IntuitionLabs

INTUITIONLABS / RESEARCH & PRACTICAL GUIDANCE

Medical Affairs Platforms Comparison: Suite vs Point vs Custom

> Build practical AI for pharma and biotech with IntuitionLabs. We help life-science teams turn complex information and workflows into useful software, governed knowledge systems and AI tools.

Published by IntuitionLabs · 2026-11-08 · medical affairs platform · medical affairs software · medical information management software · medical science liaison crm · suite vs point solution · build vs buy · anju irms max · veeva medical · sorcero · within3

Original article: https://intuitionlabs.ai/articles/medical-affairs-platforms-suite-point-custom



In this article

1. Executive Summary
2. Introduction and Background
3. Anju Medical Affairs Suite
4. Veeva Medical Suite
5. Sorcero Medical
6. Within3 Insights Management Platform
7. The Custom Integration and Knowledge Layer
8. Feature Comparison
9. Performance and Benchmarks
10. Data Analysis and Evidence
11. Implications and Future Directions
12. Frequently Asked Questions (FAQs)
13. Conclusion

Executive Summary

"Medical affairs platform" is not one product category. As of November 2026, the vendors that rank for the term own different workflows and different systems of record: **Anju** sells a medical information and publications suite built around IRMS MAX, iCare MAX and Pubstrat MAX, **Veeva** packages inquiry, content, publications, key-people data and CRM as a connected medical suite, **Sorcero** positions an insight-management layer that ingests CRM, PubMed, congress and social data (www.sorcero.com), and **Within3** positions an insights platform that sits above existing point solutions (within3.com). Choosing among a unified suite, best-of-breed point solutions and a custom integration layer is therefore an architecture decision about system-of-record boundaries, not a feature-count exercise.

The evidence supports three conclusions. First, the suite model is strongest where a regulated case record must be controlled end to end: medical information intake, approved response content and the hand-off of adverse events to safety. Both Anju and Veeva document that hand-off (www.anjusoftware.com) (www.veeva.com), and regulators expect adverse events found in unsolicited inquiries to be processed on fixed clocks, for example 15 days for serious valid reports in the EU (www.ema.europa.eu). Second, point solutions are strongest where the work is analytical and fast-moving, such as insight synthesis with source citations and human validation (www.sorcero.com). Third, a custom layer is defensible mainly for the canonical vocabulary and data-ownership model, not for rebuilding regulated case handling; large IT projects show an average cost overrun of 27% in one Harvard Business Review analysis (available as an arXiv preprint), cited here only as an illustration (arxiv.org).

Public evidence is thin on neutral performance. Every outcome figure on the vendor pages reviewed is self-reported, for example Sorcero's customer-share claim and Within3's feedback-multiple claim. No vendor in this set publishes list pricing for medical modules; Anju says only that Pubstrat MAX pricing is typically based on the number of product areas managed (www.anjusoftware.com). Independent adoption data are small-sample:

a phactMI benchmark of US pharma medical information teams found Veeva the most common platform across four functions (pmc.ncbi.nlm.nih.gov), while a 2024 MAPS and BCG survey drew 34 representatives (medicalaffairs.org).

The practical recommendation is to avoid a big-bang replacement. Define which system owns each object (inquiry case, approved response, interaction, insight, publication, safety event), keep a thin canonical vocabulary for healthcare professionals (HCPs) and products, and test any AI feature with a pilot scorecard covering answer provenance, duplicate insight rate, safety-routing recall, time-to-reviewed-insight and user correction rate. Generative citation audits show why: one human audit found only 51.5% of generated sentences fully supported by their citations (arxiv.org). A weighted scorecard by company maturity and a three-year total cost of ownership (TCO) worksheet are provided below.

Introduction and Background

Medical affairs is the scientific function that sits between clinical development and commercial operations. Its software needs are correspondingly mixed: a regulated case-handling system for medical information, a content system for approved responses, a field tool for medical science liaisons (MSLs), a stakeholder data asset for key opinion leaders (KOLs), a publications planner, and an analytics layer for insights. Searchers who type "medical affairs software" or "medical affairs platform vendors" are usually trying to find one product that does all of this. The live vendor pages show that none of the representative products covers all of it with equal depth.

This report examines four representative vendors, Anju, Veeva, Sorcero and Within3, plus the option of a custom integration and knowledge layer. They are used as evidence of operating models, not as a ranking. The one independent-looking capability list in the search results, an eight-capability comparison on a vendor blog, was written by the chief technology officer of a company that sells a medical affairs platform (blog.pulsehealth.tech), so it is treated here as a vendor perspective. It lists capabilities such as integrations across CRM, medical, safety and data systems (blog.pulsehealth.tech); this report goes one step further and asks which system owns each data object.

Workflow map

The workflows that recur across the vendor pages and the peer-reviewed literature are:

- **Inquiry intake and fulfilment:** receiving unsolicited questions by phone, email, web or CRM and answering them with approved content.
- **Approved content:** standard response documents, medical letters and the review trail behind them.
- **Publications and medical communications:** planning, authoring and approving manuscripts and congress material.
- **KOL and relationship data:** stakeholder profiles, influence mapping and engagement history.
- **Field insight capture:** structured notes from MSL interactions.
- **Congress and social evidence:** conference abstracts, literature and social listening.
- **Medical insight validation and analytics:** turning raw observations into reviewed, trended insights.

