EDC Software Pricing 2026: Medidata vs Veeva vs Oracle

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Executive Summary

Electronic Data Capture (EDC) software, the class of regulated systems that replaces paper case report forms with digital data entry for clinical trials, has no public price list among its major vendors, yet the market itself is not small: independent analysts size the global EDC systems market at roughly $1.84 billion to $2.17 billion in 2026, growing at a compound annual growth rate (CAGR) of between 12.83% and 14.6% depending on the research firm (Source: www.fortunebusinessinsights.com) (Source: www.grandviewresearch.com) (Source: www.precedenceresearch.com). As of July 2026, none of the three enterprise leaders, **Medidata Rave** (a Dassault Systèmes brand), **Veeva Vault EDC**, and **Oracle Clinical One Data Collection**, publish per-study or per-user rate cards; all three sell through custom, negotiated quotes tied to trial phase, site count, country footprint, and module bundle (Source: physicianaitools.com) (Source: www.g2.com).

Third-party benchmarks fill some of the gap. Vendr's contract database puts Veeva Systems' median annual contract value at $188,460 to $211,872, with a range of $90,720 to $501,612 depending on modules and users, a figure that spans Veeva's full portfolio rather than EDC alone (Source: www.vendr.com) (Source: checkthat.ai). Per-user estimates for Vault Clinical, the module bundle that includes EDC, eTMF (electronic trial master file), and CTMS (clinical trial management system), cluster between $500 and $2,400 per user per year, before the professional services and validation costs that typically add 30% to 92% of first-year license fees (Source: checkthat.ai). At the study level, independent pricing guides estimate that a full EDC deployment, licensing plus setup, integrations, training, and support, ranges from $10,000 for a small academic or Phase I study to over $500,000 for a large, multi-country Phase III trial (Source: www.clincapture.com).

Medidata Rave remains the market's most widely deployed platform, used in more than 34,000 trials covering over 10 million patients across roughly 2,200 customers, and it was named the industry's most preferred EDC in the 2025 ISR Benchmarking Report based on independent sponsor evaluations (Source: www.medidata.com) (Source: www.triticon.com). In late 2024 Medidata introduced **Rave Lite**, a scaled-down, lower-cost edition aimed at Phase I, Phase IV, and medical device studies, explicitly to broaden access to the technology for smaller trial budgets (Source: www.medidata.com). Veeva Vault EDC, part of Veeva Systems (NYSE: VEEV), reported total fiscal year 2026 revenue of $3,195.3 million (up 16% year over year) with subscription revenue of $2,684.2 million, and the company says eight of the top 20 biopharmaceutical companies switched to Veeva EDC (Source: ir.veeva.com) (Source: www.veeva.com). Oracle Clinical One, owned by Oracle (NYSE: ORCL), unified EDC with randomization

and trial supply management (RTSM) and, in August 2025, added AI-enabled electronic health record (EHR) interoperability and integrated adverse-event reporting (Source: www.oracle.com). Below the enterprise tier, mid-market platforms such as **Castor EDC**, **Viedoc**, and **Medrio** compete on transparent per-study quoting, faster study builds, and lower total cost of ownership, with Medrio marketing itself as costing 63% less than two leading enterprise competitors (Source: www.triticon.com) (Source: medrio.com).

Choosing the right EDC in 2026 is less about which vendor has the lowest sticker price, since none disclose one, and more about matching total cost of ownership, integration depth, and regulatory support to trial phase and portfolio size. This report walks through vendor-by-vendor pricing evidence, a comparative data section covering market size and per-study costs, five named deployment cases, and guidance on how sponsors, biotechs, and CROs (contract research organizations) should structure an EDC evaluation, drawing on FDA 21 CFR Part 11 requirements, Everest Group and ISR analyst assessments, and direct vendor and procurement-benchmark sources gathered as of July 2026.

Introduction and Background

Electronic Data Capture (EDC) software is the regulated system of record that clinical trial sponsors, biotechs, and contract research organizations (CROs) use to collect, validate, and manage patient data during a study, replacing the paper case report form (CRF) with an electronic equivalent (eCRF). Because EDC systems create and store records that support FDA and other regulatory submissions, they fall under 21 CFR Part 11, the FDA regulation governing electronic records and electronic signatures, which requires validation, audit trails, and access controls sufficient to trust the data behind a marketing application (Source: www.fda.gov).

