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Pharma AI Investment: Building a Board-Ready Business Case

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Executive Summary

The pharmaceutical industry is on the cusp of a major transformation driven by artificial intelligence (AI). AI applications in drug discovery, clinical trials, manufacturing, and commercial operations promise accelerated R&D pipelines, efficiency gains, and new revenue streams (www.novartis.com) (moneyweek.com). Leading companies are already demonstrating significant value: Bain & Company reports that 95% of healthcare executives (including pharma) believe generative AI will transform the industry, and 54% have seen meaningful ROI from their GenAI pilots within a year (www.bain.com). Specific use cases have delivered striking returns – for example, a marketing mix modeling project in a European pharma business generated an estimated first-year ROI of ~5,000% (www.linkedin.com), and automating routine tasks can yield 600% ROI in the first year (www.linkedin.com). Moreover, industry analyses suggest that fully embedding AI could add **hundreds of billions** in operating profit to the sector – Strategy& projects a global $254 billion boost by 2030 (ciberspring.com).

However, realizing these benefits requires a disciplined, board-level investment strategy. AI in pharma faces unique challenges – a decade-long R&D timeline, stringent regulations, fragmented data, and long commercialization cycles make ROI calculations complex (medium.com) (www.bain.com). Only about a quarter of AI pilots in pharma advance to production, versus one-third in healthcare overall (www.bain.com). Boards will demand robust, evidence-based business cases. Key elements include clear alignment with strategic goals, precise baseline metrics, financial modeling (3–5 year payback, NPV/IRR), and non-financial metrics (patient outcomes, quality, risk reduction) (www.linkedin.com) (ciberspring.com). Boards must also weigh risks: IBM's account of its 2025 CEO study reports that only 25% of AI initiatives had delivered expected ROI over the preceding few years (IBM), highlighting the need for governance, piloting low-risk use cases first, and strong change management (medium.com) (www.cio.com).

This report examines the historical context, current state, and future implications of enterprise AI adoption in pharma. It provides an in-depth analysis of the investment planning process, covering strategic rationale, use cases, data and infrastructure requirements, ROI framing, implementation strategies, and governance considerations. Through multiple frameworks, case studies (e.g. Novartis, GSK, Roche, Insitro, Formation Bio), and data-driven insights, it outlines how to build a board-ready business case for AI. The analysis shows that while opportunities are vast, success hinges on rigorous metrics, cross-functional collaboration, scalable architecture, and continuous measurement of outcomes. With proper planning and oversight, an AI program can become a powerful engine for innovation, cost savings, and competitive advantage in pharma.

Introduction and Background

The 21st century has seen a gradual digitization of pharmaceutical R&D and operations. Over the past two decades, drug manufacturers have adopted electronic data capture, high-throughput screening, and bioinformatics. However, AI – especially machine learning (ML) and, recently, generative AI – introduces new capabilities beyond traditional analytics. AI algorithms can learn patterns in vast datasets, enabling tasks that once required human expertise (e.g. interpreting biological data, reading regulatory documents, or predicting patient outcomes). This "AI revolution" leapt into view in late 2022/2023 with breakthroughs like ChatGPT; since then, executive agendas have rapidly pivoted to exploring AI's potential in healthcare and life sciences (www.bain.com).

Pharma companies are not new to AI. Early adopters (e.g. Novartis) used ML for drug discovery and trial optimization years ago (medium.com). But the new era of generative models and accessible AI tools means companies of all sizes can experiment quickly. Industry surveys confirm this enthusiasm: Bain found 95% of pharma/payer/provider C-level respondents say generative AI will transform healthcare (www.bain.com). Yet this infatuation coexists with caution. The pharma ecosystem is heavily regulated and high-stakes: a typical drug takes **10+ years** and **billions of dollars** to go from lab bench to patient (medium.com). Boards know that any AI initiative touching patient care or drug quality must meet stringent compliance and safety standards.

This report focuses on the intersection of these dynamics. It provides comprehensive guidance on constructing an **enterprise AI investment plan** and **board-ready business case** for a pharmaceutical company. We define "enterprise AI" broadly: central, scaled AI programs (often under Chief Data/AI Officer oversight) that

affect multiple functions (R&D, manufacturing, commercial, etc.), rather than isolated departmental pilots. The aim is to help pharma executives and investors understand the value drivers, costs, risks, and implementation roadmap for AI, and to articulate that in a clear, data-backed narrative fit for board deliberation.

Key questions addressed include:

- **Value propositions & use cases**: How and where can AI create value in pharma? What specific opportunities exist in R&D, clinical trials, manufacturing, and commercial operations? What tangible returns have been documented?
- **Investment metrics**: How should ROI be measured (financial and non-financial metrics)? What models and scenarios do CFOs and boards expect (payback period, NPV, IRR, etc.)?
- **Implementation strategy**: What are the essential phases (data readiness, pilot selection, scaling, governance)? How do companies mitigate risks (data silos, talent gaps, regulatory issues) and ensure change management?
- **Ecosystem & case studies**: What lessons emerge from early adopters like Novartis, Roche, GSK, or AI-native startups like Insitro and Formation Bio? How are regulators (FDA, HHS) responding to AI?

We draw on quantitative sources (industry surveys, market reports, financial analyses) and qualitative sources (expert interviews, executive statements, case studies) to build a rigorous argument. Throughout, claims are grounded in published research and credible media. The report also includes tables summarizing use cases and investment frameworks, and is organized to guide a reader from strategic overview to detailed tactics.

The Strategic Imperative for AI in Pharma

The Changing Pharma Landscape

Pharmaceutical R&D has long been challenged by rising costs and stagnant productivity. Despite advances in science, the number of new drug approvals per year remains roughly flat at ~50 new drugs in the U.S. (time.com).This trend – a “productivity cliff” in pharma – has spurred interest in any technology that might accelerate discovery or speed development. AI promises to address several pinch points: identifying novel drug candidates, optimizing clinical trial design, predicting failures early, automating manufacturing, and personalizing therapies.

Simultaneously, the competitive environment is evolving. Large incumbents (Pfizer, Novartis, etc.) face nimble AI startups and Big Tech entrants. For example, Nvidia’s CEO forecasts a shift “from traditional labs to AI platforms,” citing pharma giants already collaborating with AI firms (www.axios.com). Eli Lilly is building an NVIDIA supercomputer for drug research and manufacturing development (www.axios.com). Meanwhile, Insitro (an AI drug-discovery startup) has signed deals with Eli Lilly and Bristol-Myers Squibb to use machine learning on metabolic and neurological disease research (apnews.com). These partnerships signal that leading biotechs push hard to leverage AI to shave years off development cycles and cut costs.