Medical information is a good example of why boundaries matter. A peer-reviewed description of a global medical information department notes that it is an additional entry point for detecting adverse events or product quality complaints (link.springer.com), and that its platform routes those reports to the appropriate departments (link.springer.com). In the United States, the regulation on postmarketing adverse drug experience reporting requires applicants to promptly review adverse experience information received from any source (www.law.cornell.edu). In Europe, pharmaceutical companies also have a legal requirement to provide non-promotional medical information services (link.springer.com). The inquiry system is therefore also a safety intake channel.

Three sourcing models

A **unified suite** keeps most objects in one vendor's data model. **Best-of-breed point solutions** pair a specialist tool per workflow, joined by integrations. A **custom integration and knowledge layer** keeps vendors for regulated record-keeping but builds a canonical vocabulary, event bus and retrieval layer in-house or with a services partner. Consulting research frames the choice as a trade-off: one consultancy notes that vendor platforms historically won over custom builds to minimize risk, at the cost of flexibility (www.deloitte.com), and another argues that vendor-led software evolution reduces control over long-term AI cost and increases dependency on the vendor (www.deloitte.com). Both are opinion pieces from firms that sell services and neither provides a cost benchmark.

IntuitionLabs, the publisher of this report, is an advisory consultancy that describes itself as a Veeva X-Pages Partner, and is not a software vendor. Veeva describes X-Pages as a no-code platform in Vault CRM and runs a certification program for partners (www.veeva.com). IntuitionLabs is therefore not one of the options compared, and its perspective appears only in prose: in a regulated function the sensible default is to buy the system of record, and to invest custom effort in the data contracts between systems.

Anju Medical Affairs Suite

Capabilities

Anju markets a single Medical Affairs Suite on its **Anju MAX** platform, described as an end-to-end solution for the medical affairs function (www.anjusoftware.com). The modules map to specific workflows. **IRMS MAX** is the medical information system, with centralized case intake and dedicated adverse event and product complaint modules (www.anjusoftware.com). **iCare MAX** is a self-service portal that gives HCPs and consumers access to approved, published content (www.anjusoftware.com), with content shared directly from IRMS MAX content management (www.anjusoftware.com) and portal requests routed into IRMS MAX as cases (www.anjusoftware.com). **Pubstrat MAX** covers scientific publications and medical communications (www.anjusoftware.com) and has an integration with Journal Selector and Conference Authority (www.anjusoftware.com). **IRMS Assist** is an AI intake layer that turns voice and email inquiries into structured IRMS MAX cases while IRMS MAX remains the system of record (www.anjusoftware.com).

Adoption

The vendor states, without a date or methodology on the page, that more than 300 pharmaceutical, biotech and medical device companies use Anju (www.anjusoftware.com). This is labeled here as a vendor claim. Anju is a portfolio company of Valsoft (www.anjusoftware.com). No independent adoption count for Anju was found.

Strengths and limitations

- **Documented hand-off:** IRMS MAX can transfer and track adverse events and product complaints to a customer's existing safety systems (www.anjusoftware.com).
- **Integration approach:** the vendor describes adapters that move data one way or both ways (www.anjusoftware.com) and CRM integration (www.anjusoftware.com), but no public API documentation was found in the pages reviewed.
- **Deployment and residency:** IRMS MAX can be deployed on-premise if the customer chooses (www.anjusoftware.com), iCare MAX is hosted on Microsoft Azure (www.anjusoftware.com), and an EU hosting option keeps data in the EU (www.anjusoftware.com).
- **AI controls:** IRMS Assist routes potential adverse events and product complaints for trained review (www.anjusoftware.com) and lets customers configure AI assistance to their governance requirements (www.anjusoftware.com).
- **Limitations in public evidence:** KOL management appears only as a one-phrase mention on the suite page (www.anjusoftware.com); the pages reviewed did not name a SOC 2 or ISO 27001 attestation; and the only public pricing statement concerns Pubstrat MAX (www.anjusoftware.com).

Implementation guidance is also sparse: Anju says iCare MAX implementation typically takes two to three months depending on legal and compliance factors (www.anjusoftware.com), and offers to migrate previous cases, contact information and sales data (www.anjusoftware.com).

Veeva Medical Suite

Capabilities

Veeva's medtech edition page lists connected modules including Link Key People for KOL data (www.veeva.com), MedInquiry for the intake and fulfillment of medical information requests (www.veeva.com), Publications for planning, authoring and managing publications (www.veeva.com), and Vault CRM to drive scientific engagement and capture medical insights (www.veeva.com). That URL is the medtech edition, framed for medtech medical affairs (www.veeva.com); the biopharma Vault Medical page covers global medical information case handling and content management (www.veeva.com). MedInquiry accepts telephony, chat, email, CRM, website and other intake channels (www.veeva.com) and is described as a GxP compliant case handling and content management system (www.veeva.com). **MedComms** links to CRM so that medical content can be distributed through applications such as CLM and Approved Email (www.veeva.com).

Adoption

Independent evidence is stronger for Veeva than for the other vendors, though limited by sample size. A benchmark of 32 US pharma members of phactMI, surveyed in June 2022, found Veeva the most common technology platform across inquiry, content and fulfillment functions (pmc.ncbi.nlm.nih.gov). Veeva's fiscal 2026 results state that more than 125 customers are live on Vault CRM (ir.veeva.com). A vendor-published customer story reports a global MedInquiry implementation completed in nine months (www.veeva.com); this is a vendor claim about one customer and should not be generalized.