The category has consolidated around a small number of enterprise platforms and a wider set of mid-market and academic tools. **Medidata Rave**, now part of Dassault Systèmes (Euronext Paris: FR0014003TT8) following its 2019 acquisition, is the incumbent by trial volume and registered users (Source: www.triticon.com). **Veeva Vault EDC**, from Veeva Systems, has grown rapidly as part of the wider Veeva Vault Clinical Platform, crossing 1,000 study starts as cloud EDC adoption broadened in 2024 (Source: www.fortunebusinessinsights.com). **Oracle Clinical One Data Collection** rounds out the "big three" enterprise tier, built to unify data capture with randomization and safety reporting inside Oracle's broader Life Sciences suite (Source: www.oracle.com). Below these three sit mid-market and academic platforms, including Castor EDC, Viedoc, Medrio, TrialOnline, eCaseLink, OpenClinica, and REDCap Cloud, each pitched at CROs, biotechs, and academic sponsors that want faster study builds and more transparent pricing than the enterprise tier typically offers (Source: www.triticon.com).None of these vendors publish a public price list, which is itself the central fact any buyer needs going into 2026: EDC pricing is negotiated per study or per enterprise agreement, driven by trial phase, number of sites and countries, number of case report forms, integration scope, and whether the sponsor is buying a single study or a multi-year enterprise commitment (Source: www.clincapture.com). This is compounded by the fact that EDC rarely stands alone: most sponsors now buy it bundled with eCOA (electronic clinical outcome assessment), eConsent, RTSM, and eTMF as part of a connected eClinical suite, which is exactly how Medidata, Veeva, and Oracle each structure their commercial offer (Source: www.triticon.com).

This report is written from an advisory, non-vendor perspective. IntuitionLabs, a life-sciences and AI consultancy and official Veeva Vault CRM X-Pages partner, works with sponsors and CROs on Veeva Vault implementation, integration, and AI-enabled enhancement projects, but does not sell EDC software itself and has no commercial stake in which platform a given sponsor selects (Source: intuitionlabs.ai). The pricing evidence, market data, and case studies that follow are drawn from vendor pages, SEC and investor relations filings, market research firms, procurement benchmarking services, and community sentiment, each cited to the source fetched during this analysis.

Medidata Rave: Pricing Model and Market Position

Medidata Rave EDC does not publish list pricing; its commercial motion runs entirely through custom quotes negotiated per study or per enterprise agreement (Source: physicianaitools.com). What Medidata does disclose is scale: the platform has been used in more than 34,000 trials covering over 10 million patients, serves approximately 2,200 customers, and has more than one million registered users globally (Source: www.triticon.com). In the 2025 ISR Benchmarking Report, an independent survey of sponsor evaluations, Rave was named the industry's most preferred EDC system (Source: www.medidata.com).

The most significant 2026-relevant pricing development is **Rave Lite**, launched in late 2024 as a pre-configured, lower-cost version of Rave targeted at Phase I, Phase IV, feasibility, and medical device post-market studies (Source: www.medidata.com). Medidata describes Rave Lite's pricing as "adaptable," letting sponsors "pay only for what's needed" rather than absorbing the cost structure of a full enterprise Rave deployment on a small early-phase trial (Source: www.medidata.com). Trade press coverage frames Rave Lite as a direct response to smaller biotechs and medical device sponsors who previously found full Rave over-scoped and over-priced for a lean Phase I or post-market study (Source: www.triticon.com).

Financially, Rave sits inside Dassault Systèmes' broader Life Sciences segment, and 2025 was a difficult year for that unit. Dassault Systèmes reported total company revenue of €6.240 billion for fiscal year 2025, but flagged that the Medidata business faced continued headwinds, including a specific client adjustment: Moderna reduced its run-rate spending to reflect lower clinical study volumes, which pulled Medidata Enterprise revenue

growth down to 1% for the year, a figure the company said would have been 6% excluding that one adjustment (Source: investor.3ds.com). Medidata's indirect business, sold through CROs, declined 5% year over year in 2025 on a 7% drop in industry-wide study starts, a data point that is as much a signal about the wider clinical trial market as about Medidata specifically (Source: investor.3ds.com). Despite the soft year, Medidata reported new enterprise win-backs in 2025 including Novartis, Merck KGaA, AbbVie, and Gilead (Source: investor.3ds.com).

On the product side, Rave's core differentiators for 2026 are **Rave Companion**, an EHR-to-EDC auto-population feature Medidata says accelerates data entry by up to 90%, and **Clinical Data Studio**, a centralized monitoring layer that pulls Rave data alongside eCOA, RTSM, and imaging (Source: www.triticon.com). Community sentiment on Reddit's r/clinicalresearch is split: some clinical data managers call Rave "the best, no doubts," citing its Business Objects reporting, while others describe it as "dinosaur software" whose reputation outpaces its functionality, particularly for downloading report listings (Source: www.reddit.com) (Source: www.reddit.com).

Veeva Vault EDC: Cost Structure and Total Cost of Ownership

Veeva Systems, like Medidata, does not publish pricing for Vault EDC or any other Vault application; every contract runs through direct, NDA-covered negotiation (Source: checkthat.ai). What third-party procurement data does show is a company-wide benchmark: Vendr's contract database, drawn from real customer purchases, puts Veeva Systems' median annual contract value at $188,460, with a range of $90,720 to $491,710 across the full Veeva product line (Source: www.vendr.com). A separate procurement analysis citing the same Vendr data reports a median of $211,872 with a range of $113,755 to $501,612 (Source: checkthat.ai). Both figures span Veeva's entire portfolio (CRM, Vault QMS, Vault RIM, and clinical applications together), not EDC in isolation, since Veeva does not break out per-product contract values publicly.

