IntuitionLabs

INTUITIONLABS / RESEARCH & PRACTICAL GUIDANCE

Pharma Real-World Data Platforms: 2026 Vendor Comparison

> 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 · 2026-05-07 · real-world data · rwd platforms · real-world evidence · pharma analytics · heor · health economics · clinical data · healthcare informatics

Original article: https://intuitionlabs.ai/articles/pharma-real-world-data-platforms-comparison



In this article

1. Executive Summary
2. Introduction
3. The Rise of Real-World Data in Pharma
4. Evolution of RWD in Pharma
5. Platform Overviews
6. Komodo Health
7. Truveta
8. Veeva Crossix Data Platform
9. IQVIA
10. HealthVerity
11. Tempus
12. Comparative Analysis and Feature Matrix
13. Pricing and Commercial Models
14. Use-Case Fit and Comparative Strengths
15. Data Analysis and Evidence
16. Case Studies and Real-World Examples
17. Implications and Future Directions
18. Conclusion

Executive Summary

This report provides an in-depth comparison of six leading real-world data (RWD) platforms used in pharmaceutical research and commercialization as of 2026: **Komodo Health**, **Truveta**, **Veeva Crossix**, **IQVIA**, **HealthVerity**, and **Tempus**. Each platform offers unique data assets and analytic tools to support evidence generation, commercial analytics, and strategic decision-making in drug development and marketing. We analyze these platforms along multiple dimensions—including data coverage, analytic features, pricing models, and ideal use cases—drawing on the latest industry reports and vendor disclosures (rxalmanac.com) (www.iqvia.com). Key findings include:

- **Data Coverage:** IQVIA is the largest globally, aggregating over *1.2 billion* patient records worldwide (including ~350M in North America) (view.ceros.com). Komodo Health maintains a *330M+ patient* "Healthcare Map" of U.S. claims and clinical data (research.contrary.com) (www.businesswire.com). Truveta clusters data from >30 U.S. health systems (130–200M+ patients) with daily EHR updates (www.truveta.com) (rxalmanac.com). Veeva Crossix combines traditional healthcare data with advertising media data on ~*300M* U.S. lives (www.veeva.com) (rxalmanac.com). HealthVerity operates a large marketplace of RWD (75+ sources), emphasizing flexible linkage and AI tools (platform.softwareone.com) (healthverity.com). Tempus focuses on *multimodal clinico-genomic data* (≈38 million research records including >3M sequences) geared to oncology and precision medicine (www.tempus.com).

- **Analytic Tools:** Komodo and IQVIA offer full-stack platforms with no-code analytic workflows and AI enhancements (e.g. Komodo's MapLab/MapAI, IQVIA's Analytics Research Accelerator) (research.contrary.com) (www.iqvia.com). Truveta provides NLP-driven chart abstraction (the "Truveta Language Model") to extract insights from unstructured EHR notes (rxalmanac.com). Veeva Crossix's platform uniquely integrates TV, digital, and print advertising exposures with health outcomes, supporting direct-to-consumer campaign measurement (www.veeva.com) (rxalmanac.com). HealthVerity focuses on data linking – using identity resolution and generative AI (the new eXOs system) to rapidly design studies from its data ecosystem (platform.softwareone.com) (healthverity.com). Tempus brings large-scale genomics and imaging data into RWD analysis, leveraging AI-driven " foundation models" for multimodal insights (www.tempus.com).
- **Use-Case Fit:** Different platforms are best suited to different tasks. Industry analyses advise that **Komodo Health** excels in patient-journey analytics and rare-disease epidemiology using its all-payer claims map (rxalmanac.com). **Truveta** is geared toward clinical outcomes research and trial planning with rich EHR data and NLP phenotyping (rxalmanac.com). **Veeva Crossix** is preferred for marketing attribution and insights (e.g. evaluating TV/media impact on Rx volume) (www.veeva.com) (rxalmanac.com). **IQVIA** remains the go-to for global-scale RWE (e.g. regulatory submissions, post-market surveillance) (rxalmanac.com). **HealthVerity** is positioned as an agile "data hub" combining commercial and clinical data for payer analytics and on-demand study creation (healthverity.com). **Tempus** targets oncology and precision medicine use cases, combining genomic assays with clinical outcomes for external control or biomarker studies (rxalmanac.com) (www.tempus.com).
- **Pricing:** Detailed pricing is generally contract-specific. RxAlmanac reports that none of the vendors publishes a comparable public rate card, so buyers should treat any dollar figure as an unverified estimate and expect scope-specific negotiation (rxalmanac.com). Its review also found that no public evidence supports a market-wide annual price increase or an exclusivity premium (rxalmanac.com).

In summary, modern RWD platforms each bring complementary data and analytics.Sophisticated stakeholders (pharma, payers, agencies) typically license multiple platforms in parallel to cover a broad range of needs (rxalmanac.com). For example, oncology teams often combine Flatiron/ConcertAI (clinical oncology data), **IQVIA** (global scale), and **Tempus** (clinico-genomic depth) (rxalmanac.com), whereas a rare-disease launch might pair **Komodo** (for all-payor epidemiology) with **Aetion** (for regulatory-grade controls) and **TriNetX** (for trial feasibility) (rxalmanac.com). Meanwhile, **Veeva Crossix** has become standard for launch-marketing analytics (used by 17 of the top 20 pharma companies (www.veeva.com)), and **Truveta** is growing as a source for near–real-time clinical insights (rxalmanac.com).