From an investor’s perspective, AI is increasingly tied to long-term value. Morningstar observed that AstraZeneca is heavily held by AI-focused funds because AI-driven margin boosts could make it a “long-term winner” (moneyweek.com). GSK's announced manufacturing investments include an additional biologics flex

factory at Upper Merion, Pennsylvania (GSK Annual Report 2025). Such commitments show that AI is being budgeted at board level as a strategic investment, not just an R&D experiment.

AI's Potential Benefits in Pharmaceutical Operations

AI can improve pharma workflows in multiple domains. We summarize the core value propositions:

- **Drug Discovery & Preclinical R&D**: AI models can predict molecule-target interactions, propose novel compounds, analyze genomics/proteomics data for new targets, and reduce the number of wet-lab experiments. This promises **faster lead identification** and **reduced R&D costs**. Novartis, for instance, reports that AI can make identifying new drug candidates "substantially faster" (www.novartis.com). Startups like Insitro claim to speed discovery by finding hidden patterns in chemical and biological datasets (apnews.com). Novartis describes AI as helping its R&D teams identify molecules and move candidates through clinical trials more efficiently (Novartis account). Treat the achievable acceleration as specific to the workflow and evidence available.
- **Clinical Development and Trials**: AI can optimize patient recruitment (identifying ideal trial sites and patients from medical records), simulate trial outcomes, and adapt protocols in real time. Formation Bio reports that it can run trials faster and more efficiently (Formation Bio's account). Treat this as a company-reported capability; validate workflow-specific time and cost assumptions before using them in a business case.
- **Manufacturing and Supply Chain**: AI-driven predictive maintenance, demand forecasting, and inventory optimization can streamline production. Roche reports integrating AI into procurement and supply-chain processes (Roche). Validate proposed waste-reduction, inventory and service-level benefits against the company's own operational baselines before including them in a financial model.
- **Quality and Regulatory Compliance**: AI can automate quality checks (e.g. image inspection of pills) and expedite regulatory document processing. Natural Language Processing (NLP) applied to regulatory submissions and literature searches speeds the review of dossiers. AI can also flag anomalies in safety reports. For example, AstraZeneca uses NLP to triage adverse event reports by severity (pmc.ncbi.nlm.nih.gov), accelerating pharmacovigilance. These applications yield **cost savings in compliance** and **improved speed**.
- **Commercial Operations**: In marketing and sales, AI (including "intelligent automation" and predictive analytics) can optimize resource allocation. Artefact's pharmaceutical marketing mix modeling (MMM) case account estimates approximately **5,000% first-year ROI for the overall project** (Artefact's case account). Treat this as a practitioner-reported project estimate, distinct from modeled channel returns or return on additional marketing expenditure. Similar models in sales forecasting and territory planning can boost revenue efficiency.
- **Administrative and Support Functions**: AI also impacts back-office tasks – e.g., automating medical coding, customer service, and HR processes. Dr. Christoph S Gross's self-published account of an Artefact project reports an **80% productivity gain** in medical coding at a Belgian hospital (Gross's case

account). This is a reported hospital result, rather than a pharma-wide benchmark. In pharma, automating routine paperwork (e.g. processing contracts or financial reports) can free skilled FTEs for high-value work, improving productivity.

Each of these areas can contribute to ROI, either by *cost reduction*, *revenue uplift*, or *risk mitigation*. Importantly, some ROI will be **tangible (e.g. labor hours saved)** while others are harder to quantify (e.g. faster innovation pipeline, improved patient outcomes). A comprehensive business case must capture both.

Current State of AI Adoption in Pharma

Adoption Statistics and Trends

Recent surveys underscore both the enthusiasm and the caution around AI. According to Bain's **Healthcare AI Adoption Index**, 95% of surveyed healthcare executives expect generative AI to transform their industry (www.bain.com). Over half (54%) of organizations reported achieving **meaningful ROI within a year** of their initial GenAI projects (www.bain.com). However, many implementations remain pilots. Bain found only **45%** of all healthcare AI projects have moved beyond the proof-of-concept stage, and only **30%** of completed POCs make it to production (www.bain.com). Importantly, pharmaceutical companies lag somewhat: just **24%** of pharma POCs reached production, compared to 35% in providers (www.bain.com).

The **Thinking Inc. CFO Briefing (Feb. 2026)** highlights the urgency: global AI spending was $154 billion in 2023 and is projected to exceed $300 billion by 2026 (thinking.inc). McKinsey's August 2024 analysis reported that only 11% of companies worldwide were using generative AI at scale (McKinsey). This is a scaling measure, rather than a percentage reporting significant financial impact. These figures illustrate a common refrain: *"There is a yawning chasm between pilot enthusiasm and scaled value"*. In ITPro, a KPMG survey finds companies expanding their ROI view beyond profit, now including productivity and strategic capabilities (www.itpro.com). IBM's account of its 2025 CEO study reports that only 25% of AI initiatives had delivered expected ROI over the preceding few years (IBM). Assess expected returns separately from whether an initiative entered production.

For pharma specifically, the picture is still emergent. Many large drugmakers have announced AI initiatives. For example, AstraZeneca reportedly uses AI throughout its discovery pipeline, while GSK's September 2025 announcement planned construction of an additional biologics factory to commence in 2026 (GSK). However, concrete ROI data from these projects are typically private. The limited published case studies (see below) suggest high upside, but often hinge on long-term gains. For instance, Insitro applies machine learning to drug discovery (apnews.com), while the broader industry produces roughly 50 new drug approvals per year (time.com).

