthcare decisions, although it raises concerns about the ethical implications and potential cost inflation due to increased drug demand [18,19]. By combining awareness campaigns, promotional events, and patient education resources, pharmaceutical marketing strategies have a significant impact on public health and drug utilization patterns [20].

4. MODELS OF INNOVATION IN THE PHARMACEUTICAL SECTOR

4.1 Traditional Closed Innovation

Historically, pharmaceutical companies relied on closed innovation, where R&D occurred within proprietary, in-house laboratories with minimal external input. While this model provided control over the drug development process, it limited access to external knowledge and collaboration opportunities, which are now essential for addressing the complexities of modern healthcare [21]. However, as the need for more adaptable and collaborative approaches grew, pharmaceutical firms began to shift toward open innovation models [2].

4.2 Open Innovation

Open innovation, conceptualized by Chesbrough [22], allows companies to integrate external insights and resources into their development processes, thus accelerating innovation and reducing R&D costs. Open innovation operates

through both outside-in and inside-out models. The outside-in approach, as seen with AstraZeneca's PatientsLikeMe platform, leverages real-world patient data to guide research priorities [23]. Conversely, the inside-out model involves licensing proprietary technologies to external entities, generating revenue and enabling other companies to build upon foundational innovations [24]. Furthermore, Eli Lilly's InnoCentive is a crowdsourcing platform that encourages external problem-solving contributions, expanding the innovation pipeline by tapping into a global pool of experts [25]. These open innovation models exemplify how pharmaceutical companies can enhance innovation efficiency by incorporating diverse perspectives and expertise.

4.3 Coupling Model of Innovation

The coupling model combines elements of both outside-in and inside-out innovation, fostering partnerships with academic institutions, research centers, and other companies. The Structural Genomics Consortium, for example, facilitates open-access research on potential drug targets, accelerating discovery through shared resources and knowledge [26]. This model demonstrates the advantages of collaborative innovation in managing the high costs and risks associated with pharmaceutical R&D [27].

5. DRUG PROMOTION PRACTICES IN THE PHARMACEUTICAL MARKET

5.1 Direct Marketing and Medical Representatives

Pharmaceutical companies have traditionally used direct marketing through medical representatives, who engage with healthcare providers by offering drug samples, literature, and updates on new products. This approach is known to influence prescribing behaviors and establish brand loyalty among providers, although it raises ethical concerns around impartial decision-making [2].

5.2 Direct-to-Consumer (DTC) Promotion

DTC advertising, prominent in the United States, encourages patients to engage in discussions about specific treatments with their healthcare providers. While this marketing strategy promotes patient awareness, it also raises concerns over healthcare cost inflation and potential over-prescription [18]. Regulatory bodies, such as the FDA, set guidelines to ensure that DTC advertising maintains a balance between portraying drug benefits and risks.

5.3 Ethical Concerns and Regulatory Oversight

Pharmaceutical marketing often faces ethical scrutiny due to its potential influence on clinical decisions. Regulatory guidelines established by organizations like the WHO emphasize ethical marketing practices that prioritize accuracy and integrity, aiming to safeguard both providers and patients from biased information [28].

6. IMPACTS OF PHARMACEUTICAL INNOVATION ON PUBLIC HEALTH AND ECONOMIC OUTCOMES

6.1 Contribution to Chronic Disease Management

Pharmaceutical advancements have significantly improved chronic disease outcomes. Innovations in cardiovascular treatments, for example, have contributed to a 50% reduction in heart disease mortality across the U.S. and Europe since the 1960s, largely due to improved medications and preventative measures [29]. Similarly, pharmacological advancements in diabetes management have extended life expectancy for patients with type 1 and type 2 diabetes [30,31].

6.2 Advances in Treating Infectious Diseases

Vaccines and antimicrobials have played crucial roles in reducing the burden of communicable diseases. Vaccination programs are estimated to prevent millions of deaths annually, with antibiotics providing critical support for patients undergoing procedures that pose infection risks [32,33]. Pharmaceutical advancements have therefore had a transformative impact on public health, contributing to increased life expectancy and improved health outcomes.