Given ongoing FDA guidance and payer emphasis on RWE, these platforms will continue evolving. Key trends include deeper use of AI (e.g. Komodo's MapAI, HealthVerity's eXOs), expansion of data linkages (e.g. HealthVerity's completed acquisition of Symphony Health (www.mobihealthnews.com)), and new modalities (e.g. genomics and imaging). This report details historical context, current capabilities, data analyses, and future directions for these platforms, to guide pharma stakeholders in selecting and utilizing RWD infrastructures.

Introduction

The Rise of Real-World Data in Pharma

In recent years, the pharmaceutical industry has seen an explosive growth in *real-world data* (RWD) and *real-world evidence* (RWE). RWD refers to health-related data collected outside of randomized trials – notably electronic health records (EHRs), insurance claims, patient registries, and even patient-generated information. When rigorously analyzed, RWD can produce RWE: insights on the safety, effectiveness, and cost of therapies in routine clinical practice. Regulators, payers, and drugmakers increasingly rely on RWE to complement traditional clinical trials (research.contrary.com). For example, the 21st Century Cures Act (2016) and the FDA's 2018 Framework for its Real-World Evidence Program have encouraged the use of RWE to support new indications and post-approval study requirements.

The momentum for RWD is driven by technology and policy. The US HITECH Act (2009) significantly boosted EHR adoption – from **6.6% of hospitals** in 2009 to over **88% by 2021** (research.contrary.com). Industry estimates suggest healthcare now generates about 30% of all global data (with a projected 36% annual growth to 2025) (research.contrary.com). Simultaneously, interoperability standards (like ONC's FHIR and the USCDI common dataset) aim to unlock these data troves (research.contrary.com). This deluge of structured and unstructured data has created demand for platforms that can aggregate, link, and analyze RWD at scale.

From a business perspective, RWE offers significant value. Clinical trials in rare or heterogeneous populations can be costly or slow; modeling shows that using RWE can cut trial size by ~40%, shaving ~6 months off a Phase III program (research.contrary.com). McKinsey & Co. estimated that a top-20 pharma could unlock **>$300M** in annual gains by incorporating RWE across functions (clinical, commercial, regulatory) (research.contrary.com). Payers also use RWD to refine risk-adjustment models and manage formularies. In short, from drug discovery to post-marketing surveillance, **RWD platforms** are now mission-critical for healthcare decision-making (research.contrary.com) (rxalmanac.com).

Pharma companies face challenges in harnessing RWD: data are siloed across EHRs, claims, labs, and devices; quality and structure vary; and analysis requires specialized expertise. Major life-sciences vendors have therefore launched end-to-end RWD platforms, integrating massive de-identified datasets with analytic tools. This report examines and compares six prominent RWD platforms (Komodo, Truveta, Veeva/Crossix, IQVIA, HealthVerity, Tempus) in their **2026** incarnations. We will explore each platform's data assets and technology, assess pricing models (to the extent possible), and identify the fit for different use cases. We draw on vendor documentation, press releases, and industry analyses (e.g. RxAlmanac) to provide a rigorous, evidence-backed comparison.

Evolution of RWD in Pharma

Early RWD efforts often involved bespoke data sets or one-off analyses. Historically, companies might purchase claims data or conduct individual chart reviews. Over the last decade, a new generation of vendors has built on this by pooling data into longitudinal patient "maps" and providing analytics services. For instance, Komodo's **Healthcare Map** ambitiously links *all-payer claims and clinical data* to map 330+ million U.S. patient

journeys (research.contrary.com) (www.businesswire.com). Veeva's acquisition of **Crossix** brought together advertising exposure data with HCP and patient data around 300+ million lives (www.veeva.com). More recently, "provider-led" efforts like **Truveta** have directly crowdsourced EHR data from dozens of health systems (now covering 130M+ patients) to create a near-real-time data platform (www.truveta.com) (rxalmanac.com).

Simultaneously, computing advances (cloud, AI) have enabled on-demand analytics. Many platforms now offer self-service interfaces and AI assistants. Komodo, for example, recently introduced **MapAI**, an NLP tool that lets users query the data in English (research.contrary.com). IQVIA's **Analytic Research Accelerator** mines from an industry-leading 4,600+ dataset catalog and supports tailored analytics across functions (www.iqvia.com). HealthVerity touts an "evidence studio" (the *eXOs* platform) powered by generative AI that can deliver *"audit-ready insights in minutes"* from its RWD (healthverity.com). These innovations are reshaping how pharmas derive value from data.

Alongside technology, market consolidation is materializing. IQVIA and OptumLabs control vast repositories (claims, EMR) and have long offered RWE services. New entrants have raised large funding rounds (Truveta, ConcertAI, Komodo) to challenge incumbents. HealthVerity's 2026 acquisition of Symphony Health (a long-time commercial data provider) signals another shift toward unified data ecosystems (www.mobihealthnews.com). Regulatory developments also loom; e.g. FDA plans to update its 2021 guidance on RWE. We will weave these trends into the platform comparisons and future outlook.

Platform Overviews

Komodo Health

Komodo Health is a private healthcare data and analytics company founded in 2014 (CEO Arif Nathoo) (research.contrary.com). Its core asset is the **Healthcare Map**, a de-identified longitudinal database that *"captures over 330 million patient encounters"* across the U.S. via multiple sources (research.contrary.com) (www.businesswire.com). According to Komodo, the Map includes *"pharmacy, specialty, EHR, lab, clinical, and payer data"*, allowing each patient's journey to be followed over time (research.contrary.com) (www.businesswire.com). This breadth (claims + EHR + labs + genomics) is a deliberate advantage: Komodo's platform enables linking disparate data types without extensive manual cleaning (www.businesswire.com). The BusinessWire press release from ISPOR 2025 highlights that Komodo can connect *"demographics, lab, EHR, patient insurance, race/ethnicity, and mortality data"* for *"multidimensional…patient journeys"* (www.businesswire.com).