For the Vault Clinical bundle specifically, which includes eTMF, CTMS, and EDC together, third-party per-user estimates cluster between $500 and $2,400 per named user per year (Source: checkthat.ai). Layered on top of licensing, professional services for implementation, computer system validation (CSV), and training typically add 30% to 60% of first-year license fees for a standard deployment, though documented cases range from 56% to 92% depending on organization size and deployment complexity (Source: checkthat.ai). GxP validation alone can run $100,000 to $500,000 depending on system complexity, with annual maintenance at 15% to 25% of the initial validation cost (Source: checkthat.ai).

Modeled total-cost-of-ownership scenarios illustrate how quickly these components compound. For a small biotech deploying 50 to 100 users across two or three Vault applications, estimated Year 1 total cost (licensing, implementation, and validation combined) ranges from $513,755 to $2,201,612, with ongoing annual costs of $113,755 to $501,612 thereafter (Source: checkthat.ai). For a large pharmaceutical enterprise deploying 1,000-plus users across the full platform, Year 1 total cost can exceed $2.2 million, with system integrations and data migration adding further scope-dependent cost (Source: checkthat.ai). One large life sciences client reportedly received a renewal proposal at nearly 2.5 times its current spend, avoided only through contract benchmarking and competitive positioning (Source: checkthat.ai).

On adoption, Veeva reports that eight of the top 20 biopharmaceutical companies have switched their EDC to Veeva Vault, citing up to 50% faster study builds (Source: www.veeva.com). Corporately, Veeva Systems reported total fiscal year 2026 revenue of $3,195.3 million, up 16% year over year, with subscription revenue of $2,684.2 million, up 17%, and the company ended the fiscal year with 1,552 total customers (Source: ir.veeva.com) (Source: ir.veeva.com). Veeva has publicly stated a long-term ambition to reach a $6 billion revenue run rate by 2030 (Source: ir.veeva.com).

Oracle Clinical One and the Mid-Market Field: Castor, Medrio, and Viedoc

Oracle Clinical One Data Collection, like its two larger rivals, has no public pricing page; sponsors and CROs obtain quotes through Oracle's Life Sciences sales channel. Oracle positions Clinical One not as a standalone EDC but as a unified environment that combines electronic data capture with RTSM (randomization and trial supply management) and safety reporting in a single platform, a structural bet that a sponsor buying all three functions from Oracle avoids the integration cost of stitching together separate best-of-breed tools (Source: www.triticon.com). In August 2025, Oracle announced enhancements including AI-enabled EHR interoperability through the Oracle Clinical Connector, expanded document management at the subject level for uploading unstructured source data such as scanned lab results, and integrated adverse-event reporting using the ICH E2B(R3) standard with full interoperability with Oracle Safety One Argus, all made available to customers globally as part of Oracle's standard clinical update process (Source: www.oracle.com). Reddit sentiment toward Oracle's legacy EDC products (commonly still referred to by users as "Oracle" or by predecessor product names) is mixed to negative on stability, with at least one r/clinicalresearch user reporting that the system "constantly freezes or locks me out while I'm entering data" (Source: www.reddit.com).

Castor EDC, headquartered in the Netherlands, differentiates on pricing transparency rather than a published rate card: the company runs a structured, protocol-based quoting process, submit a form, join a scoping call, share a study protocol or synopsis, receive a tailored demo, then a full itemized pricing proposal, typically delivered within five business days of receiving study details (Source: www.castoredc.com). Castor does offer a genuinely free tier: a study is free of charge if conducted within a single research institute for up to 12 months with a maximum of 125 patient inclusions, aimed at researchers moving off spreadsheet-based data collection (Source: helpdesk.castoredc.com). Castor also runs an "Impact

Program" offering discounted or free access to its core EDC and ePRO modules for organizations researching neglected tropical diseases, public health issues in underserved communities, preventive medicine, women's health, or ultra-rare diseases, subject to review of funding status (Source: www.castoredc.com). At scale, Castor reports it has supported more than 18,000 clinical studies and enrolled over 7 million participants globally, and contributed to more than 3,200 scientific publications (Source: www.castoredc.com). During the COVID-19 pandemic, Castor powered the World Health Organization's Solidarity Trial with offline data capture and multi-language case report forms across more than 50 countries and over 2,000 investigators (Source: www.castoredc.com).