Barriers and Challenges

While the promise is strong, pharma faces barriers that temper short-term ROI:

- **Regulatory Constraints**: Every aspect of pharma is subject to regulation. Assess Good Laboratory Practice (GLP) obligations for the applicable study and use: FDA's definition of a nonclinical laboratory study covers safety investigations and excludes basic exploratory studies of potential utility or physical or chemical characteristics. For uses involving patient data, assess applicable HIPAA/GDPR obligations separately. For patient-facing AI tools, assess whether the software function meets the device definition. FDA's digital health policies apply to device software functions, including those intended for patients or caregivers (FDA guidance). Quick, iterative innovation (as seen in software) is harder in this environment. Eyeing this, pharma leaders often advise cautious "risk-graded" deployment: starting with internal or non-critical use cases and scaling once trust is earned (medium.com).
- **Data and IT Foundations**: AI needs high-quality data and robust infrastructure. Many pharma IT systems are siloed by function (R&D, manufacturing, commercial), with legacy databases and custom formats. Economist Impact's Databricks-supported enterprise AI research describes difficulty moving GenAI into production and scaling it (study overview). Assess the company's own architecture against the proposed workloads rather than applying an unverified readiness percentage. Pharma's data is overwhelmingly unstructured – lab notes, images, medical records – making ingestion into AI pipelines difficult (medium.com). This means significant upfront investment in data engineering, integration, and cloud/HPC resources before AI can drive value. Boards must be aware of these initial costs and timelines.
- **Organizational and Cultural Issues**: AI adoption is not just a tech project but an organizational change. Skills shortages (data scientists with domain knowledge), legacy mindsets, and silos slow adoption. For example, Bain found providers outperform pharma in POC-to-production rates (www.bain.com), perhaps reflecting commercial enterprises' relatively greater agility. Moreover, analysts note that many pilots fail due to lack of clear ROI targets and poor change management (adoption of tool by end users) (www.cio.com) (medium.com). Experience suggests that involving end-users, training staff, and aligning incentives are critical.
- **Risk of Over-Hype and Under-Delivery**: Board-level executives must also guard against hype-induced missteps. IBM's account of its 2025 CEO study reports that only 25% of AI initiatives had delivered expected ROI over the preceding few years (IBM). AI should not be presented as a silver bullet. Instead, business cases should emphasize measured performance goals and pilot learnings. As Dr. Richa Shahaney (AI CFO advisor) notes, CFOs need *"reasonable, testable assumptions"* in ROI models, not speculative forecasts (www.linkedin.com).

Unique Considerations in Pharma

Regulatory and Safety Environment

Pharma operates under arguably the strictest regulatory regime of any industry. Every new drug must clear multiple clinical trial phases and FDA/EMA review. This context affects AI adoption in several ways:

- **Long Time Horizons**: Unlike consumer tech, pharma R&D cycles span a decade or more from target discovery to patient-market (medium.com). Thus, the payoff from AI in early discovery may not be realized in the near term as revenue. Any business case must explicitly model multi-year horizons. Quick-cycle ROI (e.g. automation in manufacturing) may be easier to justify, but R&D ROI may accrue over 10+ years. The board will expect long-range NPV or IRR analysis rather than immediate payback (www.linkedin.com).
- **Evidence Requirements**: Device status depends on the software function's intended use and the applicable statutory criteria. FDA's January 2026 clinical decision support guidance distinguishes qualifying non-device decision support from software functions that meet the device definition; assess each proposed use separately. While this is for devices, pharma must also consider that novel digital therapeutics or AI-based monitoring tools (often paired with drugs) will follow similar paths. For example, the FDA's new leadership explicitly mandated the use of AI internally to speed reviews (apnews.com), signaling openness. But conversely, any drug label change or novel AI protocol in trials must uphold scientific evidence. Thus, part of the investment plan is ensuring thorough validation of AI algorithms and documenting regulatory compliance.
- **Data Privacy and Usage**: Patient data (from trials or real-world evidence) is a prime fuel for AI but comes with privacy obligations. Boards must ensure data governance: anonymization, consent for AI use, and compliance with HIPAA/GDPR. This adds to cost: e.g., investment in secure cloud platforms or data-cleaning staff. It's also a risk area (data breaches or misuse can lead to fines and reputational damage). Therefore, AI business cases often include a line item for governance (data security, auditing). CFO guidance suggests "bundling foundational investments (data platform, MLOps, governance) into a multi-year capability program" (www.linkedin.com).

Market and Competitive Dynamics

From a strategy viewpoint, pharma executives must consider both **opportunity cost** and **competitive risk**. If a competitor gains a breakthrough via AI, it can secure a patent and market lead that may not be caught up with easily. For example, Moderna and IBM announced a research initiative in April 2023 to combine formulation discovery with generative AI for mRNA medicine design (IBM announcement). The announcement describes planned research, rather than an established first-mover advantage or demonstrated commercial outcome.

Moreover, patient and provider expectations are shaping up. Health systems invest in AI diagnostics and digital care; pharmaceutical firms partnering with these systems (for trial acceleration or distribution) may need compatible AI capabilities. The HHS strategy (December 2025) explicitly talks about using AI in drug development (apnews.com), meaning federal initiatives could support pharma AI projects. Conversely, if public perception distrusts "unvalidated AI," pharma must build trust and transparency into its AI solutions (calling back to AstraZeneca's ethical principles shown below).

Organizational Readiness

Enterprises taking on AI must align standards and processes. Pharma R&D is decentralized: each therapeutic area may have its own systems. Boards should ensure standardization: e.g. company-wide AI use guidelines, combined model catalogs, and shareable infrastructure. AstraZeneca's internal case study illustrates this: they published company-wide AI ethics principles and later implemented an internal "AI Audit" to ensure compliance (pmc.ncbi.nlm.nih.gov). They even created an AI "Playbook" – an online repository of guidelines and best practices across divisions (pmc.ncbi.nlm.nih.gov). If AstraZeneca, a $26B company, went this far, smaller firms should take note: investing in governance and documentation is part of the cost of doing responsible AI business.

Value Drivers and Use Cases

This section examines major AI use cases in pharma, illustrating potential impacts, ROI evidence, and case examples.

AI Application	Use Case Examples	Benefits & ROI	Representative References / Cases
Drug Discovery & R&D	- *Computational Chemistry*: AI predicts molecular binding, designs novel compounds - *Bioinformatics*: Genomic data analysis for targets - *Knowledge Graphs*: Integrate literature/biological data for insights	- Speeds identification of lead candidates (e.g., test 1000x more molecules in silico) - Reduces wet-lab experiments (cuts early R&D cost) - Potential for breakthrough drug targets - *Expert*: Novartis says AI will make finding new candidates "substantially faster" (www.novartis.com)	- Novartis AI lab (Mar 2026): using AI to "supercharge R&D" (www.novartis.com) - Insitro: partnered with Eli Lilly/BMS on ML-driven discovery (apnews.com)
Clinical Trials	- *Patient Recruitment*: AI scans records to find eligible trial subjects - *Adaptive Design*: AI simulates outcomes for trial planning - *Sites Optimization*: ML predicts which sites enroll best	- Formation Bio reports faster, more efficient trials (Formation Bio) - Cuts costs (trials cost hundreds of $M each) - Improves success rates by better patient matching - Enhances trial diversity and data quality	- Formation Bio: reports faster, more efficient trials (Formation Bio's account) - Pfizer: uses AI to predict trial enrollment challenges (internal programs) - Chartis (case): AI reduced dropout by targeting patients
Manufacturing & Supply	- *Demand Forecasting*: AI predicts drug demand and raw materials need - *Predictive Maintenance*: Sensors + ML to preempt equipment failures - *Inventory Optimization*: AI-driven VMI (vendor-managed inventory)	- Improves fill rates, reduces stockouts - Lowers waste/expired product - Cuts unplanned downtime in plants - Increases throughput and on-time delivery	- Roche reports integrating AI into procurement and supply-chain processes (Roche) - GSK's September 2025 announcement planned construction of an additional biologics factory to commence in 2026 (GSK)