Komodo has packaged its data and analytics in a full-stack platform with multiple components. Key tools include **MapLab**, a low-code/no-code analytics environment featuring a library of predefined dashboards and cohort analysis workflows (research.contrary.com). Within MapLab, Komodo has added AI assistants (e.g. **MapAI**) and recently developed **Marmot**, an agentic AI designed for healthcare analytics (research.contrary.com). Marmot has been used for complex cohort studies (e.g. a nationwide CRC treatment disparities analysis) dramatically faster than traditional methods (research.contrary.com). Another capability is **Sentinel**, which lets clients link their own proprietary data with the Komodo map to build custom algorithms

and machine-learning models in a cloud environment (research.contrary.com). Additional niche applications (like **Aperture** for KOL identification and **Iris** for sales insights) demonstrate Komodo's full-stack approach to commercial analytics (research.contrary.com).

Coverage and Data Refresh: As of late 2025, Komodo reports *"330M+ U.S. patients"* in its map (research.contrary.com). This includes both open and limited-medication claims, with 16+ billion prescription records and a wide range of clinical data. The Map integrates gradually (claims tend to batched updates, while lab and EHR may have delays). Komodo emphasizes longitudinal continuity: it tries to link every encounter in the healthcare system for each patient and maintains the data in a normalized schema (OMOP CDM) to facilitate analytics (research.contrary.com). Transparency and data quality are core claims: the firm highlights random quality checks and a "federated" acquisition process that tags each data element back to source. However, like other large claims databases, the Komodo map is primarily U.S.–focused, with limited or no coverage of real-time clinical notes beyond structured fields.

Use-Cases: Komodo serves life-sciences and healthcare organizations; the company describes itself as building foundational AI for how they discover, develop, and deliver therapies (www.komodohealth.com). The platform is positioned for HD-stage pharmaceutical strategy: epidemiology/prevalence analyses, health economics modeling, patient journey mapping, segmentation, KOL identification, and even commercial execution. For example, Komodo has been used to analyze trends in rare diseases (e.g. Fabry, as one ISPOR study described) (www.businesswire.com), to identify patient cohorts for Phase IV studies, and to optimize launch commercial tactics (through tools like Iris). In the RxAlmanac *"how to shortlist"* framework, Komodo is often cited for rare disease and payer/HEOR analytics: e.g., *"lead with Komodo…all-payer epidemiology and patient identification across the Healthcare Map"* (rxalmanac.com). It also forms part of oncology and primary care analytics mixes (for broader patient coverage and linkage to payors) (rxalmanac.com).

Pricing: Komodo does not publish fees. Pricing is scope-specific and not publicly benchmarked: RxAlmanac reports that no comparable public rate card exists, so buyers should standardize covered lives, refresh cadence, platform access, analytic services, data rights and deliverables when comparing quotes (rxalmanac.com). Customers have cited high barrier-to-entry but also high value due to the platform's ability to reduce data prep time.

Strengths & Limitations: Komodo's advantage lies in scale and continuity of U.S. patient data. It outstrips purely claims-based competitors with its connections to lab and specialty information. The API and analytic tools (MapLab/AI) aim at both data scientists and non-technical users. A limitation is that Komodo's dataset is primarily claims-centric: it has less depth of inpatient hospital records or clinical notes than EHR-focused vendors (rxalmanac.com). Thus, while its breadth is a strong point, for questions needing chart-level detail (e.g. nuanced clinical phenotypes, unstructured note mining), a firm might supplement Komodo with an EHR-heavy source like Truveta. Also, Komodo's regulatory submission track record remains lighter than some specialized RWE vendors. Nevertheless, the platform's "one-stop" analytics approach has been gaining traction: in 2025 it claimed 31 RWE studies at ISPOR and ongoing relationships with leading biotechs (www.businesswire.com).

Truveta

Truveta is a health data consortium founded in 2020 by Terry Myerson (formerly of Microsoft) and supported by a coalition of U.S. health systems. Its mission is to provide *"real-time"* RWD by pooling de-identified EHR data directly from participating hospital networks. Unlike vendors who license aggregated claims or purchase datasets, Truveta's model is **provider-led**: hospitals and health systems collaborate to contribute structured and unstructured EHR data into a centralized platform (with common data models and quality standards). Truveta claims active participation from 30+ major systems (e.g. Providence, Sanford, Hackensack) covering *"roughly 900 hospitals and 20,000 clinics"* (rxalmanac.com).

Data Coverage: Truveta currently aggregates EHR data for **~130 million** patients in the U.S., with plans to expand continuously (www.truveta.com). It also links these records to a matched closed claims repository (over *200 million* lives) for complete longitudinal context (www.truveta.com). Crucially, Truveta receives **full clinical notes** from contributors, not just billing codes or summaries. It highlights that 100% of fields in the source EHR are made available in the de-identified dataset (rxalmanac.com). This includes doctor's notes, narrative histories, imaging metadata, and lab results. Truveta's platform is updated **daily** or near-real-time (vs. weekly or quarterly for many claims feeds) (www.truveta.com), enabling more current insights (a key selling point for rapidly evolving contexts like pandemic response).

Analytic Tools: Truveta provides a suite of analytic services on top of its data. A standout feature is the **Truveta Language Model (TLM)**, launched in 2024, which uses AI/NLP to transform unstructured note text into structured research variables (rxalmanac.com). With TLM, users can define outcomes or phenotypes in plain language and have the platform extract them cohort-wide. This accelerates chart-review tasks such as adjudicating disease severity or identifying adverse events. Truveta also offers standard cohort-building and statistical tools (Kaplan–Meier, logistic regression, etc.) within its web portal, allowing researchers to run RWE studies end-to-end without transferring data out. By design, Truveta's tools emphasize transparency and traceability; any algorithm or model must yield an auditable analysis (a requirement for regulatory use).