6.3 Generic and Biosimilar Competition

The introduction of generics and biosimilars has created significant opportunities for cost savings. For example, in the U.S., generics saved the healthcare system approximately $1.68 trillion over a decade, and similar savings potential exists with biosimilars, though their development

costs and regulatory hurdles are higher than for small molecule generics [34,35]. Countries with high biosimilar adoption rates have demonstrated substantial cost savings, underscoring the potential of biosimilars to reduce healthcare expenditures [36].

7. CHALLENGES AND FUTURE DIRECTIONS

7.1 Balancing Innovation and Ethical Responsibility

The pharmaceutical industry faces ongoing challenges in balancing the pursuit of profit-driven innovation with a commitment to ethical standards that prioritize patient welfare. While rapid advancements in drug discovery and development are essential to meet healthcare demands, ethical concerns have grown over practices that may compromise patient safety and trust. Notable among these are issues of data manipulation, selective reporting, and ghostwriting, where third parties contribute to research papers without proper acknowledgment, potentially creating biased or misleading information [2]. These practices can severely damage public trust and highlight the need for greater transparency in research and development (R&D). To address these ethical dilemmas, companies are increasingly under pressure to adopt stringent standards that ensure accuracy, reliability, and ethical accountability throughout the innovation and marketing process [33]. Professional associations, such as the International Committee of Medical Journal Editors (ICMJE), have set guidelines to limit unethical authorship practices, while regulatory bodies require full disclosure of clinical trial data to promote transparency [7]. For sustainable progress in the industry, upholding these standards is essential, especially as the public grows more aware of the importance of ethical integrity in medical research.

Furthermore, ethical marketing practices are vital. Direct-to-consumer (DTC) advertising, for example, while empowering patients to take an active role in their health, can sometimes lead to increased demand for high-cost medications without evidence-based support. The American Medical Association (AMA) and World Health Organization (WHO) have raised concerns about DTC advertising's potential to encourage over-prescription and influence patient perceptions negatively [18]. Ethical responsibility within pharmaceutical innovation thus extends beyond

R&D to encompass all promotional activities, ensuring patient welfare remains central to every phase of a drug's lifecycle.

7.2 Regulatory Implications and Global Perspectives

As the pharmaceutical market expands across borders, the need for unified regulatory standards has become more pressing. Regulatory bodies such as the World Health Organization (WHO), the U.S. Food and Drug Administration (FDA), and the European Medicines Agency (EMA) are actively engaged in creating frameworks that harmonize ethical and safety standards internationally. These regulations not only help prevent issues such as drug mislabeling and unsubstantiated claims but also facilitate a more predictable environment for drug approvals, which is critical for companies operating in multiple regions [2]. One major challenge facing global regulatory efforts is the variation in market demands, healthcare priorities, and available resources. Low- and middle-income countries may struggle to meet stringent regulatory requirements, which can lead to disparities in access to innovative therapies [37]. Harmonizing ethical standards globally would require adaptable policies that respect both resource constraints and patient needs. This is where international organizations like WHO play a crucial role by establishing benchmarks that countries can align with, while also providing the flexibility needed to address specific regional challenges.

Recent regulatory frameworks have also prioritized the fast-tracking of life-saving drugs, especially those addressing unmet medical needs. Expedited approval pathways, such as the FDA's "Breakthrough Therapy" designation and the EMA's "Priority Medicines" (PRIME) scheme, aim to bring critical treatments to patients more quickly [38]. However, these accelerated pathways raise concerns about adequate post-market surveillance, as faster approval could lead to unforeseen safety issues. In response, regulators have intensified post-market monitoring requirements, ensuring that patient safety remains a priority even after a drug's initial approval [39].