Strengths and limitations

- **Safety hand-off:** a features brief says MedInquiry adverse event records and attachments transfer automatically to Vault Safety (www.veeva.com), reconciliation information returns to MedInquiry (www.veeva.com), and synchronized fields use field mapping (www.veeva.com). Veeva's connections page lists this flow with early-customer status, announced in 2024 (www.veeva.com), so buyers should ask for current reference customers.
- **Integration and API:** the Vault API supports OAuth 2.0 / OpenID Connect authentication (general.veevavault.dev), MedComms has a third-party integration API (www.veeva.com), and Link Key People data is available through a web app, mobile app, APIs and connectors (www.veeva.com).
- **Key-people data:** Veeva states that Link Key People data is sourced from over 250k public sources (www.veeva.com).
- **AI controls:** Vault AI is the agentic framework in Vault Medical (www.veeva.com), with point-and-click agent configuration (www.veeva.com) and external agents available via Model Context Protocol or API (www.veeva.com). Veeva states customer data is never used to train or enhance the underlying large language models (www.veeva.com), agents execute only with customer-assigned permissions (www.veeva.com), and agent actions are logged (www.veeva.com). Link Medical Insights generates themes with AI and human oversight (www.veeva.com).
- **Limitations in public evidence:** a December 2025 announcement said medical agents were planned for release throughout 2026 (www.veeva.com), so general availability should be confirmed in a demo; Veeva publishes a SOC 2 Type II report (www.veeva.com) but states its ISO certifications cover various products rather than all (www.veeva.com); and no list pricing was found. The one public packaging statement is that X-Pages is included in the standard Vault CRM license at no additional cost (www.veeva.com).

Sorcero Medical

Capabilities

Sorcero's Medical Insights Management solution ingests data from CRM, PubMed, congress abstracts and social listening platforms (www.sorcero.com). Its human-in-the-loop step lets teams review, validate and refine AI-generated insights (www.sorcero.com), and in Sorcero Medical subject matter experts can validate, refine and approve critical intelligence (www.sorcero.com). The Sorcero Intelligence Platform is described as the single governed platform underneath Sorcero Medical, SciComms, Safety and Access (www.sorcero.com).

Adjacent products cover literature monitoring, with an exclusive integration with Springer Nature (www.sorcero.com) and filters by adverse event or geography (www.sorcero.com), and scientific communications drafting that requires subject-matter-expert review (www.sorcero.com).

Adoption

Sorcero states that it works with 40% of the Top 30 global pharma companies (www.sorcero.com), a customer-count claim that the page does not date or define. It also claims that 100% of interactions are analyzed rather than a sample (www.sorcero.com). Both figures are unaudited vendor claims, and no independent adoption data were found.

Strengths and limitations

- **Provenance:** every insight is described as backed by direct links to source material (www.sorcero.com), and the natural-language query feature returns answers with source verification citations (www.sorcero.com). This is the most explicit citation-level provenance claim among the four vendors, but it has not been tested here.
- **Integration:** the platform is said to connect to CRM, advisory board and medical information databases (www.sorcero.com); the page names no specific CRM products and no public API documentation was located.
- **Security and deployment:** Sorcero states adherence to SOC 2 Type II, GxP, GPP, 21 CFR Part 11 and GDPR (www.sorcero.com) and describes a multi-tenant cloud environment (www.sorcero.com). The trust center page returned no readable content, so certification dates and scope were not verified, and no data residency options were found.
- **Scope boundary:** Sorcero ingests CRM data rather than replacing a CRM or inquiry case system, so it presumes that an upstream system of record exists. Pricing is not public.

Within3 Insights Management Platform

Capabilities

Within3 positions its medical affairs platform around source traceability, identity resolution, quality certification, privacy and access controls, and auditability (within3.com). It ingests insights logged by field teams and digital activity across public channels (within3.com), and states that insights captured in Within3 can be integrated into CRM tools to enrich stakeholder profiles (within3.com). Adjacent modules include KOL mapping, which aims to define a disease community by influence rather than visibility (within3.com) and includes US treatment patterns and locations of HCP influence (within3.com); social listening across 800+ social, news and blog sites (within3.com); and virtual advisory boards with 40+ engagement applications (within3.com). A data layer adds curated real-world data, electronic health record, claims and specialty data partners (within3.com).

Adoption

Within3 states that it is trusted by top 20 pharma companies and 70+ biotechs (within3.com), and claims up to 7x more feedback and 90% less workload (within3.com). These are self-reported and undated. The company's own materials say it should sit above customers' existing point solutions (within3.com), which implies

coexistence with, not replacement of, inquiry and CRM systems.

Strengths and limitations

- **Coverage of external voice:** advisory boards, social listening and KOL mapping together cover the "congress and social evidence" and "relationship data" workflows that suite vendors address more thinly.
- **AI and data handling:** Within3 states its proprietary AI is trained to understand medical language, sentiment and context (within3.com), that it undergoes annual SOC 2 Type 2 audits (within3.com) (a statement in a 2024 blog post), and that it never uses customer data to train its AI models (within3.com).
- **Integration:** the social listening FAQ says Within3 can integrate with a customer's CRM (within3.com); named CRM products, API options and data residency were not found in the pages reached.
- **Human review:** no page reviewed described a review step for AI outputs comparable to Sorcero's validation board, so buyers should ask for the validation workflow in a demo.