Truveta has staffed an experienced team (including ex-Microsoft AI engineers) to continuously improve its processing pipeline and data quality. The daily ingest and harmonization pipeline targets deep hematology/imaging specialties as well as primary care. In use-case terms, Truveta emphasizes outcomes research and trial-support: e.g., the company launched a **Live Link** product in 2026 aimed at using RWD for real-time trial design and site selection (www.truveta.com). Another new solution (Jan 2026) markets *prospective real-world trials*, enabling sponsors to design studies with ongoing patient cohorts (www.truveta.com).

Use Cases and Customers: Truveta's ideal use-cases leverage rich clinical detail. Cited examples include GLP-1 diabetes medication effectiveness and oncology biomarker-outcome studies (rxalmanac.com). Signature pharma partners (both top-20 and specialty) are using it for label-expansion support, comparative effectiveness, and even predictive algorithms.

However, Truveta's coverage is focused on its consortium: it has relatively less claims data internally (claims are via linkages to external payers) (www.truveta.com). Thus, in broad outcomes or cost studies, clients often link Truveta data to external claims. Pricing again is private, but investors and media reported Truveta received

~$200M+ in funding, but its enterprise license pricing is not publicly disclosed. In 2024, Truveta claimed to be the fastest-growing health system RWD network in the U.S. (rxalmanac.com).

Strengths & Limitations: Truveta's unique proposition is provider-originated data with minimal lag and full notes. This gives superior phenotyping and allows outcome definitions that claims alone cannot capture (e.g. staging of cancer, severity markers). In the RxAlmanac guide, Truveta is specifically recommended when chart-level detail is needed (rxalmanac.com). The trade-off is representativeness: although 130M+ patients is large, the sample is drawn from participating systems. It may not fully reflect the entire US (though the 30+ systems include many geographies). Also, as a newer entrant, Truveta's regulatory pedigree is still emerging. Its track record in regulatory settings is shorter than that of long-established claims datasets. In practice, best practice is to use Truveta for endpoints that require clinical nuance, alongside another platform for scale or payer-perspective data.

Veeva Crossix Data Platform

Veeva Systems (a leading cloud provider for life sciences) acquired **Crossix** in 2019 (the acquisition was completed in November 2019) to form a unified data platform. What was originally Crossix is now branded as the **Veeva Crossix Data Platform**. Unlike the previous companies, Crossix's roots are in advertising analytics, not in clinical data. It links patient data to media consumption data to measure healthcare marketing impact. Veeva Crossix markets itself as *"the industry's largest connected health, media, and consumer data network"* (www.veeva.com).

Data Coverage: Crossix's value lies in breadth of linkage. According to Veeva, the Crossix network covers **300M+ U.S. patients** and "99% of all U.S. healthcare providers" (www.veeva.com). It consolidates:

- **Prescription Records:** (≥100B+ rows of Rx and medical claims data) detailing dates, prescribers, payers, etc (www.veeva.com).
- **Clinical/EHR Data:** including diagnoses, lab results, demographics, vital signs, and physician notes (www.veeva.com).
- **Medical Claims:** ICD diagnoses, procedures, injections, etc (www.veeva.com).
- **Specialty Pharmacy:** shipments, eRx, etc (www.veeva.com).
- **Hospital/Inpatient:** events, tests, rehospitalizations, etc (www.veeva.com).
- **Consumer Demographics:** credit, interests, lifestyle, surveys (www.veeva.com).
- **Media Data:** viewership and reach across digital, TV/set-top boxes, print, point-of-care screens, HCP messaging, CRM data, salesforce activity (www.veeva.com).

By combining these, Crossix can, for example, attribute how a television ad campaign influences prescription uptake in specific patient segments. It supports *both* consumer (DTC) and HCP-targeted media measurement. The platform uses privacy-safe "identity graph" linking (anonymized tokens) to connect media reach data back to prescription outcomes. Veeva Crossix proudly notes that **"17 of the top 20 biopharmas"** use its measurement suite (www.veeva.com). Veeva also offers its broader **Veeva Data Cloud**, which leverages Crossix technology for daily feeds of real-world patient data under a common identity-linking architecture (www.veeva.com).

Analytics & Tools: Veeva Crossix offers specialized analytics for marketing ROI and brand planning. Its products include:

- **Crossix TV**: links TV ad exposures (via set-top box footprints) to patient outcomes (www.veeva.com).
- **Crossix Digital/Consumer**: attributes online and print ad exposure to health behaviors.
- **Crossix HCP Digital**: tracks HCP info consumption (e.g. on medical websites).
- **Reach & Segments**: audience-building tools (e.g. “Consumer Prime Segments”) to target campaigns using health attributes (www.veeva.com).
- **Measurement Suite**: the main analytics that tie all this to health metrics (every campaign can be evaluated against Rx/spend lift).

Notably, Veeva Crossix does not position itself as a tool for clinical-outcome research or internal dossiers. It focuses on commercial analytics. As the RxAlmanac ranking notes, Crossix’s niche is *“DTC attribution, patient journey (commercial)”* (rxalmanac.com). In practice, a pharma brand team might use Crossix to measure how much of a new prescription volume can be credited to a particular TV or online ad buy, and which patient subgroups engaged. Crossix dashboards can slice by geography, age, diagnosis, etc., uncovering where marketing is most effective.