Medrio takes the most explicit stance on cost among mid-market vendors, marketing its EDC as costing 63% less than "two of the leading EDC competitors" while offering additional modules, hands-on training, and mid-study changes at no additional cost under what it calls "transparent, straightforward pricing" (Source: medrio.com). Even so, Medrio does not publish an actual price list; G2's pricing page for Medrio EDC confirms a single pricing edition, with pricing available upon request, tailored to each organization's needs (Source: www.g2.com). G2 reviewers report an average implementation time of two months, a return on investment realized within roughly seven months, and an average discount off list of 11% (Source: www.g2.com) (Source: www.g2.com). Medrio has supported more than 6,000 studies across all phases, and it says point-and-click study builds average 2.8 weeks against a 12-week industry average, versus the traditional programming-heavy build process typical of larger competitors (Source: medrio.com).

Viedoc, a Swedish platform founded in 2003, has powered more than 7,000 clinical studies with over 1.6 million subjects across more than 75 countries, and was named a Leader in Everest Group's 2024 Life Sciences EDC Products PEAK Matrix Assessment, one of a small number of vendors to receive that designation (Source: www.triticon.com). Viedoc is consistently described in trade coverage as offering a "flexible, modular pricing model" that clients cite as strong value relative to enterprise alternatives, though, again, no public rate card exists (Source: www.triticon.com). Everest Group's broader 2025 Clinical Data Management Operations PEAK Matrix Assessment evaluates 22 providers across the category, underscoring how fragmented the competitive set becomes once mid-market and services-led vendors are counted alongside the enterprise tier (Source: www.everestgrp.com).

Comparative Context and Market Positioning

Table 1 below summarizes the pricing model, disclosed cost signals, and market positioning of the four vendors most central to this report's target query, drawing only on figures independently sourced from vendor pages, procurement benchmarking services, and analyst coverage fetched for this analysis.

VENDOR	PUBLIC PRICE LIST	BEST AVAILABLE COST SIGNAL	POSITIONING	NOTABLE 2025 TO 2026 DEVELOPMENT
Medidata Rave EDC	None; custom quote (Source: physicianaitools.com)	Full Rave: enterprise custom quote. Rave Lite: "adaptable" reduced pricing for Phase I/IV (Source: www.medidata.com)	Enterprise, large pharma, global Phase II to IV trials; largest install base (Source: www.triticon.com)	Rave Companion EHR auto-population; 2025 ISR #1 preferred EDC (Source: www.medidata.com)
Veeva Vault EDC	None; NDA-negotiated (Source: checkthat.ai)	Vault Clinical (EDC+eTMF+CTMS): $500 to $2,400/user/year, per third-party estimate; company median contract $188,460 to $211,872/year (Source: checkthat.ai) (Source: www.vendr.com)	Sponsors and CROs wanting one connected clinical operations suite; 8 of top 20 biopharma switched EDC (Source: www.veeva.com)	FY2026 revenue $3.195B, up 16% YoY; $6B ARR target by 2030 (Source: ir.veeva.com)
Oracle Clinical One Data Collection	None; sales-negotiated	Not disclosed in public sources reviewed	Sponsors with complex designs needing unified EDC, RTSM, and safety inside Oracle ecosystem (Source: www.triticon.com)	August 2025: AI EHR interoperability, ICH E2B(R3) safety integration
Castor EDC	None; protocol-based itemized quote in 5 business days (Source: www.castoredc.com)	Free tier: single-site study, up to 12 months, up to 125 inclusions (Source: helpdesk.castoredc.com)	Academic, biotech, medical device (MDR/PMCF), small-to-mid sponsors (Source: www.triticon.com)	Castor Catalyst AI data extraction, launched October 2025 (Source: www.fortunebusinessinsights.com)