The Custom Integration and Knowledge Layer

Capabilities

A custom layer rarely replaces a case system. It typically provides three things: a canonical vocabulary for HCPs, products and indications; an event model that moves objects between systems; and a retrieval or analytics layer over approved content and insight data. A peer-reviewed paper by authors who co-created a commercial platform argues that artificial intelligence and natural-language processing can be a layer that sits external to existing systems, enhancing current applications without replacing them (pmc.ncbi.nlm.nih.gov); the authors' interest should be noted. Another peer-reviewed paper describes MUFASA, a Python tool that applies AI to unsolicited medical information inquiry data (pubmed.ncbi.nlm.nih.gov), an example of an in-house analytic build rather than a platform.

Adoption

No survey measures how many medical affairs organizations run a custom layer. Related evidence is indirect. A Harvard Business Review article argues that the economic logic that made standardized enterprise software the only practical choice for most companies is eroding (hbr.org), and a 2024 MAPS and BCG survey reports that 88% of medical leaders cite a lack of internal capabilities as a major barrier to digital and AI adoption (medicalaffairs.org). Together these suggest the option is attractive in principle and capacity-constrained in practice.

Strengths and limitations

- **Strength, control of vocabulary:** one canonical product and HCP identity set removes mapping work between vendors. International standards help: EMA states its IDMP-based master data rests on four domains of master data in pharmaceutical regulatory processes (www.ema.europa.eu), and HL7 FHIR defines exchangeable content as resources (www.hl7.org).

- **Strength, AI flexibility:** retrieval-augmented generation (RAG) can be tuned to approved content. In one benchmark across 41 combinations of corpora, retrievers and models, RAG improved accuracy of six models by up to 18% over chain-of-thought prompting (arxiv.org).
- **Limitation, delivery risk:** a Harvard Business Review analysis (posted on arXiv) of 1,471 IT projects found an average cost overrun of 27% (arxiv.org), and a BCG article states that 65% of digital transformations fail to achieve their stated objectives (www.bcg.com). Both are general IT figures, not medical affairs measurements.
- **Limitation, validation burden:** a custom system that touches regulated records inherits audit trail requirements. Part 11 calls for secure, time-stamped audit trails (www.govinfo.gov) and states that record changes shall not obscure previously recorded information (www.govinfo.gov).

Feature Comparison

Workflow-to-product matrix

Table 1 below maps the workflows to what each vendor's own pages describe. A blank or hedged cell means the pages reviewed did not document the capability, not that the vendor lacks it. All cell contents are vendor claims retrieved on 2026-11-08; the supporting citations appear in the vendor sections above.

Workflow	Anju (suite)	Veeva (suite)	Sorcero (point)	Within3 (point)
Inquiry intake and fulfilment	IRMS MAX case intake; IRMS Assist AI intake	MedInquiry, multi-channel intake	Not documented as a case system; ingests medical information databases	Not documented
Approved content	iCare MAX portal using IRMS MAX content	MedComms content lifecycle linked to CRM	Not documented	Not documented
Publications	Pubstrat MAX	Publications module	Literature monitoring and scientific communications drafting	Not documented
KOL and relationship data	One-phrase mention only	Link Key People	Not documented as a KOL database	KOL mapping
Field insight capture	Not documented in the sources cited above	Vault CRM insight capture	Ingests CRM insight data	Ingests field-logged insights
Congress and social evidence	Not documented	Link Key People public-source data	Congress abstracts and social listening ingested	Social listening
Insight validation and analytics	Reporting claimed; method not documented	Link Medical Insights with human oversight	Kanban and expert validation	AI-assisted insight analysis
Safety hand-off	AE and PC transfer to existing systems	MedInquiry to Vault Safety	AE filters in literature monitoring	Not documented

The matrix shows why feature counts mislead. The suites own the regulated case and content objects; the point solutions own interpretation and external voice. The overlap is narrow: Veeva and Within3 both touch KOL data and insights, Anju and Veeva both touch inquiries and publications. A buyer who treats all four as interchangeable will compare unlike things.

Canonical objects and system-of-record boundaries

The architecture question is which system owns each object and which events cross a boundary. *Table 2* proposes a canonical ownership model that a buyer can adapt; it is an analytical framework, not a vendor specification.

Canonical object	Typical system of record	Events to publish	Consumers
HCP / KOL identity	CRM or key-people master (for example Link Key People)	Created, merged, consent changed	Insights, inquiry, publications
Product / indication vocabulary	Regulatory master data aligned to IDMP (www.ema.europa.eu)	Term added, retired, mapped	All systems, AI retrieval
Inquiry / case	Medical information system	Received, triaged, answered, closed	CRM, analytics
Approved response	Content system with review trail	Version approved, withdrawn	Portal, AI retrieval, CRM
Interaction	CRM	Logged, edited	Insights, analytics
Insight	Insight platform or CRM, never both	Captured, validated, escalated	Analytics, leadership review
Evidence / citation	Literature and congress repository	Source ingested, retracted	Insights, publications
Publication	Publications planner	Milestone, approved	Content, analytics
Safety event	Safety database	Candidate flagged, case created, reconciled	Medical information, quality

Two rules follow. First, each object has exactly one writer; other systems hold references. Second, a safety event is not a copy of the inquiry: Veeva's brief shows the pattern of transferring a record plus attachments and returning reconciliation information (www.veeva.com), and EMA pharmacovigilance guidance treats unsolicited cases from the internet or digital media as spontaneous reports (www.ema.europa.eu).