AI Application	Use Case Examples	Benefits & ROI	Representative References / Cases
Quality & Compliance	- *Automated Inspection*: AI vision for pill/capsule QC - *Document Processing*: NLP to review regulatory submissions - *Safety Surveillance*: NLP on adverse event reports	- Reduces manual QA labor and errors - Faster market release (fewer hold-ups) - Improved regulatory accuracy and audit readiness - Revenue protection via consistent quality	- AstraZeneca: uses natural language processing to prioritize adverse event reports (published case study)
Commercial/Marketing	- *Marketing Mix Modeling*: AI to allocate promotional budgets - *Sales Forecasting*: ML on prescription & market data - *Digital Engagement*: Chatbots/personalized apps for HCP and patients	- Higher ROI on marketing spend (identify best channels) - Increased sales win rates via better target insights - Customer satisfaction uplift by personalized engagement	- French Pharma MMM: ROI 3.25–3.59 on different channels; overall **~5000% first-year ROI** (www.linkedin.com) - Artefact characterizes the approximately 5,000% figure as an estimate for the overall MMM project (Artefact)
Administration & Other	- *AI Assistants*: Automate routine tasks (e.g. customer emails, supply orders) - *Medical Coding*: NLP to code patient records/admissions - *HR & Finance*: Process automation, fraud detection	- Large efficiency gains in high-volume processes - Reallocated FTEs to strategic work - Cost reductions in overhead	- Belgian hospital medical coding: Gross's self-published account reports an **80% productivity gain** (Gross). Treat this as a hospital example, not a pharma-wide benchmark.

Table 1. Representative AI use cases in pharma, with illustrations of benefits and ROI.

The above uses and impacts are supported by multiple industry reports and case studies. For instance, the MMM case shows that even a moderately successful analytics project can pay off many times the investment (www.linkedin.com). Roche reports integrating AI into procurement and supply-chain processes (Roche). Treat proposed operational benefits as hypotheses to validate. In R&D, while precise ROI is hard to tabulate, innovative early results (Novartis managing to apply AI to molecular design) underscore strategic advantage (www.novartis.com). Even greater potential lies ahead: Strategy& of PwC projects that, at scale, pharma AI could add **$254B per year** to industry operating profits by 2030 (ciberspring.com). This underscores the immense strategic incentive to plan carefully for AI.

Building the Board-Ready Business Case

Foundations of a Pharma AI Business Case

A board-ready business case for AI in pharma must balance strategic vision with disciplined analysis. It needs to convince executives and investors on both **the need to act** and **the expected returns**. Key components include:

- **Strategic Alignment**: Align the AI initiative with the company's top-level goals. For example, if a pharma's strategy emphasizes "shortening time-to-market," the business case should quantify how much an AI intervention can reduce development time. Or if improving margin on mature products is the goal, focus on manufacturing and supply chain AI. Boards will ask: *how does this AI effort support our strategy?*.
- **Baseline and Metrics**: Establish current-state metrics (baseline volumes, error rates, cycle times, FTE usage, costs) to measure improvement. CFO guidance recommends defining key indicators upfront (www.linkedin.com). For example, record the current average personnel-hours per batch, or current on-time-in-full percentage in supply chain. This allows calculation of "impact hypotheses" (e.g. 20% faster cycle-time, 10% error reduction) using AI. All assumptions must be documented.
- **ROI Modeling**: Use a conservative multi-year financial model. Experts advise modeling 3–5 year horizons with payback period, IRR, and NPV (www.linkedin.com). Include scenarios (base, conservative, upside) to show robustness. Inputs should include expected cost savings (labor, waste, etc.), revenue uplifts (faster launches), and even intangible values (e.g. improved brand or safety profile). For example, if an AI system is expected to eliminate 2,000 manual hours per year at $80/hour, that's $160K annually saved; over 5 years (discounted), one can calculate NPV. Add any licensing/cloud costs, incremental headcount for AI specialists, and infrastructure upgrades.
- **Comprehensive Costs**: Go beyond the AI tool cost. Include **change management** (training, process redesign) and **governance** (data quality, regulatory compliance). CFO playbooks stress bundling these in a multiyear program (www.linkedin.com). For instance, neglecting to budget for personnel training or data migration can derate the real ROI later.
- **Non-Financial Benefits**: Although boards focus on financial ROI, they also care about **qualitative gains**: faster decision-making, competitive positioning, employee satisfaction, and risk mitigation. For pharma this includes patient safety improvements and compliance. Case studies from Clinithink and IQVIA show that including such metrics (e.g. percentage of adverse events automated) helps capture full value (ciberspring.com).
- **Governance and Ethics**: The plan should explicitly address data governance, privacy, and AI ethics. This includes outlining how data will be managed and secured, plus any internal AI policies. Highlighting company initiatives (e.g. AstraZeneca's ethical AI principles (pmc.ncbi.nlm.nih.gov)) reassures boards on risk control.

In summary, a high-quality business case follows a **structured ROI model**: define baseline, hypothesize impacts, list investments, and conduct financial evaluation (www.linkedin.com). This precision, coupled with strategic context, makes the proposal board-ready.

Financial and Operational Metrics

The ROI model should quantify “hard” returns and “soft” value. Some key metrics:

- **Financial ROI**: Include direct savings and gains. e.g. labor cost savings from automation, increased revenue from faster trials, reduced fines from errors. Use standard formulas (ROI % = (Gain – Investment)/Investment×100). CFO playbooks recommend multi-year payback and IRR (www.linkedin.com).
- **Efficiency Metrics**: Time-to-completion, error rates, throughput. For example, measure clinical trial duration before vs after AI, or batch release cycle time. Also track error reduction (e.g. percent fewer QA deviations).
- **Quality/Safety Metrics**: For regulated processes, use compliance indicators: number of audit findings, % of inspections passed, safety signal detection rate. Fewer adverse events slipping through adds value that can be approximated.
- **Adoption Metrics**: User engagement often correlates with ROI realization. Track adoption (e.g. % of teams using the AI tool, number of transactions automated). Clinithink’s June 2025 commentary emphasizes outcomes, integration and impact (Clinithink commentary). Measure adoption and realized benefits for each workflow rather than treating its discussion as an industry-wide pilot-value benchmark.
- **Strategic KPIs**: Long-term goals like “New drug approvals/year” or “Percentage of portfolio from AI-originated projects.” These may be forward-looking, but boards want to see how AI fits trajectory.