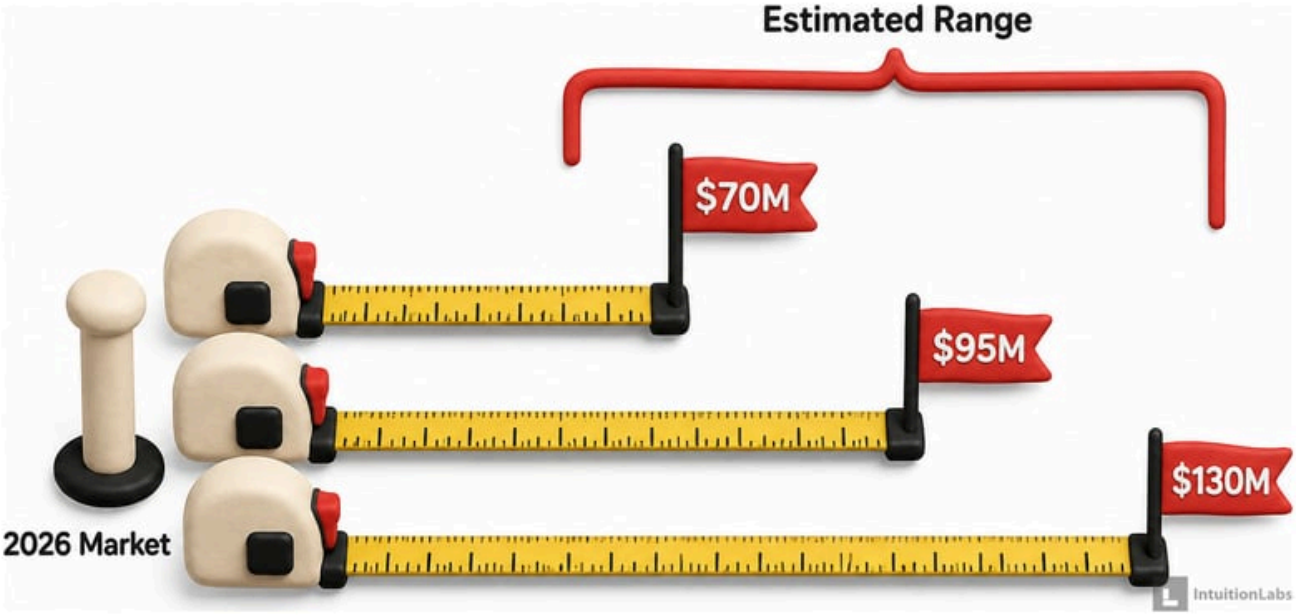
Two things stand out from Table 1. First, every enterprise vendor treats price disclosure as a competitive asset to withhold, which pushes buyers toward third-party procurement benchmarks (Vendr, G2, Everest Group) as the only source of independent cost triangulation; this report treats every such figure as an estimate, not a quote a sponsor can rely on. Second, the mid-market tier (Castor, Medrio, Viedoc) increasingly competes on speed and pricing transparency rather than on raw feature count, since the enterprise tier has largely closed the functional gap on eCOA, eConsent, and RTSM integration that used to separate the two segments (Source: www.triticon.com).

For sponsors and CROs evaluating this landscape, IntuitionLabs' advisory experience with Veeva's connected Vault ecosystem suggests that the real total cost of ownership question is rarely the EDC license line item in isolation; it is whether a sponsor's broader clinical technology stack, eTMF, CTMS, safety, and regulatory systems, is already standardized on one vendor's platform, since switching costs and integration overhead tend to dominate the multi-year total cost far more than the headline per-user or per-study EDC fee (Source: intuitionlabs.ai).

Data Analysis and Evidence

Market sizing for EDC systems varies meaningfully by research firm methodology, which sponsors should treat as a range rather than a single number. Grand View Research puts the 2022 market at $1.2 billion, estimates 2026 at $2.0 billion, and projects $3.6 billion by 2030 at a 14.6% CAGR from 2023 to 2030 (Source: www.grandviewresearch.com). Fortune Business Insights estimates the 2025 market at $1.84 billion, growing to $2.07 billion in 2026 and $5.73 billion by 2034 at a 13.57% CAGR (Source: www.fortunebusinessinsights.com). Precedence Research puts 2025 revenue at $1.92 billion, 2026 at $2.17 billion, and 2035 at $6.42 billion, a 12.83% CAGR from 2026 to 2035 (Source: www.precedenceresearch.com). While the

three firms disagree on the exact dollar figure, likely reflecting different scope definitions for what counts as "EDC" versus the broader eClinical category, all three converge on double-digit CAGR (roughly 13% to 15%) and on North America holding roughly 42% to 50% of global market share (Source: www.fortunebusinessinsights.com) (Source: www.grandviewresearch.com).



Segment-level data from Fortune Business Insights shows Phase III trials accounting for the largest share of EDC spending, projected at 43.7% of the global market in 2026, since large late-stage trials generate the highest data volume and site count (Source: www.fortunebusinessinsights.com). Pharmaceutical and biotechnology companies are projected to hold 43.9% of the market by end user in 2026, followed by CROs, which are the fastest-growing end-user segment at a 15.56% CAGR as sponsors continue outsourcing clinical operations (Source: www.fortunebusinessinsights.com) (Source: www.fortunebusinessinsights.com). The cloud/SaaS deployment segment is expected to hold 72.3% share in 2026, reflecting the industry's near-complete move away from on-premise EDC (Source: www.fortunebusinessinsights.com). Precedence Research corroborates the phase mix, putting the Phase III share of the market at 54% in 2025 and identifying Phase I as the fastest-growing phase segment as sponsors push more early-stage, PK-intensive studies onto digital platforms (Source: www.precedenceresearch.com).

Table 2 below places the granular per-study cost ranges that independent pricing guides publish for smaller deployments alongside the enterprise total-cost-of-ownership scenarios that procurement analysts model for Veeva Vault Clinical, to show how wide the spread runs between a lean Phase I study and a full multi-module enterprise rollout.