Consequences of duplicated vocabularies

When the HCP or product list lives in two systems, three failure patterns are plausible: duplicate insight counts because the same speaker has two records, unroutable inquiries because a product name does not map to the safety database, and AI answers that cite a withdrawn document because the retrieval index and the content system disagree. The remedy is a mastered vocabulary with mappings versioned like any other regulated configuration. MedDRA, the ICH-developed medical terminology, illustrates the principle on the

safety side; its fact sheet states that Europe and Japan require its use by pharmaceutical companies (files.meddra.org). Researcher identity can use persistent identifiers such as ORCID, which gives researchers control of the privacy settings of their own record data (info.orcid.org).

Performance and Benchmarks

No neutral benchmark compares these platforms. The figures on the vendor pages (efficiency gains, feedback multiples, workload reductions and the share of interactions analyzed) are self-reported and use different, undefined bases. This report therefore proposes a method rather than a ranking.

AI evaluation: what to test

Independent research explains why vendor AI claims need a buyer-run test. A human audit of four generative search engines found only 51.5% of sentences fully supported by citations and 74.5% of citations supporting their sentences (arxiv.org). A medical study of seven models on 800 questions found that between 50% and 90% of responses were not fully supported by their cited sources (pmc.ncbi.nlm.nih.gov), and that retrieval augmentation by itself is not a silver bullet (pmc.ncbi.nlm.nih.gov). These studies tested general-purpose engines, not the vendors above, and say nothing about their products.

Regulatory expectations point in the same direction. EMA's reflection paper says AI used to draft or review product information should be under close human supervision (www.ema.europa.eu) and that the marketing authorisation holder remains responsible to validate, monitor and document model performance in pharmacovigilance (www.ema.europa.eu). FDA's draft AI guidance defines credibility as trust in model performance for a particular context of use (www.fda.gov), while noting that operational-efficiency uses are outside that guidance's scope (www.fda.gov). NIST released its AI Risk Management Framework on January 26, 2023 (www.nist.gov) and later published a Generative AI Profile as a companion to its AI Risk Management Framework (www.nist.gov). The EU AI Act became applicable on 2 August 2026, with some exceptions (digital-strategy.ec.europa.eu), and Article 50(1) requires systems intended to interact directly with people to be designed so that those people are informed they are interacting with an AI system (eur-lex.europa.eu). For validation practice, ISPE publishes GAMP 5 Second Edition (ispe.org) and a GAMP guide on AI designed to be used in parallel with it (ispe.org).

Pilot scorecard

Run the same approved test set through each candidate. Define the metrics before the demo:

- **Answer provenance:** share of AI answer sentences whose cited source passage supports the sentence, scored by two blinded medical reviewers. Report inter-rater agreement (in one study an automated source verifier agreed with doctor consensus 88.7% of the time, which supports a design where a model assists and humans audit (pmc.ncbi.nlm.nih.gov)); one methodological paper argues that kappa below 0.60 indicates inadequate agreement (pmc.ncbi.nlm.nih.gov).
- **Duplicate insight rate:** share of captured insights that a reviewer marks as near-duplicates of an existing insight. Near-duplicate measures such as document resemblance, a number between 0 and 1, are well established (archives.iw3c2.org).

- **Safety-routing recall:** of test inquiries that contain a seeded adverse event, the share routed to safety review. Recall is the ability to find all the positive samples (scikit-learn.org); state how undefined cases are scored (scikit-learn.org).
- **Time-to-reviewed-insight:** hours from capture to validated status, medians and 90th percentile.
- **User correction rate:** share of AI outputs edited or rejected by reviewers.

Because large language models can vary even when configured to be deterministic (arxiv.org), and model versions can drift over time (arxiv.org), pin model versions and repeat each test run.

(Hypothetical Example) Suppose an approved test set has 200 inquiries, 40 seeded with adverse events, and a candidate routes 38 of them. Safety-routing recall is 38 / 40 = 95%. Suppose two missed cases were phrased as indirect statements. The remedy is a rule that any such candidate stays in human triage, not a vendor change. These numbers are invented for illustration and are not benchmarks.

Data Analysis and Evidence

Adoption and organization data

Public data are small-sample. The MAPS 2021 benchmarking invited 45 organizations and 21 completed the survey (medicalaffairs.org). The 2024 MAPS and BCG survey drew 34 representatives and found that only about 10% of respondents used generative AI for medical evidence and education (medicalaffairs.org). A ZS survey of more than 160 medical affairs professionals from more than 35 companies (zs.com) found that 29% of investment went to field medical (zs.com), and that 36% of internal respondents used generative AI for insight generation and analytics (zs.com). Deloitte's 2023 benchmark of 20 pharmaceutical companies found that about 80% manage medical inquiries in a globally harmonized system (www.deloitte.com). A 2026 cross-sectional survey of MSLs and medical affairs staff found that only 40% reported their organizations measure MSL impact (pmc.ncbi.nlm.nih.gov). The phactMI benchmark found chatbot availability on medical information sites rose to 24% in 2022 from 4% in 2018 (pmc.ncbi.nlm.nih.gov).

Because the samples are small and self-selected, they indicate direction, not market structure.

Market size estimates disagree

Analyst estimates vary with scope, and none covers medical affairs software specifically. Towards Healthcare projects the life sciences CRM market growing at a 6.32% compound annual growth rate (CAGR) from 2025 to 2034 (www.towardshealthcare.com). A 2022 release syndicated on BioSpace projects the broader healthcare CRM market at about US$27.8 billion by 2030 (www.biospace.com). For outsourced medical affairs services, Towards Healthcare estimated USD 2.55 billion in 2025 (www.towardshealthcare.com) and IMARC USD 2.5 billion in 2025 (www.imarcgroup.com). These are analyst estimates, not measured values.

