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Himanshu Parmar is an Industry Analyst specialising in pharmaceuticals, biotechnology and healthcare with Frost & Sullivan.

Pharmaceutical direct-to-consumer advertising in Europe ...
Congress also gave the Food and Drug Administration (FDA) authority to oversee prescription drug ads. In turn, the FDA passed regulations detailing how it would enforce those requirements. These ...

Basics of Drug Ads | FDA
References. Frosch DL, Grande D, Tarn DM, Kravitz RL. A decade of controversy: balancing policy with evidence in the regulation of prescription drug advertising.

The Role of Direct-to-Consumer Pharmaceutical Advertising ...
ICLG - Pharmaceutical Advertising covers common issues in pharmaceutical advertising laws and regulations - including advertisements to healthcare professionals, gifts and financial incentives, hospitality and related payments, and transparency and disclosure - in 24 jurisdictions.

Pharmaceutical Advertising 2020 | Laws and Regulations | ICLG
This Code sets out the rules with which television broadcasters licensed by Ofcom must comply when carrying advertising.

Code on the scheduling of television advertising - Ofcom
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Broadcast Pharmaceutical Advertising in the United States: Prime Time Pill Pushers engages with this question to include how pharmaceutical companies are shaping the meaning of drug interventions for individuals and the ways in which pharmaceutical advertisements frame issues of identity and representation for patients and health care. Such issues highlight how patients are being framed as consumers in

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Center for Biologics Evaluation and Research The Food and Drug Administration (FDA) is announcing a final guidance for industry entitled ``Consumer-Directed Broadcast Advertisements.'' The agency...

Consumer-Directed Broadcast Advertisements | FDA

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How often do we stop to recognize what pharmaceutical advertisements are telling us? Broadcast Pharmaceutical Advertising in the United States: Prime Time Pill Pushers engages with this question to include how pharmaceutical companies are shaping the meaning of drug interventions for individuals and the ways in which pharmaceutical advertisements frame issues of identity and representation for

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patients and health care. Such issues highlight how patients are being framed as consumers in these advertisements, which then permits the commodification of health care to be celebrated. Such a celebration has strong ideological implications, including definitions of "the good life," patient agency, and the role of DTCAs in such depictions. By defining and discussing medicalization, pharmaceuticalization, and commodity fetishism, this book introduces how the term "pharmaceutical fetishism" can act as a means for describing the commodification of brand-name pharmaceutical drugs, which, via advertising and promotional culture, ignores large-scale production and for-profit motives of "big pharma."

Expenditures on prescription drugs are one of the fastest growing components of national health care spending, rising by almost three-fold between 1995 and 2007. Coinciding with this growth in prescription drug expenditures has been a rapid rise in direct-to-consumer advertising (DTCA), made feasible by the Food and Drug Administration's (FDA) clarification and relaxation of the rules governing broadcast advertising in 1997 and 1999. This study investigates the separate effects of broadcast and non-broadcast DTCA on price and demand, utilizing an extended time series of monthly records for all advertised and non-advertised drugs in four major therapeutic classes spanning 1994-2005, a period which enveloped the shifts in FDA guidelines and the large expansions in DTCA. Controlling for promotion aimed at physicians, results from fixed effects models suggest that broadcast DTCA positively impacts own-sales and price, with an estimated elasticity of 0.10 and 0.04 respectively. Relative to broadcast DTCA, non-broadcast DTCA has a smaller impact on sales (elasticity of 0.05) and price (elasticity of 0.02). Simulations suggest that the expansion in broadcast DTCA may be responsible for about 19 percent of the overall growth in prescription drug expenditures over the sample period, with over two-thirds of this impact being driven by an increase in demand as a result of the DTCA expansion and the remainder due to higher prices.

Thanks to remarkable advances in modern health care attributable to science, engineering, and medicine, it is now possible to cure or manage illnesses that were long deemed untreatable. At the same time, however, the United States is facing the vexing challenge of a seemingly uncontrolled rise in the cost of health care. Total medical expenditures are rapidly approaching 20 percent of the gross domestic product and are crowding out other priorities of national importance. The use of increasingly expensive prescription drugs is a significant part of this problem, making the cost of biopharmaceuticals a serious national concern with broad political implications. Especially with the highly visible and very large price increases for prescription drugs that have occurred in recent years, finding a way to make prescription medicines—and health care at large—more affordable

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for everyone has become a socioeconomic imperative. Affordability is a complex function of factors, including not just the prices of the drugs themselves, but also the details of an individual's insurance coverage and the number of medical conditions that an individual or family confronts. Therefore, any solution to the affordability issue will require considering all of these factors together. The current high and increasing costs of prescription drugs—coupled with the broader trends in overall health care costs—is unsustainable to society as a whole. Making Medicines Affordable examines patient access to affordable and effective therapies, with emphasis on drug pricing, inflation in the cost of drugs, and insurance design. This report explores structural and policy factors influencing drug pricing, drug access programs, the emerging role of comparative effectiveness assessments in payment policies, changing finances of medical practice with regard to drug costs and reimbursement, and measures to prevent drug shortages and foster continued innovation in drug development. It makes recommendations for policy actions that could address drug price trends, improve patient access to affordable and effective treatments, and encourage innovations that address significant needs in health care.

Tracing the history of television as a therapeutic device, Joy V. Fuqua describes how TVs came to make hospitals seem more like home and, later, "medicalized" the modern home. She examines the introduction of television into the private hospital room in the late 1940s and 1950s and then moves forward several decades to consider the direct-to-consumer prescription drug commercials legalized in 1997. Fuqua explains how, as hospital administrators and designers sought ways of making the hospital a more inviting, personalized space, TV sets came to figure in the architecture and layout of health care facilities. Television manufacturers seized on the idea of therapeutic TV, specifying in their promotional materials how TVs should be used in the hospital and positioned in relation to the viewer. With the debut of direct-to-consumer prescription drug advertising in the late 1990s, television assumed a much larger role in the medical marketplace. Taking a case-study approach, Fuqua uses her analysis of an ad campaign promoting Pfizer's Viagra to illustrate how television, and later the Internet, turned the modern home into a clearinghouse for medical information, redefined and redistributed medical expertise and authority, and, in the process, created the contemporary consumer-patient.

In the wake of publicity and congressional attention to drug safety issues, the Food and Drug Administration (FDA) requested the Institute of Medicine assess the drug safety system. The committee reported that a lack of clear regulatory authority, chronic underfunding, organizational problems, and a scarcity of post-approval data about drugs' risks and benefits have hampered the FDA's ability to evaluate

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and address the safety of prescription drugs after they have reached the market. Noting that resources and therefore efforts to monitor medications' riskâ€"benefit profiles taper off after approval, The Future of Drug Safety offers a broad set of recommendations to ensure that consideration of safety extends from before product approval through the entire time the product is marketed and used.

The Global Guide to Pharma Marketing Codes will help marketers maximise public relations opportunities around the world. This publication provides an overview of basic healthcare promotional regulations, and answers the most frequently asked questions about what is and isn't permitted with respect to the media and third party involvement. This truly unique guide was produced with the insight and expertise of the largest independent public relations group dedicated exclusively to health and medical communications worldwide. GLOBALHealthPR (GHPR) is an international partnership uniting some of the world's most successful independent healthcare public relations firms and their affiliates from major markets in Europe, the Americas and Asia.

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