Use Cases and Customers: Because of its horizontal reach, the Crossix platform serves both media agencies and pharma marketing groups. By 2026, it claims the majority of large pharma companies as customers (www.veeva.com). We have seen anecdotal success stories: for example, Sanofi reported that using Crossix for a rare-disease campaign provided unified insight across HCP and DTC channels (as quoted: “data and insights into both our HCP and DTC campaigns” (www.veeva.com)). A Veeva case study with Genentech showed a 40% reduction in media spend by optimizing to “health audience” segments identified through Crossix data (www.veeva.com). Thus, Crossix is proven in DTC launch and optimization.

Crossix is not typically used for regulatory or R&D evidence. It is less relevant for clinical trial cohorts or outcomes research. However, it can complement RWE vendors: e.g. Datavant tokens can link Crossix exposures to other patient identifiers for integrated analysis. Its revenue model is license-based (often bundled in broader Veeva commercial cloud agreements).

Strengths & Limitations: The strength of Veeva/Crossix lies in its marketing intelligence. No other vendor combines such extensive patient-level healthcare data with consumer media. For any strategy that requires understanding ROI of advertising or analyzing patient journeys across the care continuum, Crossix is a leader. Limitations include: it is *not* designed for outcomes research (only general commercial analytics). Also, Crossix’s analytics are largely focused on the U.S. market (media measurement varies internationally, especially for TV). And since it is built for marketing, it does not have a regulatory submission track record. In short, Crossix is a complementary tool: it does *not* replace a claims/EHR platform for clinical RWE, but it is often used alongside them for launch planning and brand metrics.

IQVIA

IQVIA Holdings Inc. is by far the largest and oldest player in healthcare data services. Formed by the 2016 merger of IMS Health and Quintiles, IQVIA offers an encyclopedic portfolio of RWD assets and analytic products. Its scale is enormous: IQVIA claims **1.2 billion+** unique anonymized patient records globally,

spanning **60+ countries** (view.ceros.com). In North America alone, it covers *350M+* unique patients (view.ceros.com). These assets include payer claims, electronic medical records (EMR), prescription audit (LRx), hospital data, genomic profiles, PRS patient registries, patient-reported outcomes, and even its own longitudinal patient networks (e.g. *I3*).

IQVIA has spent decades building and licensing data. Its principal U.S. datasets include: (a) **Longitudinal Prescription (LRx)** data covering retail/Rx/closed claims (700M unique in NA over time); (b) **Dx/LRx** linking prescribers, patients, pharmacies; (c) **Electronic Medical Records (EMR)** from ambulatory networks; (d) **Ambulatory EHR** (e.g. E360) with encounter details; (e) **Hospitals (ADT/Pharmacy)** data; (f) **Claims & Billing Data** including veterans, Medicare, Medicaid; (g) **Omic Labs Data**; and medical surveys like NEISS etc (view.ceros.com). A recent brochure notes 4,600+ discrete data assets in its catalog (www.iqvia.com). Critically, IQVIA also has the **global infrastructure** to update these data frequently, and ensure quality.

Analytics & Platforms: IQVIA's approach is to sell both data and analytics. For example, **IQVIA Orchestrated RWD** is a data platform that links these sources and exposes them through a unified interface. Their newer **Analytics Research Accelerator (ARA)** framework provides self-service cohort discovery and analysis, boasting *"the largest agnostic Health Data Catalog… over 4,600 global assets"* (www.iqvia.com). IQVIA also offers consulting and execution (ACCM, RWE consulting) plus specialized tools for observational research. In marketing, IQVIA provides brand solutions (e.g. TRx planning, Xponent). IQVIA has also moved aggressively into cloud-native AI: their Orchestrated Analytics and Evidence Suite use distributed compute and ML to deliver RWE in faster time.

Use Cases and Customers: IQVIA is ubiquitous in pharma. Most large pharma RWE teams have long-term master agreements with IQVIA that cover everything from retrospective studies to ongoing surveillance. It is used for large-scale epidemiology. RxAlmanac advises against forcing these vendors into a single ordinal ranking. In practice, any query requiring massive sample sizes or cross-country data will lean on IQVIA. For instance, a new oncology drug might use IQVIA for post-marketing commitments to health authorities, and for payer evidence across many geographies. IQVIA's integrated de-identified database (IDN) has been used in hundreds of published pharmacoepidemiology studies.

Quantitative case examples are not easily searchable (IQVIA case studies are often proprietary). One industry report indicates IQVIA's unified database is the default "fallback" for any extensive RWE study (rxalmanac.com). It also powers IQVIA's commercial products: e.g., the most-prescribed doctors and routine sales forecasting are driven by IQVIA's OneKey and Xponent datasets.

Pricing: IQVIA scope, pricing and data rights are negotiated per engagement; RxAlmanac states that no public universal rate card supports a vendor-specific range (rxalmanac.com). The **Analytics Research Accelerator** is often packaged per-site or per-project, with modular costs. They have also begun offering cloud-based subscriptions (e.g. E360 cloud) with a SaaS model.

Strengths & Limitations: The main strength of IQVIA is scale and global reach. Few can match its coverage (claims+EMR+prescriptions worldwide). It serves all use-cases from HEOR and safety to commercial forecasting. However, this breadth comes at cost and complexity. Some clients have noted steep learning curves and the need for IQVIA consultancy support. In sum, IQVIA is the default "workhorse" dataset for life sciences, but many nimble teams will layer on other platforms for specialized needs (e.g. ChartSpan for detail, or Crossix for media).