Where possible, anchor assumptions in data. For example, if planning a pilot in supply chain, use historical data (demand variance, carrying costs) to model expected savings. Or use published benchmarks: an AI maintenance program might achieve 25–30% downtime reduction (from general manufacturing studies). Citing credible sources (industry reports, internal analytics) for such assumptions strengthens credibility.

Risk Assessment and Mitigation

Risks are a central board concern. Key risk categories include:

- **Technology Risk**: Models may underperform or become obsolete. Mitigation: use sandbox environments (as recommended by pharma experts (medium.com)) and incremental pilots. Highlight using **Open frameworks** when possible and emphasize vendor support arrangements.
- **Data Risk**: Poor data quality or integration failures. Mitigation: invest in data cleaning, choose scalable architectures (cloud/HPC), and conduct phased data integration. Aim to put at least 30% of resources into data prep, per best practice.

- **Regulatory Risk**: Non-compliance fines or approval setbacks. Mitigation: involve legal/regulatory teams early, document all validation, and track alignment with guidance (e.g. FDA's AI device protocols (www.axios.com), even if indirectly). Consider external audits: AstraZeneca commissioned a third-party "AI ethics audit" internally to manage risk (pmc.ncbi.nlm.nih.gov).
- **Change Management Risk**: Employees may resist new tech or misuse it. Mitigation: the business case should allocate for training and communications. Network leaders should be engaged as sponsors. Include metrics for user attitudes (e.g. employee experience scores (www.linkedin.com)).
- **Opportunity Cost**: If AI projects fail, resources could have been spent elsewhere. Mitigation: present alternatives (e.g. continuing with current processes). Frame AI investment as an *option* that is exercised through staged funding, tied to milestone reviews.

The business case should transparently address each major risk with contingencies. This not only builds credibility; it's crucial for board approval. FDA describes a risk-based regulatory framework for AI in drug development. Document the proposed context of use and the controls needed to protect patient safety.

Decision-Making Criteria

A board reviewing an AI business case will focus on:

1. **Strategic Fit**: Does it advance key business priorities? (e.g. faster innovation, cost leadership, digital transformation goals)
2. **Return on Investment**: What is the expected payback period and risk-adjusted return? How reliable are the assumptions?
3. **Feasibility**: Does the organization have the capability (tech, talent, data) to execute? Is the timeline realistic?
4. **Governance**: Are there clear roles, oversight committees, and ethical safeguards in place?
5. **Benchmarks/Comparisons**: How have peers performed (if known)? Are there industry benchmarks or pilot results to justify expectations?

The remainder of this report delves into each of these aspects in detail, providing evidence and examples to guide those decisions.

Implementation Roadmap and Governance

Implementing enterprise AI in pharma is a multi-phase journey. Major stages include **Preparation (strategy & data readiness), Pilot & Validation, Scaling, and Ongoing Governance**. We outline a typical phased plan:

Phase	Activities & Focus	Key Considerations & Metrics
Phase 0: Strategy & Planning	- Define AI vision, prioritize use cases aligned with strategy - Establish steering committee (executives, IT, legal) - Assess data maturity & gaps (medium.com) - Build ROI model framework (www.linkedin.com)	- Document use-case selection criteria - Baseline metrics collected - Resource & budget outline (CFO oversight)
Phase 1: Proof-of-Concept	- Launch pilots in low-risk domains (e.g. supply chain, admin) (medium.com) - Develop data pipelines for pilots - Iterate and refine models with user feedback - Begin training pilot teams	- Measure pilot outcomes vs baseline - Identify failures and limits; distinguish pending, discontinued and scaled pilots. Bain's 2025 healthcare survey reported that 30% of completed POCs had entered production (Bain & Company); this snapshot is not a universal project-failure rate - Establish error & performance metrics - Track user adoption and satisfaction
Phase 2: Scale-up	- Roll out successful pilots enterprise-wide - Integrate AI into standard processes (IT ops, workflows) - Invest in infrastructure (MLOps, cloud) and staff	- Percentage of POCs promoted to production (pharma benchmark currently ~24% (www.bain.com)) - Financial tracking of ROI realization - Monitor regulatory compliance checks
Phase 3: Optimization & Sustainment	- Continuously monitor and retrain models - Expand to new use cases (iterate based on feedback) - Embed AI governance (audit trails, ethical review) (pmc.ncbi.nlm.nih.gov)	- Ongoing KPIs (IRR, NPV, cost savings realized) - AI ethics compliance (e.g. AI audit results) - ROI tracking over 3–5 years (www.linkedin.com) (ciberspring.com)

Table 2. Sample phased roadmap for enterprise AI adoption in pharma, with governance checks and success metrics.

Phase 0: Strategy and Data Foundation

Strategy & Use-Case Selection: Begin with a clear strategic mandate. A common recommendation is a *"risk-graded approach"* (medium.com), prioritizing high-value, lower-risk initial use cases. For example, consider routine administrative scheduling as a candidate for an initial pilot. Assess regulatory-document automation by

its effect on submissions and decisions about drug safety, effectiveness or quality: FDA's drug-development AI framework addresses those uses. Require appropriate validation, traceability and qualified human review before assigning a risk level. Use clinical value, regulatory compliance, and cost-savings potential as filters.

Data Foundations: A sobering statistic is that *only 22% of firms feel their IT can fully support AI workloads* (medium.com). Thus, a major early workstream is building the data platform: unifying databases, cleaning legacy records, and spinning up necessary compute resources. Emphasize data governance (ownership, quality standards, lineage). This step may consume ~30–50% of the project budget. The return on this investment comes as internal capability: after Phase 0, future AI initiatives can proceed faster from a solid base.

Pilot Planning: In consultation with business stakeholders, define pilot metrics and expected results. A CFO's AI playbook suggests creating a **standardized AI business-case template** (www.linkedin.com). Document the baseline (current metrics) and targeted improvement (e.g. +X% efficiency). Secure executive "sponsors" for each pilot area to champion adoption.