7.3 Future of Pharmaceutical Innovation

The future of pharmaceutical innovation is poised for transformation, driven by emerging technologies such as artificial intelligence (AI),

machine learning, big data analytics, and precision medicine. AI, in particular, holds the potential to revolutionize drug discovery by rapidly analyzing vast datasets to identify promising drug candidates, predict patient responses, and optimize clinical trial designs [1]. For instance, AI-based platforms can sift through extensive biomedical literature and genomic data to pinpoint potential molecular targets with unprecedented speed and accuracy, a task that would be prohibitively time-consuming for human researchers [40]. Machine learning and big data are also enhancing the pharmaceutical industry's ability to deliver personalized treatments. Precision medicine, which tailors' therapies to an individual's genetic profile, has gained momentum as an innovative approach to treating complex diseases like cancer, cardiovascular diseases, and rare genetic disorders. For example, immune checkpoint inhibitors, a form of cancer immunotherapy, use a patient's immune system to target cancer cells more effectively, resulting in improved survival rates and fewer adverse effects compared to traditional chemotherapy [5]. As these technologies advance, the scope for more patient-centered, effective treatments continues to grow, enabling healthcare systems to offer therapies that align more closely with individual patient needs.

In addition to AI and precision medicine, the development and utilization of biosimilars and biologics are anticipated to expand. Biologics, which include complex molecules derived from living cells, have transformed treatment options for various chronic and rare diseases [41]. However, as biologics lose patent protection, the introduction of biosimilars highly similar but less costly versions of biologic drugs promise significant savings for healthcare systems while maintaining therapeutic efficacy [36]. Despite challenges in biosimilar adoption, such as regulatory complexities and concerns over interchangeability, biosimilars hold great potential to reduce costs without compromising quality of care, especially in high-cost therapeutic areas like oncology and autoimmune diseases [42]. Advances in digital health technologies are also shaping the future of pharmaceutical innovation. Tools such as wearable devices, mobile health apps, and remote monitoring systems allow for real-time data collection and patient monitoring, which can enhance the efficacy of treatments and facilitate early intervention. Digital health has become especially relevant during the COVID-19 pandemic, as telemedicine and remote patient management reduce hospital visits and streamline care for chronic conditions [33].

8. CONCLUSION

Pharmaceutical innovation encompasses a broad spectrum of activities, from drug development and process optimization to organizational and marketing innovations. As healthcare demands continue to rise, the industry must balance innovation with ethical practices and economic sustainability. Open innovation models, combined with strategic partnerships and regulatory compliance, provide a pathway for the pharmaceutical industry to achieve advancements that not only enhance patient outcomes but also promote public health. By adhering to ethical standards and encouraging collaboration, the industry can continue to thrive in a dynamic global market. Looking forward, the integration of these technologies into pharmaceutical R&D, along with ethical and regulatory adaptations, will play a defining role in addressing the challenges of cost, accessibility, and personalized healthcare. The industry's future lies in a balance between cutting-edge technology, patient-centered innovation, and robust ethical frameworks, ensuring that both industry and patients benefit from the next wave of pharmaceutical advancements.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declares that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Dos Santos JL. Innovation in pharmaceutical assistance. Brazilian Journal of Pharmaceutical Sciences; 2022.

Available:https://doi.org/10.1590/s2175-97902022e19724

2. Jacob NT. Drug promotion practices: A review. British Journal of Clinical Pharmacology. 2018;84, 1659–1667.
Available:https://doi.org/10.1111/bcp.13513

3. Woessner DW, Lim CS, Deininger MW. Development of an effective therapy for chronic myelogenous leukemia.", Cancer journal (Sudbury, Mass.). 2011;17(6):477–86.
Available:http://dx.doi.org/10.1097/PPO.0b013e318237e5b7.

4. Kantarjian H, O'Brien S, Jabbour E, Garcia-Manero G, Quintas-Cardama A, Shan J, Rios MB, Ravandi F, Faderl S, Kadia T, Borthakur G, Huang X, Champlin R, Talpaz M, Cortes J. Improved survival in chronic myeloid leukemia since the introduction of imatinib therapy: A single-institution historical experience. Blood. 2012;119(9):1981–1987.
Available:https://doi.org/10.1182/blood-2011-08-358135.

5. Kim BJ, Kim JH, Kim HS. Survival benefit of immune checkpoint inhibitors according to the histology in non-small-cell lung cancer: A meta-analysis and review, Oncotarget, Impact Journals, LLC. 2017;8(31):51779–51785.
Available:http://dx.doi.org/10.18632/oncotarget.17213.