HealthVerity

HealthVerity is a data technology firm that positions itself as an RWD marketplace and linking engine. It was founded in 2016 and has built out solutions under names like Master Sets, Marketplace, and Identity Manager. In May 2026, HealthVerity completed its acquisition of *Symphony Health* (the RWD subsidiary of ICON) (www.mobihealthnews.com), combining clinical data with commercial claims/sales data. This move expanded HealthVerity's already vast ecosystem.

HealthVerity's platform strategy is different: rather than curating a proprietary "map" of patients, it provides a **framework for accessing and linking third-party data**. The **HealthVerity Marketplace** (as described on its website) is said to be *"the largest healthcare and consumer data ecosystem in the U.S."*, aggregating over **75 unique sources** of de-identified data (platform.softwareone.com). Sources include claims datasets (commercial, Medicare/Medicaid), EHR-derived data, lab data, specialty data (oncology registries, disease alliances), geographic/census data, and sometimes consumer data (financial, lifestyles). Crucially, HealthVerity supports tokenization and identity resolution: its *Mastersets* and *Identity Manager* products link patient records across disparate datasets using encrypted IDs (healthverity.com). This allows a researcher to bring, say, an insurer's claims feed together with any number of lab or PRS files in a unified patient view.

Recently, HealthVerity launched **eXOs**, an end-to-end analytics studio powered by Medeloop AI (agentic generative models) (healthverity.com). eXOs provides a conversational interface: users can pose analytic questions in plain English, and the system will build cohorts, run regressions, and generate results on *"a built-in nationwide patient dataset"* (healthverity.com). This approach aims to expedite insights (promoted as "minutes" instead of weeks of coding) (healthverity.com). In effect, HealthVerity is trying to combine a data marketplace with a plug-and-play RWE platform.

In use, HealthVerity is often used as an **integration layer**. Pharma companies may license raw data from various vendors (e.g. Optum, IQVIA, other registries) but then use HealthVerity tools to manage, search, and connect those data. The Marketplace has pre-curated indices and a buyer portal for quick discovery. For example, one can search in Marketplace for "breast cancer claims data" or "COVID registry" and license access rights immediately. The Identity Manager can sustain a longitudinal patient study by creating a permanent link between datasets. After acquiring Symphony, HealthVerity now claims its ecosystem will cover *far more* of the U.S. clinical-commercial landscape (Symphony's legacy included a companywide patient index and large pharmacy claims).

HealthVerity does not publish a comparable public rate card, so scope, data rights and fees for Marketplace data and the eXOs platform should be confirmed through a scoped quote.

Strengths & Limitations: HealthVerity's strength is flexibility and transparency. By acting as a neutral broker, it allows clients to pull together exactly the data they need (akin to a stock exchange of health data). Its identity resolution supports privacy-preserving linking. The AI-driven eXOs is a notable innovation for rapid hypothesis generation. On the flip side, HealthVerity relies on licensing external data rather than owning it, so analysis speed depends on the partners (some data are not as real-time). Also, before the Symphony acquisition (completed in May 2026), its clinical data coverage had blind spots (e.g. less structured EHR content than

Truveta, and less direct payer relationships than Optum/Aetna). With the Symphony acquisition completed in May 2026, the combined company may be stronger in claims volume and commercial analytics, but integration may take time.

Tempus

Tempus is primarily known as a genomics and precision medicine company, but it also operates a large multi-modal RWD platform. Founded in 2015, Tempus built a proprietary dataset by sequencing tumors and germline DNA for oncology patients and linking this with EHR data. With recent expansion beyond oncology, its *"Tempus Lens"* platform now includes broader clinical data. Recent public disclosures (Oct 2025) state Tempus has assembled *"one of the largest…real-world, multimodal datasets."* Its numbers: **~38 million** patient research records (mostly in the U.S.), >7 billion clinical notes, over 1 million cancer patients with detailed molecular profiling, ~3 million hereditary (germline) genomic tests, and >7 million digitized histopathology images (www.tempus.com). It connects to over 4,500 U.S. hospitals directly, ingesting data in near real-time (www.tempus.com). The resulting dataset spans oncology, cardiology, neurology, and more.

Unlike pure claims or EHR vendors, Tempus distinguishes itself by layering rich *omic* and imaging data on top of the clinical records. For example, a Tempus patient record might include their genomic mutations (from tumor sequencing or ctDNA), pathology slide images (digitized and AI-annotated), lab panels, and full clinical course. Tempus argues that this multi-modal depth is unique: "the industry's largest [multimodal RWD]," including rare cancer groups (www.sbtempus.com). Its platform offers APIs and analytic workbenches to explore biomarker-outcome correlations, identify candidates for targeted therapy, or build computational pathology models.

Coverage and Tools: Tempus's base data comes largely from patients who received Tempus genomic tests through partner clinics and labs. Over time, it has broadened beyond cancer to include more common diseases. It has both retrospective data (de-identified) and prospective cohorts (the *Tempus Studies* service allows custom RWD studies on demand). Tools provided include cohort dashboards, genomics query systems, and machine-learning pipelines for tasks like outcome prediction or trial-matching. However, Tempus's UI is not as standardized as some peers; a researcher might need statisticians or data scientists to fully leverage the raw data.

Use Cases and Customers: The prime use case for Tempus data is **oncology**. Its clinico-genomic database has been used by pharma in oncology drug development, especially when considering targeted therapies or biomarkers. For instance, Tempus data can power external control arms in a trial by providing survival and response data tied to genomic alterations. Tempus publicly announced a strategic collaboration with Merck in March 2026 (rxalmanac.com). Tempus has actively worked with oncology CAPA and pathologist community to refine classification algorithms. The RxAlmanac notes Tempus is used for oncology submissions, capitalizing on a 40% uplink of genomic sequencing rate in oncologist offices (rxalmanac.com). More recently, Tempus has extended to cardiology and other specialties: its commercialization solutions mention algorithms for cardiovascular care gaps and rare disease cohorts.