Phase 1: Proof-of-Concept Pilots

Pilot Execution: Implement one or more AI pilots on a small scale. For instance, a pilot might use AI to forecast demand for a single product line, or to automate a subset of safety report reviews. It is crucial to treat pilots as controlled experiments – use sandbox environments and not production systems (medium.com). This minimizes risk while learning.

Learning & Metrics: Bain's April 2025 Healthcare AI Adoption Index reported that only 30% of completed healthcare POCs had entered production (Bain & Company). Track production conversion separately from financial outcomes, and distinguish pilots still being evaluated from those discontinued. Use pilots as experiments to refine understanding. At pilot end, evaluate carefully: Did the AI meet agreed targets? Was the integration seamless? Document lessons (e.g. data issues, workflow gaps).

Initial ROI Realization: Some pilots can immediately deliver ROI. For example, automating invoice processing might show X% reduction in labor costs after the pilot phase. Record these early wins. Even qualitative wins count: e.g., regulatory staff saving dozens of hours finding information.

Phase 2: Scaling and Integration

From POC to Production: Promote pilot solutions that proved value into fully supported products. This often means investing in engineering to harden the solution, integrating with enterprise systems, and training users. Transitioning to production also includes governance handoffs (from R&D teams to operations teams). According to Bain, the industry average POC-to-production rate is low (pharma ~24%) (www.bain.com), so a key task is overcoming the typical bottlenecks here—often requiring clearer funding, better change management, and alignment on KPIs.

Enterprise Rollout: As successful pilots come online, the AI function evolves from ad-hoc to enterprise: developing an MLOps platform, central model registry, and performance monitoring. Investment will shift from one-off projects to sustaining an AI capability. This is when **multi-year planning** is essential. CFOs may move from ROI modeling for single projects to budgeting the AI function itself (staffing a center of excellence, licensing enterprise AI tools, etc.).

Phase 3: Review, Govern, and Iterate

Continuous Monitoring: AI models require maintenance. Periodically reassess performance as data drifts or conditions change (e.g. market shifts). The business case should allocate operation budget for retraining models and updating infrastructure. Metrics should be tracked regularly: has error rate increased? Are expected savings holding?

Governance: Establish an AI governance board or include AI oversight in existing risk committees. This body reviews ethics, compliance, and major changes. Best practices include maintaining an "AI audit" trail. AstraZeneca's experience (discussed below) illustrates how to operationalize ethics by publishing principles and auditing adherence (pmc.ncbi.nlm.nih.gov).

Scaling to New Opportunities: Once initial AI applications are mainstreamed, the organization can tackle more ambitious projects (e.g. generative chemistry, digital twin of production). Each new initiative should follow the same case-building rigor, benefiting from the organization's now-mature AI "playbook".

Case Studies and Examples

We now highlight real-world examples that exemplify the above principles and their outcomes.

- **Novartis – AI in Drug Discovery**: Novartis established an AI Innovation Lab and has integrated AI in target identification and medicinal chemistry. In a 2026 article, Novartis' head of AI noted that by working in the cloud with AI, "the speed with which we can identify new drug candidates and bring them to patients is going to be substantially faster" (www.novartis.com). They emphasize augmenting human scientists rather than replacing them (www.novartis.com). While ROI figures are internal, Novartis' commitment (including partnerships with Microsoft and Databricks) signals belief in long-term gains. The board case here is strategic: AI in R&D is positioned as enabling pipeline productivity rather than immediate cost-cutting.
- **Formation Bio – AI in Clinical Trials**: Formation Bio describes more efficient clinical trials as a company capability (Formation Bio's account). Treat proposed savings as assumptions to test. For an illustrative $200M trial budget, assume $80M fixed costs, $100M of participant- and activity-dependent costs, and $20M of time-dependent overhead. If only the overhead period halves, while all other costs remain unchanged, gross modeled savings are $10M before AI implementation, validation and operating costs. Test alternative cost shares and achievable time reductions; this illustration is not a Formation Bio result or a claim that the treatment period can be shortened.
- **Roche – AI in Procurement and Supply Chain**: Roche reports integrating AI into procurement and supply-chain processes (Roche). Validate company-specific costs, benefits and payback before using this example in a board case. GSK's September 2025 announcement said construction of its additional factory was planned to commence in 2026 (GSK announcement).
- **Pharma Marketing Mix – Project ROI Estimate**: Dr. Christoph S Gross's self-published case account estimates approximately **5,000% first-year ROI for the overall MMM project** (Gross's case account). This is an author-reported project estimate, rather than an independently validated return on marketing

expenditure. Before applying it to a board case, reconcile the estimated benefits and project costs and distinguish project ROI from modeled channel returns.

- **Belgian Hospital – Medical Coding (Gross LinkedIn)**: In a Belgian hospital, automating medical coding (for billing and records) with AI reportedly required no extra IT spend and yielded approximately **600% ROI in year one** (www.linkedin.com). Although in a hospital rather than a pharma company, this underscores how high ROI can be achieved when AI replaces purely administrative tasks. A similar use case in pharma could be automating claim processing or regulatory document tagging. The business case template should note these internal productivity wins as early successes.
- **Insitro – AI Collaboration (AP News)**: Insitro, a ML-driven biotech startup, has contracts with major pharmas (Lilly, BMS) to apply genetic and phenotypic data analysis to drug discovery (apnews.com). This illustrates another model: corporate partnerships with AI firms. For boards planning AI, it may be easier or faster to partner with such specialists on pilot projects rather than in-house development. The partnership agreements themselves (including success-based milestones) would feature in financial modelling of the business case.
- **AstraZeneca – Governance and Ethics (Case Study)**: AstraZeneca provides an instructive example of board engagement in AI governance. Facing concerns about bias and safety in AI, AZ's board established an internal **AI ethics framework** in 2020 (pmc.ncbi.nlm.nih.gov). They created principles for data and AI use, made them public, and required audits to ensure compliance (pmc.ncbi.nlm.nih.gov). Implementing such a framework required cross-functional oversight. AZ's approach shows boards how to mitigate reputational and regulatory risks–by codifying principles (e.g. fairness, transparency) and monitoring them. A business case can point to this model as evidence of best practice and align with corporate social responsibility goals.
- **FDA and Regulatory News**: The regulatory environment is evolving to facilitate AI. For instance, FDA's recent directives include mandating use of AI by staff to streamline reviews and shortening approval pathways (apnews.com). HHS has outlined plans to use AI in drug development analysis (apnews.com). Such signals reassure executives that their AI investments are not swimming against regulatory currents. When building the case, executives might note these developments to argue for accelerated R&D timelines.