6. Roebuck MC, Liberman JN, Gemmill-Toyama M, Brennan TA. Medication adherence leads to lower health care use and costs despite increased drug spending. Health Affairs. 2011;30(1): 91–99.
Available:http://dx.doi.org/10.1377/hlthaff.2009.1087

7. Khan R, Socha-Dietrich K. Investing in medication adherence improves health outcomes and health system efficiency: Adherence to medicines for diabetes, hypertension, and hyperlipidaemia", OECD Health Working Papers, No. 105, OECD Publishing, Paris; 2018.
Available:https://doi.org/10.1787/8178962c-en.

8. Rautio J, Meanwell NA, Di L, Hageman MJ. The expanding role of prodrugs in contemporary drug design and development. Nature Reviews Drug Discovery. 2018;17(8):559–587.

9. Bentley A, Butters M, Green SP, Learmonth WJ, MacRae JA, Morland MC. The discovery and process development of a commercial route to the water-soluble prodrug, fosfluconazole. Organic Process Research & Development. 2002;6(2):109–112.

10. Asselah T, Marcellin P, Schinazi RF. Treatment of hepatitis C virus infection with direct-acting antiviral agents: 100% cure?", Liver International. 2018;38:7–13,
Available:http://dx.doi.org/10.1111/liv.13673.

11. Lacey MJ, Hanna GJ, Miller JD, Boulanger TS, Russell W. Impact of pharmaceutical innovation in HIV/AIDS treatment during the highly active antiretroviral therapy (HAART) era in the US, 1987-2010: An epidemiologic and cost-impact modeling case study. Truven Health Analytics; 2014.

12. Kabiri M, Jazwinski AB, Roberts MS, Schaefer AJ, Chhatwal J. The changing burden of hepatitis C virus infection in the United States: Model-based predictions. Annals of Internal Medicine. 2014;161(3):170–U120.
Available:https://doi.org/10.7326/M14-0095

13. Tian G, Liu Z, Zheng J, Shen J. N-{1-[3-(2-ethoxy-5-(4-ethylpiperazinyl)benzenesulfonyl)-4,5-dihydro-5-oxo-1,2,4-triazin-6-yl]ethyl}butyramide, the preparation method and use thereof. Patent EP2228370B1. Topharman Shanghai Co., Ltda; 2007.

14. Mao Y, Tian G, Liu Z, Shen J, Shen J. An improved synthetic route for preparative process of vardenafil. Organic Process Research & Development. 2009;13(6):1206–1208.

15. Bleed D, Dye C, Raviglione MC. Dynamics and control of the global tuberculosis epidemic. Current Opinion in Pulmonary Medicine. 2000;6(3):174–179.

16. Grzybowski S. Natural history of tuberculosis. Epidemiology. Bulletin of the international union against tuberculosis and lung disease. 1991;66(4):193–194.

17. Soratto J, Pires DEP, de Dornelles S, Lorenzetti J. Family health strategy: A technological innovation in health. Texto & Contexto – Enfermagem. 2015;24(2):584–592.

18. Mackey TK, Nayyar G. Digital danger: A review of the global public health, patient safety and cybersecurity threats posed by illicit online pharmacies. British Medical Bulletin. 2016;118:110–126.

19. Ankush C, Virendra SL, Kiranshanker K, Sreedhar D, Manthan J, Muragundi PM. A

survey on doctor's expectation from medical representative in Karnataka State. International Journal of Current Research and Review. 2015;7:75.

20. Lokesh K, Ashok P. Communication with doctors: Empowering pharma field force with modern marketing techniques. Asian Journal of Management Research; 2014.

21. Pammolli F, Magazzini L, Riccaboni M. The productivity crisis in pharmaceutical R&D. Nature Reviews Drug Discovery. 2011;10(6):428–438.

22. Chesbrough HW. Open innovation: The new imperative for creating and profiting from technology. Boston: Harvard Business Press; 2003.

23. Bentzien J, Bharadwaj R, Thompson DC. Crowdsourcing in pharma: A strategic framework. Drug Discovery Today. 2015;20(7):874–883.

24. Chesbrough H, Chen EL. Using inside-out open innovation to recover abandoned pharmaceutical compounds. Journal of Innovation Management. 2015;3(2):21.