Regulatory clocks that shape the architecture

- **EU serious valid individual case safety reports:** submission within 15 days of receipt (www.ema.europa.eu).

- **ICH E2D(R1):** an expedited report is due no later than 15 calendar days after day zero (database.ich.org), and digital platforms include social media, web sites, internet forums, chat rooms and apps (database.ich.org).
- **Digital screening:** marketing authorisation holders should regularly screen the internet or digital media under their management (www.ema.europa.eu).
- **Unsolicited requests (FDA draft guidance):** the draft defines unsolicited requests as those initiated by persons or entities completely independent of the firm (www.fda.gov), distinguishes non-public requests directed privately to a firm (www.fda.gov) from public requests made in a public forum (www.fda.gov). The draft dates from December 2011 and is labeled not for implementation (www.fda.gov).
- **Consent:** GDPR allows special-category data processing with explicit consent for specified purposes (gdpr-info.eu), and withdrawing consent must be as easy as giving it (gdpr-info.eu).

These clocks mean the inquiry-to-safety and social-to-safety events in Table 2 need monitored delivery and reconciliation, not best-effort integration.

Implications and Future Directions

Decision by company maturity

Table 3 is a **(Hypothetical Example)** weighted scorecard. The weights are illustrative judgments by this report, not measurements, and should be replaced with the buyer's own. Scores run from 1 (weak fit) to 5 (strong fit) per model.

Criterion	Weight: early-stage biotech	Weight: mid-size pharma	Weight: global pharma	Suite	Point solutions	Custom layer
Regulated case and content control	20%	30%	25%	5	3	2
Insight and analytics depth	15%	20%	25%	3	5	4
Integration effort and run cost	30%	20%	10%	5	3	1
Vocabulary and data-model control	10%	15%	25%	3	2	5
Speed to value	25%	15%	15%	4	4	1

Applying the weights gives suite scores of 4.25 (early-stage), 4.15 (mid-size) and 3.85 (global pharma); point-solution scores of 3.45, 3.40 and 3.40; and custom-layer scores of 2.05, 2.50 and 3.00. Under these assumptions the suite leads at every maturity level, but the gap to the custom layer narrows from 2.20 points to 0.85 as vocabulary control gains weight, and the gap to point solutions narrows to 0.45. The ranking is sensitive to the weights and to the 1 to 5 scores, which is the point of publishing them: change the inputs and the answer changes.

Migration and coexistence

A big-bang replacement of inquiry, content and CRM at once concentrates validation risk. A coexistence path defines system-of-record boundaries first. Typical sequence: (1) master the HCP and product vocabularies; (2) leave the inquiry case system in place while adding insight tools that read from CRM and publish insights; (3) migrate approved content only when the retrieval index can follow; (4) migrate inquiries last, with parallel running for the safety hand-off. Migration services exist: Anju, for example, states it can migrate previous cases, contact information and sales data (www.anjusoftware.com).

Three-year TCO worksheet

Public pricing is absent, so no totals are reported. Build the worksheet from quotes:

- **Subscriptions:** licenses by module, product area or user, years 1 to 3.
- **Implementation:** configuration and integration build, including vendor services.
- **Migration:** case, content and contact data conversion plus parallel running.
- **Validation:** computerized system validation scaled by risk, per the GAMP approach (ispe.org).
- **Integrations:** CRM, content, email or contact center, safety, identity, consent and analytics connectors, plus their run cost.
- **Taxonomy and content operations:** vocabulary stewardship, content review capacity.
- **Internal support:** administrators, product owners, AI reviewers.

Apply a contingency to custom-layer lines; the 27% average overrun in a general IT sample is a reference point, not a forecast (arxiv.org).

Request-for-proposal scenarios

Ask each vendor to run these live: an inquiry with an indirect adverse event; a withdrawn response document the AI must stop citing; a duplicate HCP merged across systems; a congress abstract linked to an existing insight; a consent withdrawal that must propagate; and an audit trail export for one case.

Future directions

Agentic features are arriving quickly: Veeva has described agents that connect through Model Context Protocol or API (www.veeva.com), and CRM-platform vendors describe AI that assembles approved content for medical inquiries (www.salesforce.com). Services-led models, such as IQVIA's medical information service combining intake, case processing and regulatory submission (www.iqvia.com), literature-led systems such as Dr.Evidence's (www.drevidence.com) and expert-data products such as Monocl's (www.definitivehc.com) show the category will keep fragmenting.

Frequently Asked Questions (FAQs)

What is medical affairs software?

Tools supporting medical information, field medical, publications and insights. No single product covers every workflow equally, as Table 1 shows.

Which medical affairs platform vendors should be compared?

Compare by workflow owned. For case handling and content, Anju and Veeva document suite modules; for insight synthesis, Sorcero and Within3 document point platforms.

What is the best medical affairs software for pharma?

The sources reviewed do not support a single best product. Fit depends on maturity, existing CRM and the weight a buyer places on vocabulary control (Table 3).

What is the difference between a suite and a point solution?

A suite keeps most objects in one vendor's model; a point solution specializes and integrates. Within3 describes itself as sitting above point solutions (within3.com).

What belongs in a medical affairs technology stack?

An inquiry case system, a content system, CRM for MSL interactions, a key-people data source, an insight layer, a publications planner and a safety hand-off, joined by a mastered vocabulary.

What should MSL CRM software do?