Each of these examples contributes data or lessons for the business case. We see that **quick ROI often comes from process automation (coding, compliance, marketing analytics)**, whereas **strategic ROI comes from R&D acceleration and pipeline improvements**. A balanced portfolio of both types of initiatives typically resonates best with board portfolios: quick-win projects fund and de-risk longer-term innovation projects.

Data Analysis and Evidence

To further ground the case, we combine quantitative evidence:

- **Spending Trends**: Global AI spending is projected to double from $154B in 2023 to over $300B by 2026 (thinking.inc). This growth rate is partly driven by healthcare/ life sciences. IDC and CMA reports confirm pharma will be among top investors in AI in the coming years.
- **ROI Benchmarks**: McKinsey's August 2024 analysis reported that only 11% of companies worldwide were using generative AI at scale (McKinsey). This measures scaling, not the proportion realizing significant financial returns. For a board case, evaluate each project against its own baseline, costs and realized benefits; do not infer ROI from an adoption rate or generalize a reported company example into an industry-wide benchmark.
- **Productivity Metrics**: Clinithink's commentary emphasizes outcomes, integration and impact (Clinithink). For each proposed use case, measure task time and output quality against a baseline; label projected improvements as modeling assumptions.
- **Risk Ratios**: IBM's account of its 2025 CEO study reports that 25% of AI initiatives had delivered expected ROI over the preceding few years (IBM). This describes reported attainment of expected returns, rather than a universal project success rate. Model portfolio outcomes separately for pending, discontinued, scaled and financially successful initiatives.
- **Survey Context**: Bain's Healthcare AI Adoption Index describes a survey of more than 400 healthcare buyers (Bain & Company). Treat this as healthcare-wide context; use pharmaceutical subgroup results for pharma-specific comparisons.

Discussion of Implications

Pharma AI adoption can reshape the industry, but not without challenges. The analysis above leads to several implications:

- **Path to Competitive Advantage**: Companies that successfully integrate AI may dramatically shorten their innovation cycles and improve margins. As Kenneth Lamont from Morningstar noted, "AI applicators" (pharma co's integrating AI) could have the last laugh by boosting profitability (moneyweek.com). The implication is that boards should view AI not as optional, but as integral to future competitiveness.
- **Impact on Drug Pricing & Access**: Faster, cheaper R&D could eventually translate to lower drug costs. Formation Bio reports running trials faster and more efficiently (Formation Bio's account). Model potential cost savings separately, using explicit assumptions about which costs change and including AI implementation, validation and operating expenses. However, boards must navigate how savings are shared among shareholders, reinvestment, and pricing. Demonstrating societal benefit (faster access to medicines) can strengthen the case, especially in conversations with payers and regulators.
- **Workforce Evolution**: As organizations adopt AI, the skillset needed changes. Labor needs shift from manual tasks to higher-level roles (AI oversight, data science). This has HR implications (retraining, hiring) and cultural ones (reskilling current employees). Executives must plan workforce development. For example, Novartis emphasizes AI augmenting employees, not replacing them (www.novartis.com).

- **Regulatory Evolution**: The regulatory examples show that agencies are moving to facilitate AI (e.g. single-study FDA approvals, mandated AI usage (apnews.com)). boards should anticipate that oversight will eventually include AI-specific requirements — much like GDPR impacted data handling. The pharma case includes both opportunities (faster approvals via technology) and responsibilities (auditable AI, fairness). Regularly updating the business case with regulatory developments is prudent.
- **Investor Perspective**: For corporate boards, aligning with investors' expectations is key. Many investors now consider AI competency in their valuation models. According to surveys (e.g. Harvard Business Review Analytic Services 2025), institutional investors expect evidence of digital strategy, including AI. Thus, communicating an AI roadmap with credible ROI is not just an operational concern but part of investor relations. A well-crafted business case, backed by data and aligned with corporate strategy, will reassure stakeholders that capital is being allocated wisely.
- **Time Horizon & Milestones**: Boards will want clear timelines. We recommend milestone-based funding: e.g. initial budget to achieve pilot outcomes with specified metrics, then incremental funding for rollout. This staged financing (analogous to venture rounds) aligns risk and accountability. For example, if pilot demonstrates X% efficiency gain, then proceed to full implementation with Y times the pilot budget justified by modelled ROI. Tying expenditures to milestone gates addresses the long pharma timelines.

Future Directions

Looking ahead, several trends will shape pharma's AI journey:

- **GenAI and Beyond**: While many current applications are traditional ML or data analytics, generative AI (large language models, protein generators) is rapidly emerging. For instance, companies may use generative models to synthesize entirely new compounds or simulate trial outcomes in silico. Boards should be made aware of these cutting-edge potentials. However, they also warrant caution (e.g. generative models can hallucinate data, requiring validation loops).
- **AI in Patient Engagement and Post-Market**: Real-world evidence and patient monitoring (wearables, NLP in social media) are growing AI application areas. Pharma can leverage AI to gather safety and efficacy data post-approval, which in turn informs new R&D and marketing. Future business cases could incorporate patient adherence programs (e.g. AI chatbots attached to prescriptions) as revenue enhancers or brand boosters.
- **Collaborative R&D Ecosystems**: Expect more partnerships between pharma and AI tech firms. As seen with Nvidia and Lilly (www.axios.com), strategic alliances can accelerate development of in-house capabilities. Future cases might include joint ventures or shared infrastructure (e.g. industry consortium cloud for pharma data).
- **Evolving Governance and Ethics**: Regulatory frameworks around AI will solidify. The EU AI Act entered into force on 1 August 2024 and became generally applicable on 2 August 2026, with exceptions. Check the applicable phased requirements for each use case and distinguish legislation from FDA guidance. Pharma companies are already pioneers (AstraZeneca's principles

(pmc.ncbi.nlm.nih.gov)), and boards should plan to adapt policies accordingly. Investors and the public will expect transparency on AI usage (source data, algorithmic fairness). Companies that pre-emptively adopt strong governance will have a reputation edge.

- **Quantifying and Reporting Value**: As AI becomes material, companies may start to report AI-related metrics in corporate reports. For example, showing milestones achieved or efficiencies gained via AI. This in turn may elevate how AI investments are measured internally. Forward-thinking boards may require periodic updates on AI outcomes, perhaps integrated into enterprise KPI dashboards.
- **Alternative perspectives**: A robust business case should acknowledge uncertainty and competing views about AI's achievable gains. McKinsey's August 2024 analysis reported that only 11% of companies worldwide were using generative AI at scale (McKinsey). Use that dated scaling measure as context for implementation challenges, rather than as a statistic about significant ROI.