Tempus can also support health economics by linking molecular subtype frequencies to outcomes (e.g. projecting population stratification). It was reportedly involved in some Covid-era studies (e.g. analyzing treatments in oncology patients infected with SARS-CoV-2 using EHR overlay). The company's revenue

comes from tests and data subscriptions, so pharma interests may contract with Tempus when needing genomic context. The typical pricing is opaque; however, enterprise access, especially for custom molecular analysis, is typically negotiated case by case.

Strengths & Limitations: Tempus's multimodal clinico-genomic dataset is truly distinctive. No other vendor offers such integration of DNA/RNA/imaging with longitudinal clinical data on millions of patients. This makes it invaluable for precision oncology development, biomarker discovery, and AI model training. Its tooling (e.g. AI image analysis) is an advanced plus. Limitations: Outside oncology, Tempus is smaller than generalist platforms for routine outcomes research. It has less broad claims data or population reach—its 38M patients are largely those who interacted with certain cancer care networks. In summary, Tempus is a specialized RWD source for deep molecular insights, often used in conjunction with a broader platform like IQVIA or Komodo for overall study and validation.

Comparative Analysis and Feature Matrix

Drawing together the above, we summarize key attributes of each platform in Table 1 (data coverage and core features) and Table 3 (platform-to-use-case fit). This comparison highlights where each excels and under which scenarios a given platform is typically employed.

Platform	Key Data Sources	U.S. Patient Coverage	Unique Capabilities	Analytic/AI Tools
Komodo Health	All-payer claims (medical & pharmacy) + linked specialty data, EHR, lab, provider directories	**330M+** (U.S. patient map) (research.contrary.com) (www.businesswire.com)	End-to-end patient journey mapping; AI assistants (MapAI, Marmot); KOL/field insights (Aperture, Iris) (research.contrary.com)	Low-code analytics (MapLab) with embedded AI/NLP; Sentinel for custom data linking (research.contrary.com)
Truveta	Direct EHR feeds from >30 health systems (inpatient/outpatient), linked closed claims, labs, imaging	**130M+ EHR patients** (daily updates){ (www.truveta.com) (rxalmanac.com)} (200M+ linked claims)	Full clinical notes and metadata; provider consortium ensures data traceability (www.truveta.com) (rxalmanac.com); rapid data refresh	NLP (Truveta Language Model) for note abstraction; built-in cohortbuilder and statistical tools; real-time querying API
Veeva Crossix	Pharmacy & medical claims, EHR attachements + Consumer Demographics + Ad/Media exposures (TV, digital, print, CRM, POC, call activity)	**300M+** (U.S. insured lives, 99% HCP coverage) (www.veeva.com)	Links multi-channel media data with health outcomes; measures marketing ROI (DTC & HCP)	Crossix Measurement Suite: campaign attribution analytics; audience segmentation tools; reach/impression optimization
IQVIA	Global claims, EMR, hospital, lab, RX audit (LRx), and proprietary datasets; global clinical trials registry	**350M+** NA; 1.2B+ global (view.ceros.com)	Large scale and global scope; specialized franchise solutions	Rich analytics ecosystem (E360, Orchestrated RWE, ARA) with big data warehouses; AI-enabled platforms (e.g. ARA with 4600+ assets) (www.iqvia.com)

Platform	Key Data Sources	U.S. Patient Coverage	Unique Capabilities	Analytic/AI Tools
HealthVerity	Marketplace of 75+ licensed sources (claims, EHR syndromes, lab, registries, consumer data) plus Identity Graph linking	Variable (depends on sources; “nationwide” via fusion) (platform.softwareone.com) (healthverity.com)	Data broker approach: transparent sourcing; next-gen identity resolution; newest GenAI (eXOs) platform (platform.softwareone.com) (healthverity.com)	Custom cohort builder and analytics studio (eXOs) with agentic AI; apps for Life Sciences, Payer, Public Health evidence generation
Tempus	Clinico-genomic (molecular sequencing) + digitized pathology + linked EHR (mainly oncology focus)	**~38M** research records (~1M cancer patients) (www.tempus.com)	Multimodal data: DNA/RNA, pathology, imaging + clinical history; exceptional in oncology RWE	AI/ML models for interpretable pathology, genomics; custom analytic tools for clinico-genomic study design

Table 1: Comparison of data sources, coverage, and unique features across RWD platforms (2026). Source: vendor materials and industry analyses (research.contrary.com) (www.truveta.com) (www.veeva.com) (view.ceros.com) (www.tempus.com) (platform.softwareone.com).

Interpretation of Table 1: IQVIA and Komodo claim the largest U.S. populations (330M+ U.S. patients for Komodo; IQVIA describes its portfolio as the world’s most expansive but does not give a comparable U.S. count). Truveta and Tempus have smaller, specialized pools (EHR-derived, disease-focused). Veeva Crossix’s 300M covers broad media audiences in the U.S., and HealthVerity’s coverage varies with licensable sources (but effectively spans the nation through its network). Analytic capabilities reflect each vendor’s focus: Komodo and IQVIA emphasize comprehensive RWE toolsets with AI; Truveta and HealthVerity prioritize data quality and linking interfaces; Tempus brings advanced molecular analysis; Crossix offers marketing-specific attribution tools.