Capture interactions and insights with quality checks; Veeva's Vault CRM page describes validating captured insights against pre-configured quality benchmarks (www.veeva.com). It should also connect to the insight and content systems.

What is medical information management software?

It manages inquiry intake, responses and the adverse event hand-off. See IRMS MAX and MedInquiry.

Should we build or buy medical affairs software?

Buy regulated systems of record; build the data contracts and vocabulary. See the delivery-risk evidence in the custom layer section (arxiv.org).

How should platform integration be assessed?

By production readiness and maintainability, not the existence of a connector (blog.pulsehealth.tech); test the scenarios listed above.

Conclusion

The question behind "medical affairs platforms comparison" is where each object should live and which events must cross a boundary. The representative products divide the work: Anju and Veeva document suite modules for inquiry, content and publications with explicit safety hand-offs, Sorcero and Within3 document insight-centred platforms with provenance and expert-validation features, and a custom layer is best reserved for vocabulary, event contracts and retrieval over approved content. All vendor outcome figures reviewed are self-reported, pricing is not public, and independent adoption data are small-sample, so buyers should rely on scenario-based demonstrations and a pre-registered pilot scorecard.

For most organizations the lowest-risk path is incremental: master the HCP and product vocabularies, keep the regulated case record where it is until a tested hand-off exists, add insight tools that read from and write back to a single owner per object, and revisit the weights in Table 3 each year. Regulatory documents set the clocks, the audit trail expectations and the human supervision principles that any choice must meet. This report does not constitute legal or regulatory advice, and compliance, privacy and pharmacovigilance specialists should review any final design.

Source links

Links cited in this article, in order of first appearance. Full addresses are provided for readers using extracted text.

1. https://www.sorcero.com/solutions/medical-insights-management
2. https://within3.com/insights-management-platform
3. https://www.anjusoftware.com/medical-affairs/irms-max
4. https://www.veeva.com/products/vault-medical/veeva-medinquiry
5. https://www.ema.europa.eu/en/documents/regulatory-procedural-guideline/guideline-good-pharmacovigilance-practices-gvp-module-vi-collection-management-submission-reports-suspected-adverse-reactions-medicinal-products-rev-2_en.pdf
6. https://www.sorcero.com/product/medical
7. https://arxiv.org/abs/1304.0265
8. https://www.anjusoftware.com/medical-affairs-frequently-asked-questions
9. https://pmc.ncbi.nlm.nih.gov/articles/PMC10764438
10. https://medicalaffairs.org/benchmark-report-2024-medical-affairs
11. https://arxiv.org/abs/2304.09848
12. https://blog.pulsehealth.tech/medical-affairs-platform-comparison-8-capabilities-pharma-teams-should-prioritize
13. https://link.springer.com/article/10.1007/s40290-026-00605-1
14. https://www.law.cornell.edu/cfr/text/21/314.80
15. https://www.deloitte.com/ca/en/services/consulting/perspectives/changing-economics.html
16. https://www.deloitte.com/ca/en/services/consulting/perspectives/enterprise-technology-decisions-saas-custom.html
17. https://www.veeva.com/meet-veeva/partners/x-pages
18. https://www.anjusoftware.com/medical-affairs
19. https://www.anjusoftware.com/medical-affairs/icare-max
20. https://www.anjusoftware.com/medical-affairs/pubstrat-max
21. https://www.anjusoftware.com/medical-affairs/irms-assist
22. https://www.anjusoftware.com/about-anju
23. https://www.anjusoftware.com/technology
24. https://www.anjusoftware.com/data-protection
25. https://www.anjusoftware.com/medical-affairs-services
26. https://www.veeva.com/medtech/products/medical
27. https://www.veeva.com/products/vault-medical

28. https://www.veeva.com/products/vault-medical/veeva-medcomms
29. https://ir.veeva.com/news/news-details/2026/Veeva-Announces-Fourth-Quarter-and-Fiscal-Year-2026-Results/default.aspx
30. https://www.veeva.com/eu/customer-stories/speed-scale-and-connectivity-tevas-new-standard-for-medical-information
31. https://www.veeva.com/resources/medical-safety-connection-features-brief
32. https://www.veeva.com/products/vault-platform/veeva-connections/safety
33. https://general.veevavault.dev/vault-api/api-reference
34. https://www.veeva.com/ap/products/veeva-link
35. https://www.veeva.com/trust
36. https://www.veeva.com/ap/products/medical-insights
37. https://www.veeva.com/resources/veeva-ai-agents-now-available-to-increase-productivity-and-customer-centricity
38. https://www.veeva.com/products/crm-suite/x-pages
39. https://www.sorcero.com/intelligence-platform
40. https://www.sorcero.com/solutions/literature-monitoring
41. https://www.sorcero.com/product/scicomms
42. https://within3.com/within3-insights-management-platform-for-medical-affairs
43. https://within3.com/kol-mapping
44. https://within3.com/social-listening
45. https://within3.com/virtual-advisory-board
46. https://within3.com/dataverse
47. https://within3.com/blog/understanding-the-within3-ai-capabilities
48. https://pmc.ncbi.nlm.nih.gov/articles/PMC7814264
49. https://pubmed.ncbi.nlm.nih.gov/38041173
50. https://hbr.org/2026/04/the-end-of-one-size-fits-all-enterprise-software
51. https://www.ema.europa.eu/en/human-regulatory-overview/research-development/data-medicines-iso-idmp-standards-overview
52. https://www.hl7.org/fhir/overview.html
53. https://arxiv.org/abs/2402.13178
54. https://www.bcg.com/publications/2025/buy-and-build-strategy-unlocks-greater-ops-tech-value
55. https://www.govinfo.gov/content/pkg/CFR-2024-title21-vol1/xml/CFR-2024-title21-vol1-part11.xml
56. https://files.meddra.org/www/Website%20Files/Fact%20Sheets/meddra2024.pdf
57. https://info.orcid.org/what-is-orcid
58. https://pmc.ncbi.nlm.nih.gov/articles/PMC12003634
59. https://www.ema.europa.eu/system/files/documents/scientific-guideline/reflection-paper-use-artificial-intelligence-ai-medicinal-product-lifecycle-en.pdf
60. https://www.fda.gov/media/184830/download
61. https://www.nist.gov/itl/ai-risk-management-framework
62. https://www.nist.gov/publications/artificial-intelligence-risk-management-framework-generative-artificial-intelligence