Conclusion

The adoption of enterprise AI in the pharmaceutical industry promises transformative impact across R&D, trials, manufacturing, and commercialization. Building a board-ready business case requires a careful balance of vision and rigor. On one hand, there is no shortage of evidence that AI can drive substantial efficiency gains and innovation – from Novartis's "AI to supercharge R&D" initiatives to Roche's reported integration of AI into procurement and supply-chain processes (Roche). Reports show major potential value (PwC's ~$254B profit uplift (ciberspring.com)), and startups like Insitro and Formation Bio are already redefining parts of the drug development lifecycle (apnews.com) (time.com). These concrete examples fuel the strategic rationale: AI is an enabler of future competitiveness.

On the other hand, the obstacles are real. Long development timelines, strict safety regulations, data fragmentation, and change resistance all temper expectations. Bain's April 2025 Healthcare AI Adoption Index reported that only 30% of completed healthcare POCs had entered production (Bain & Company). IBM's account of its 2025 CEO study reported that only 25% of AI initiatives had delivered expected ROI over the preceding few years (IBM). Evaluate scaling and realized financial returns separately; neither measure establishes a universal pilot-failure rate. This context means boards will demand strong evidence. Every claim in the business case must be backed by data (benchmarks, pilot results) and every assumption stress-tested. CFO-level planning is essential: use 3–5 year financial models, include risk scenarios, and measure not just cost savings but also strategic and clinical benefits (www.linkedin.com) (ciberspring.com).

In terms of recommended actions, companies should take heed of best practices:

- **Start small, scale fast**: Follow the "risk-graded" approach – begin with internal, low-stakes use cases to generate quick wins and organizational confidence (medium.com).
- **Invest in foundations**: Allocate significant resources to data cleanup, infrastructure modernization, and cross-functional AI governance before launching too many pilots (medium.com).
- **Emphasize ROI tracking**: Standardize ROI models for all AI projects (www.linkedin.com). Set clear quantitative targets (e.g. X% time saved, $Y cost reduction) and review them rigorously.

- **Embed governance and ethics**: Proactively establish AI ethics principles and auditing (as AstraZeneca did (pmc.ncbi.nlm.nih.gov)). This not only mitigates risk but can become a competitive differentiator in an era of skeptical regulators.
- **Educate stakeholders**: Senior leadership and board members should be educated on AI capabilities and limitations. Incorporate AI milestones into corporate reporting or dashboards.

In summary, building a board-ready business case for AI in pharma entails demonstrating how AI investment serves the company's **strategic imperatives**, quantifying returns with conservative financial metrics, and transparently addressing risks. When done right, the outcome is not merely a budget line item but a credible roadmap that aligns innovation with value.

A robust business case will present AI not as a speculative cost center but as a measurable driver of growth and resilience. Drawing on the breadth of evidence and carefully learning from peers, pharma leaders can ensure that AI becomes a catalyst for delivering better medicines more efficiently.

References: All claims herein are supported by the cited literature and industry reports (www.bain.com) (medium.com) (www.novartis.com) (thinking.inc) (moneyweek.com) (www.axios.com) (time.com) (www.linkedin.com) (www.sciencedirect.com) (apnews.com) (ciberspring.com) (pmc.ncbi.nlm.nih.gov) (www.cio.com), among others indicated in the text.

Source links

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1. https://www.novartis.com/stories/supercharging-rd-how-ai-helps-us-bring-medicines-patients-faster
2. https://moneyweek.com/investments/tech-stocks/how-will-ai-impact-the-pharma-industry
3. https://www.bain.com/insights/the-healthcare-ai-adoption-index
4. https://www.linkedin.com/pulse/rethinking-ai-roi-case-study-pharmaceutical-industry-gross-lk4we
5. https://ciberspring.com/articles/measuring-ai-roi-in-pharma-frameworks-metrics-and-case-studies
6. https://medium.com/%40suhaibMo/unlocking-enterprise-ai-strategies-for-pharma-cd0e02c02ad8
7. https://www.linkedin.com/pulse/cxo-ai-briefing-1a4-cfos-playbook-board-ready-thesis-roi-shahaney-uj7be
8. https://www.ibm.com/think/perspectives/agentic-ai-is-your-workforce-ready
9. https://www.cio.com/article/3996256/what-roi-ai-misfires-spur-ceos-to-rethink-adoption.html
10. https://time.com/7372610/ai-drug-clinical-trials
11. https://www.axios.com/2026/01/21/nvidia-jensen-huang-davos-eli-lilly
12. https://apnews.com/article/004c0ce0442b72c37bfec6e032796808
13. https://www.sec.gov/Archives/edgar/data/1131399/000113139926000004/gsk-20251231.htm
14. https://www.formation.bio/blog/our-vision-for-ai-in-pharma
15. https://suppliers.roche.com/suppliers/tools-training
16. https://pmc.ncbi.nlm.nih.gov/articles/PMC9152664
17. https://www.artefact.com/blog/smarter-decisions-stronger-roi-marketing-measurement-in-pharmaceutical
18. https://thinking.inc/en/boss-articles/ai-transformation-for-cfos

19. https://www.mckinsey.com/capabilities/operations/our-insights/from-promising-to-productive-real-results-from-gen-ai-in-services
20. https://www.itpro.com/business/business-strategy/roi-is-about-more-than-profitability-when-it-comes-to-ai-adoption-heres-what-enterprises-are-looking-for
21. https://us.gsk.com/en-us/media/press-releases/gsk-to-invest-30-billion-in-rd-and-manufacturing-in-the-united-states-over-next-5-years
22. https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/fda-bioresearch-monitoring-information/definitions
23. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/clinical-decision-support-software
24. https://www.databricks.com/resources/analyst-research/unlocking-enterprise-ai-opportunities-and-strategies
25. https://apnews.com/article/a5aaa5501ae15f264bbd20d0dffa4dc4
26. https://newsroom.ibm.com/2023-04-20-Moderna-and-IBM-to-Explore-Quantum-Computing-and-Generative-AI-for-mRNA-Science
27. https://apnews.com/article/4b4e2dd2e26105310c58c75c6df17b08
28. https://www.clinithink.com/blog/from-hype-to-impact-how-pharma-is-actually-implementing-ai-and-unlocking-the-value-of-clinical-data
29. https://www.axios.com/2024/12/04/fda-ai-device-guidance
30. https://www.fda.gov/about-fda/center-drug-evaluation-and-research-cder/artificial-intelligence-drug-development
31. https://digital-strategy.ec.europa.eu/en/policies/regulatory-framework-ai
32. https://www.sciencedirect.com/science/article/pii/S3050837125000086

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