DEPLOYMENT PROFILE	ESTIMATED YEAR 1 COST	WHAT IS TYPICALLY INCLUDED
Small Phase I / academic trial (1 to 5 sites)	$10,000 to $50,000	License plus minimal setup for a simple protocol with a limited number of forms
Mid-size Phase II trial (5 to 50 sites)	$50,000 to $150,000	License, setup, structured workflows, and stronger reporting and monitoring
Large Phase III / global trial (50-plus sites)	$150,000 to $500,000-plus	License, advanced integrations, real-time monitoring, and compliance infrastructure
Small biotech, Veeva Vault Clinical (50 to 100 users, 2 to 3 modules)	$513,755 to $2,201,612 total (Source: checkthat.ai)	Annual licensing, Year 1 implementation, and GxP validation
Mid-size pharma, Veeva Vault Clinical (200 to 500 users, 4 to 5 modules)	$413,755 to $1,401,612 total (Source: checkthat.ai)	Annual licensing, implementation, validation, and scope-dependent data migration
Large pharma enterprise, Veeva Vault Clinical (1,000-plus users, full platform)	$513,755 to $2,201,612-plus total (Source: checkthat.ai)	Annual licensing, implementation, validation, and system integrations

The first three rows of Table 2 draw on the same phase-based cost breakdown published by ClinCapture, an EDC vendor that sizes small, mid-size, and large trials at $10,000 to $50,000, $50,000 to $150,000, and $150,000-plus respectively (Source: www.clincapture.com), while the enterprise rows draw on the Veeva-specific benchmarks assembled by procurement analysts. One striking feature of the table is that the modeled small-biotech and large-enterprise Year 1 ranges for Vault Clinical land in almost the same dollar band, which likely says more about the limits of a modeled estimate built from a handful of inputs than about actual pricing parity between a 75-person biotech and a 5,000-person pharmaceutical company; sponsors should treat the enterprise-tier figures as order-of-magnitude signals rather than a precise budget line. The roughly 40-fold to 50-fold gap between the top of the small-trial range and the bottom of the enterprise range is nonetheless the single clearest illustration in this report's data of why trial phase and technology-stack scope, not vendor brand alone, should anchor an EDC budget conversation.

On pricing models more broadly, industry guidance identifies four common structures: subscription-based (recurring monthly or annual fee, suited to CROs running ongoing trials), per-study (customized pricing per trial, the most common model in sponsor-CRO relationships), per-user (flexible for small teams but can become expensive at scale), and enterprise licensing (flat multi-year cost for organizations running many studies); the same source notes that because of this, EDC pricing is best understood as a range rather than a fixed number (Source: www.clincapture.com). Hidden costs that sponsors commonly underestimate span study setup and eCRF configuration, integration with laboratory systems, ePRO platforms, CTMS, and imaging tools, investigator and site training, and ongoing technical support, all of which sit outside the headline license fee in every pricing model reviewed for this report.

For Veeva specifically, Everest Group analysis found that the breadth and depth of a client's deployment makes all the difference between a 5% and a 25% discount, and that unmanaged regional pricing variation can add 6% to 8% in annual cost bloat (Source: www.vendr.com). Vendr's negotiation guidance for Veeva Systems specifically recommends presenting competitor quotes, negotiating removal of renewal uplift clauses, and removing auto-renewal terms to preserve future leverage, tactics that apply to any of the enterprise EDC vendors given their shared reliance on opaque, negotiated pricing (Source: www.vendr.com).

Case Studies and Real-World Examples

GSK: Standardizing on Veeva Clinical Data for Faster Study Builds

GSK adopted Veeva Clinical Data (the Vault suite that includes EDC) as what the company describes as "a modern foundation to accelerate their future goals," with Business Lead Leonie Christianson crediting the platform for faster study build times (Source: www.veeva.com). GSK's case illustrates the enterprise-tier value proposition: a large pharmaceutical company consolidating study build speed and cross-study standardization ahead of raw per-license cost.

Merck: Migrating 8 Million Documents and 5,000 Users to Veeva eTMF in 11 Months

Merck & Co. undertook a company-wide migration from a legacy, on-premise content management system to Veeva eTMF, part of the same Vault Clinical suite that includes EDC. The global implementation trained more than 5,000 users and migrated over eight million documents in less than 11 months (Source: www.veeva.com). Bryan Souder, Associate Director of Project Management at Merck, said the company estimates "a 30% reduction in time to find, import, and process documents" as a result (Source: www.veeva.com). This case demonstrates the scale at which a large biopharma's EDC and adjacent eTMF decision plays out operationally, and why sponsors weigh ecosystem lock-in as heavily as per-module pricing when evaluating a switch.