63. https://digital-strategy.ec.europa.eu/en/policies/regulatory-framework-ai
64. https://eur-lex.europa.eu/legal-content/EN/TXT?uri=CELEX:32024R1689
65. https://ispe.org/publications/guidance-documents/gamp-5-guide-2nd-edition
66. https://ispe.org/publications/guidance-documents/gamp-guide-artificial-intelligence
67. https://pmc.ncbi.nlm.nih.gov/articles/PMC3900052
68. https://archives.iw3c2.org/www6/proceedings/Technical/Paper205/Paper205.html
69. https://scikit-learn.org/stable/modules/model_evaluation.html
70. https://scikit-learn.org/stable/modules/generated/sklearn.metrics.precision_recall_fscore_support.html
71. https://arxiv.org/abs/2408.04667
72. https://arxiv.org/abs/2307.09009
73. https://medicalaffairs.org/wp-content/uploads/2022/10/MAPS-Industry-Benchmarking-Report-2021.pdf
74. https://zs.com/content/dam/pdfs/zs-medical-affairs-outlook-report-twenty-twentyfour.pdf
75. https://www.deloitte.com/us/en/industries/life-sciences-health-care/blogs/health-care/medical-affairs-evolving-to-be-true-strategic-partners.html
76. https://pmc.ncbi.nlm.nih.gov/articles/PMC13081017
77. https://www.towardshealthcare.com/insights/life-sciences-crm-market-sizing
78. https://www.biospace.com/healthcare-crm-market-size-to-worth-around-us-27-8-bn-by-2030
79. https://www.towardshealthcare.com/insights/medical-affairs-outsourcing-market-sizing
80. https://www.imarcgroup.com/medical-affairs-outsourcing-market
81. https://database.ich.org/sites/default/files/ICH_E2D%28R1%29_Step4_FinalGuideline_2025_0819.pdf
82. https://www.fda.gov/files/drugs/published/Responding-to-Unsolicited-Requests-for-Off-Label-Information-About-Prescription-Drugs-and-Medical-Devices.pdf
83. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/responding-unsolicited-requests-label-information-about-prescription-drugs-and-medical-devices
84. https://gdpr-info.eu/art-9-gdpr
85. https://gdpr-info.eu/art-7-gdpr
86. https://www.salesforce.com/life-sciences/cloud
87. https://www.iqvia.com/solutions/safety-regulatory-compliance/medical-information
88. https://www.drevidence.com/clinical-and-medical-affairs
89. https://www.definitivehc.com/about/press/monocl-expertinsight-2-0
90. https://www.veeva.com/products/crm-suite/crm

THE PUBLISHER

About IntuitionLabs

IntuitionLabs is an AI consulting, custom software development and data engineering firm serving pharmaceutical, biotechnology, medical-device and other life-science organizations. We work with clinical, regulatory, medical-affairs, commercial, quality and IT teams to connect technology decisions with the work people need to accomplish.

AI consulting and adoption

Our AI enablement services cover readiness assessments, use-case selection, governance and policies, team workshops, adoption measurement and ongoing advisory support. We help organizations structure the information layer behind AI: source material, context, permissions and maintained knowledge that make generated answers useful and reviewable. Private LLM inference and hosted AI options support teams evaluating how to operate AI with appropriate control over their data and infrastructure.

Software, data and life-science workflows

IntuitionLabs develops custom software for pharma and biotech, integrates enterprise systems, and builds data engineering and business intelligence solutions. Areas of focus include AI agents, regulatory research, medical writing, medical affairs, CMC information, competitive intelligence and clinical-document workflows. Our eTMF intelligence work includes cross-system reconciliation and inspection-readiness support.

Enterprise platforms and regulated delivery

We provide Veeva services, application support, managed services, integrations and custom applications, alongside enterprise content work involving platforms such as Egnyte. For regulated workflows, our services include GxP enablement, computer-system validation and software development addressing 21 CFR Part 11 requirements. The applicable controls, validation responsibilities and acceptance criteria are defined for each engagement.

Work with IntuitionLabs

Explore AI enablement, pharma and biotech software development, data engineering and BI, and Veeva services. Contact IntuitionLabs to discuss your workflow, information sources and implementation needs.

IntuitionLabs publishes educational research to help life-science teams make informed technology decisions. Coverage of a product or organization does not imply a client relationship, endorsement or partnership.

Website: https://intuitionlabs.ai

This article is educational. Verify consequential medical, legal, financial, regulatory and technical decisions with appropriate professionals and the cited primary sources. Company services are described separately from the article's research findings.