25. Enkel E, Gassmann O, Chesbrough H. Open innovation: The new imperative for creating and profiting from technology. R&D Management. 2009;39(4):311–316.

26. Schuhmacher A, Germann PG, Trill H, Gassmann O. Models for open innovation in the pharmaceutical industry. Drug Discovery Today. 2013;18(23–24):1133–1137.

27. Abou-Gharbia M, Childers WE. Discovery of innovative therapeutics: Today's realities and tomorrow's vision. 2. Pharma's challenges and their commitment to innovation. Journal of Medicinal Chemistry. 2014;57(13):5525–5553.

28. World Health Organization. Ethical criteria for medicinal drug promotion; 1998.
Available:
http://apps.who.int/medicinedocs/documents/whozip08e/whozip08e.pdf
Accessed On:October, 13, 2024

29. Mensah GA, Wei GS, Sorlie PD, Fine LJ, Rosenberg Y, Kaufmann PG, Mussolino ME, Hsu LL, Addou E, Engelgau MM, Gordon D. Decline in cardiovascular mortality: Possible causes and implications. Circulation Research. 2017;120(2):366–380.
Available:https://doi.org/10.1161/CIRCRESAHA.116.309115

30. Miller RG, Secrest AM, Sharma RK, Songer TJ, Orchard TJ. Improvements in the life expectancy of type 1 diabetes: The pittsburgh epidemiology of diabetes complications study cohort. Diabetes. 2012;61(11):2987–2992.
Available:https://doi.org/10.2337/db11-1625

31. Home P, Riddle M, Cefalu WT, Bailey CJ, Bretzel RG, Del Prato S, Leroith D, Schernthaner G, van Gaal L, Raz I. Insulin therapy in people with type 2 diabetes: Opportunities and challenges. Diabetes Care. 2014;37(6):1499–1508.
Available: https://doi.org/10.2337/dc13-2743

32. Ehreth J. The global value of vaccination. Vaccine. 2003;21(7–8):596–600.

33. Ventola CL. The antibiotic resistance crisis: Part 1: Causes and threats. P&T. 2015;40(4):277–283.

34. Uhl K. 2016: A record-setting year for generic drugs. FDA Voice; 2017.
Available:https://blogs.fda.gov/fdavoice/index.php/2017/02/2016-a-record-setting-year-for-generic-drugs/

35. OECD. New health technologies: Managing access, value and sustainability. OECD Publishing, Paris; 2017.
Available:https://doi.org/10.1787/9789264266438-en

36. Belloni A, Morgan D, Paris V. Pharmaceutical expenditure and policies: Past trends and future challenges (OECD Health Working Papers, No. 87). OECD Publishing, Paris; 2016.
Available:https://doi.org/10.1787/5jm0q1f4cdq7-en

37. Kinch MS, Patridge E, Plummer M, Hoyer D. An analysis of FDA-approved drugs for infectious disease: Antibacterial agents. Drug Discovery Today. 2014;19(9):1283–1287.
Available:https://doi.org/10.1016/j.drudis.2014.07.005

38. Hanaizi Z, Kweder S, Thor S, Ribeiro S, Marcal A. Considering global development? Insights from applications for FDA breakthrough therapy and EMA PRIME designations. Therapeutic Innovation & Regulatory Science. 2023;57(2):321–328.
Available:https://doi.org/10.1007/s43441-022-00475-0.

39. Paris V, Belloni A. Value in pharmaceutical pricing: Country profile Australia. OECD Publishing, Paris; 2014.

40. Mak KK, Pichika MR. Artificial intelligence in drug development: Present status and

future prospects. Drug Discovery Today. 2019;24(3):773–780. Available:https://doi.org/10.1016/j.drudis.2 018.11.014

41. EvaluatePharma. World Preview 2016, Outlook to 2022, Evaluate, London; 2016.

42. Moorkens E, Jonker-Exler C, Huys I, Declerck P, Simoens S, Vulto AG. Overcoming barriers to the market access of biosimilars in the European Union: The case of biosimilar monoclonal antibodies. Frontiers in Pharmacology, 7, Article 193; 2016. Available:https://doi.org/10.3389/fphar.201 6.00193

Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle5.com/review-history/126379