Boehringer Ingelheim and Cognizant: A Unified Veeva-Powered "One Medicine Platform"

Boehringer Ingelheim, working with systems integrator Cognizant, went live in March 2025 with an end-to-end technology platform powered by the Veeva Development Cloud, replacing more than 20 legacy platforms across clinical data, clinical operations, regulatory, and quality functions (Source: news.cognizant.com). The rollout, which Cognizant describes as Phase One of a multi-year collaboration first announced in 2023, streamlined workflows for more than 15,000 users across Boehringer's global clinical development programs (Source: news.cognizant.com). Oliver Fink, Head of Learning, Processes and Digitalization for Global Quality Medicine at Boehringer Ingelheim, said the prior multi-vendor environment "lacked the ability to communicate with each other, which led to complex workflows" (Source: news.cognizant.com). This case is one of the largest documented platform-consolidation efforts in the sector and shows how EDC decisions increasingly fold into a broader vendor-consolidation strategy rather than a standalone software purchase.

Visby Medical: A 45-Day FDA Submission Using Medrio CDMS/EDC

Visby Medical, an emerging diagnostics company developing an at-home PCR test for sexually transmitted infection detection, needed a fast-paced pivotal study to reach first-to-market status and selected Medrio CDMS/EDC as its data management partner (Source: www.massbio.org). Using Medrio, the company built and deployed the study in less than one month, collected comprehensive study data including real-time image uploads, reduced clinical research associate (CRA) resource needs by 66%, and submitted its FDA De Novo marketing authorization application just 45 days after the final participant's visit (Source: www.massbio.org) (Source: www.massbio.org). This case is instructive for smaller diagnostics and medical device sponsors weighing mid-market EDC platforms against enterprise options for a lean, time-critical pivotal study.

AstraZeneca and Memorial Sloan Kettering: EHR-to-EDC Automation in a Phase 3 Oncology Study

In March 2025, IgniteData announced a collaboration with Memorial Sloan Kettering Cancer Center (MSK) and AstraZeneca to deploy its Archer EHR-to-EDC automation tool in an AstraZeneca-sponsored Phase 3 study at MSK, following a successful pilot program (Source: www.prnewswire.com). Archer securely transfers clinical data from hospital EHR systems directly into sponsor EDC systems, eliminating manual re-entry. Joe Lengfellner, Senior Director of Clinical Research Information Technology at MSK, said the deployment "demonstrates the growing industry-academia alignment on the future of trial data management" (Source: www.prnewswire.com). This case represents the EHR-interoperability trend that all three enterprise EDC vendors, Medidata (Rave Companion), Oracle (Clinical Connector), and Veeva, are now building into their core roadmaps, rather than treating it as a third-party add-on (Source: www.fortunebusinessinsights.com).

Implications and Future Directions

Several structural shifts will shape EDC purchasing decisions through the rest of 2026 and into 2027. First, **EHR-to-EDC interoperability** is moving from a differentiator to a baseline expectation: Oracle's August 2025 Clinical Connector launch, Medidata's Rave Companion, and third-party tools like IgniteData's Archer all pursue the same goal of pulling verified patient data directly from clinical care systems into the trial database, reducing transcription error and site burden (Source: www.fortunebusinessinsights.com). The FDA's own decentralized clinical trials guidance, finalized in September 2024, gives sponsors and investigators formal recommendations for implementing decentralized elements, including remote and local-provider visits, that depend on this kind of interoperable data flow to work at scale (Source: www.fda.gov).

Second, **AI-assisted data operations** are shifting from pilot to production. Fortune Business Insights identifies Castor's October 2025 launch of Castor Catalyst, an AI-powered platform built on Google Cloud designed to automate clinical study tasks toward "self-driving, human-supervised studies," as a concrete example of vendors monetizing automation as a new upsell layer rather than a bundled feature (Source:

www.fortunebusinessinsights.com). Veeva has likewise announced plans for AI Agents across its applications built on large language models from Anthropic and Amazon, with clinical operations capabilities expected to roll out through 2026 (Source: www.triticon.com). Medidata's own AI push is visible in its 2026 State of AI in Clinical Trials survey, which reports that a large share of surveyed organizations, 40.5%, already see above-expectation improvements in data cleaning and rework reduction from AI adoption (Source: www.medidata.com). Sponsors evaluating EDC in 2026 should expect AI-driven data cleaning and query automation to become a genuine cost lever, potentially reducing the manual data-management labor that today makes up a meaningful share of per-study EDC total cost of ownership.

Third, **platform consolidation** continues to compress the number of vendors sponsors realistically shortlist for enterprise trials. Trade analysis notes that sponsors and CROs are actively reducing vendor counts given the high integration cost of running disparate systems, favoring vendors that bundle EDC with eTMF, CTMS, eCOA, and RTSM under one contract (Source: www.triticon.com). This dynamic benefits Medidata, Veeva, and Oracle at the expense of point-solution vendors, though it also raises switching costs and vendor lock-in risk that sponsors should weigh at contract renewal, particularly given the documented cases of steep renewal uplift proposals in the Veeva ecosystem (Source: checkthat.ai).

Fourth, and specific to Dassault Systèmes/Medidata, the company's own 2025 results show that EDC revenue is not immune to broader clinical trial market softness: a 7% year-over-year decline in industry-wide study starts pulled down Medidata's CRO-channel business by 5% in 2025, even as the company continued to win large enterprise accounts (Source: investor.3ds.com). Sponsors negotiating enterprise EDC contracts in a soft study-start environment may find more room to negotiate favorable terms than in a growth year, consistent with Vendr's general guidance to present competitive quotes and push back on renewal uplifts (Source: www.vendr.com).

Fifth, regulatory expectations continue to anchor every purchasing decision regardless of vendor. Systems that create or store part 11 records, meaning any electronic record maintained in place of a paper predicate record, must still support the underlying predicate rule requirements for accuracy, reliability, and record integrity, and FDA has said it will continue to enforce access controls, authority checks, and personnel training requirements even where it exercises enforcement discretion on validation and audit-trail documentation for older systems (Source: www.fda.gov). That baseline does not change with vendor choice, which is why validation and computer system validation (CSV) costs recur across every enterprise total-cost-of-ownership scenario in Table 2 regardless of which platform a sponsor selects.

Frequently Asked Questions (FAQs)

How much does EDC software cost? There is no single answer because none of the major vendors publish pricing. Independent estimates place full study costs, licensing plus setup, integration, training, and support, between $10,000 for a small academic or Phase I trial and over $500,000 for a large, multi-country Phase III trial (Source: www.clincapture.com).

What is Medidata Rave EDC pricing? Medidata sells Rave through custom quotes only; there is no public list price (Source: physicianaitools.com). Its 2024-launched Rave Lite edition offers an "adaptable" lower-cost structure specifically for Phase I, Phase IV, and medical device post-market studies (Source: www.medidata.com).

What does Veeva Vault EDC cost? Veeva also negotiates every contract under NDA. Third-party procurement data (Vendr) shows a company-wide median annual contract value of roughly $188,460 to $211,872, and per-user estimates for the Vault Clinical bundle that includes EDC run $500 to $2,400 per user per year before implementation and validation costs (Source: www.vendr.com) (Source: checkthat.ai).

How much is Oracle Clinical One? Oracle does not publish pricing for Clinical One Data Collection; sponsors must request a quote through Oracle Life Sciences sales, and no independent benchmark for its EDC pricing was found in public sources reviewed for this report.

What does Castor EDC cost? Castor quotes per study through a structured, protocol-based process, typically delivering a full itemized pricing proposal within five business days (Source: www.castoredc.com). It offers a genuinely free tier for single-site academic studies with up to 125 patient inclusions over 12 months (Source: helpdesk.castoredc.com).

What is the best EDC system for clinical trials in 2026? There is no single best answer; it depends on trial phase, portfolio size, and existing technology stack. Trade guidance points large pharma toward Medidata Rave, Veeva Vault EDC, or Oracle Clinical One for global Phase II to IV programs, and toward Viedoc, Medrio, or Castor for small CROs, biotechs, and academic sponsors seeking faster, more cost-transparent deployment (Source: www.triticon.com) (Source: www.triticon.com).

How much does EDC software cost per study? As Table 2 shows, per-study costs scale from roughly $10,000 for a small Phase I trial to $500,000-plus for a large global Phase III program, while enterprise Vault Clinical deployments that bundle EDC with eTMF and CTMS can carry Year 1 total costs from the low hundreds of thousands to over $2 million once implementation and validation are folded in (Source: checkthat.ai).

Conclusion

EDC software pricing in 2026 remains fundamentally opaque at the enterprise tier: Medidata, Veeva, and Oracle each negotiate every contract individually, and none publishes a rate card a sponsor can benchmark against without third-party procurement data. What is knowable is that the category itself is growing at a double-digit clip, somewhere between roughly $1.84 billion and $2.17 billion in 2026 depending on the research firm, expanding toward $3.6 billion to $6.4 billion by the early 2030s, and that this growth is driven by rising trial complexity, decentralized trial adoption, and the shift to AI-assisted data operations rather than by any single vendor's pricing strategy. Sponsors and CROs evaluating EDC in 2026 should expect enterprise deployments to carry Year 1 total costs anywhere from the low hundreds of thousands to several million dollars once licensing, implementation, and GxP validation are combined, while mid-market and academic sponsors running smaller, single-country studies can reasonably expect costs in the $10,000 to $150,000 range depending on trial phase and site count.

The practical takeaway is that vendor selection should start from trial portfolio strategy, not sticker price, since none is published. A large pharmaceutical company running a multi-country Phase III program will weigh Medidata's install-base depth, Veeva's ecosystem integration, and Oracle's unified RTSM-and-safety bundle against existing platform standardization and switching costs, while a lean biotech or academic sponsor running a single Phase I or medical device study is far better served by Castor's, Medrio's, or Viedoc's faster, more transparent, and typically lower-cost per-study quoting. Whichever platform a sponsor selects, the total cost of ownership question, spanning validation, integration, training, and multi-year renewal risk, deserves at least as much diligence as the initial license quote itself.

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