Given their differences, platforms fill distinct roles. To summarize *when* each is best used:

- **Large-scale outcomes:** IQVIA (and allied vendors like Aetion) is frequently cited for its global data coverage (rxalmanac.com).
- **Rare disease epidemiology & full care journeys:** Komodo’s all-payer map is often recommended (rxalmanac.com).
- **Chart-level clinical analyses:** Truveta excels at NLP and full-note studies (rxalmanac.com).
- **Marketing attribution:** Veeva Crossix (with Clarify) is the go-to for DTC/HCP campaign ROI (rxalmanac.com) (www.veeva.com).
- **Precision medicine / Oncology RWE:** Tempus (with ConcertAI/Flatiron) is preferred when molecular detail is needed (rxalmanac.com).
- **Custom data integration / multi-source linking:** HealthVerity is often chosen by analytics-ready teams that require a mix-and-match of many datasets（now including Symphony’s assets）(www.mobihealthnews.com) (platform.softwareone.com).

These patterns are reflected in the vendors’ customer lists and marketing. For example, pharma firms launching cancer drugs often report contracting Flatiron (oncology EHR), Tempus (genomic), IQVIA, and Komodo in tandem (rxalmanac.com). Payer-focused studies might use IQVIA/Optum data with HealthVerity’s

Identity Manager for cross-plan linking. Many large biopharma marketing operations deploy Crossix; Veeva reports that *“17 of the Top 20 Biopharmas”* use the Crossix Measurement Suite (www.veeva.com).

Pricing and Commercial Models

Each vendor negotiates bespoke contracts, and RxAlmanac reports that none of the vendors publishes a comparable public rate card (rxalmanac.com). Generic price ranges are therefore not provided here; buyers should request scoped quotes against a common specification.

Key Takeaways: Published evidence does not support vendor-specific or market-wide price benchmarks: RxAlmanac reports that none of the vendors publishes a comparable public rate card (rxalmanac.com). Buyers should therefore obtain scoped quotes through a standardized RFP rather than rely on generic ranges, escalators or exclusivity premiums.

Platform-Specific Notes: Pricing notes for the vendors compared:

- Vendor-specific license fees (Komodo, Truveta, Veeva Crossix, IQVIA) are not publicly disclosed; figures that circulate are unverified estimates, vary widely with scope, and should be treated as directional only. Request quotes directly from vendors.
- HealthVerity’s marketplace model can be more modular (clients may pay per data acquisition) plus platform fees; no public rate card is available.
- Tempus’s RWD access is often bundled with molecular testing services; Tempus does not publish comparable pricing for standalone data projects, so request separate pricing for data, platform, linkage, analytic services and deliverables.

Buyer Strategies: Given the lack of public price benchmarks, sophisticated R&D and HEOR teams typically plan budgets for multiple vendors. Research indicates that *“sophisticated buyers run 2–4 RWE vendors in parallel…rather than consolidating”* (rxalmanac.com). Because no public evidence supports a market-wide annual increase or exclusivity premium, renewal steps and exclusivity terms should be negotiated from current bids rather than assumed (rxalmanac.com).

Use-Case Fit and Comparative Strengths

Each RWD platform exhibits strengths for certain use-case scenarios. We draw on industry guides and vendor statements to map which platform aligns to which needs:

- **Regulatory Submissions (RWE):** Komodo’s all-payer map is sometimes used (especially in US label expansions), though some users prefer a focused approach (Aetion for causal analysis). Crossix/HealthVerity are rarely used for formal submissions due to their commercial focus. **Example:** A rare-disease NDA might use Komodo for burden-of-illness prevalence and Aetion for an external control arm, while supporting safety analysis via IQVIA (rxalmanac.com).

- **Rare Disease and Epidemiology:** Komodo is often *the* platform for rare disease epidemiology, given its all-payer design (rxalmanac.com). Its linkage of claims and specialty lab/genomics allows identification of small cohorts. TriNetX or IQVIA might supplement for global population. Truveta adds clinical detail if the rare disease is within participating systems. Among the vendors compared here, Komodo and Truveta are the most likely leads for rare-disease work.
- **Oncology (Clinico-genomic) Evidence:** In oncology, multi-vendor strategies prevail. Flatiron and ConcertAI are commonly used for EMR-based oncology outcomes (but not in our list). Among our vendors, **Tempus** is the specialist: its genomic profiles and pathology images bolster any oncology RWE study. Komodo can supply broad therapy-use vs. hospital outcomes (e.g. using PH claims for chemo visits), but lacks deep molecular data. IQVIA covers the broadest patient base (including Medicare cancer patients). 2026-era guidance suggests most oncology launches use at least Flatiron, ConcertAI, IQVIA, and Tempus (rxalmanac.com).
- **Commercial Launch Strategy:** For pre-launch forecasting, patient segmentation, and marketing planning, **IQVIA Orchestrated Analytics** and Komodo's MapLab often serve as the "base map" of the patient population and care patterns. Veeva Crossix is layered on top for **media optimization and ROI** (rxalmanac.com). Truveta can add site-level feasibility (finding trial sites) or chart-level outcome assumptions. HealthVerity can integrate market research or payer data if needed.
- **Digital/Ad Attribution:** Veeva Crossix has essentially become the industry standard for linking marketing exposures to outcomes (www.veeva.com). No other platform offers comparable media ingestion. Crossix is thus vital for any DTC-heavy program. Clarify Health (not in this list) is a common co-player. Komodo or IQVIA may be brought in to tally final Rx volumes; Datavant is used when linking third-party exposure data to claims.
- **Payer and HEOR Analytics:** For formulary management, risk adjustment, and budget-impact analysis, IQVIA and Optum's payer databases are key. Komodo provides an independent validation of budget impact (since Komodo's healthcare map correlates utilization to outcomes). HealthVerity is increasingly used by payers themselves to integrate claims+demographic data for population health. In 2026, payer analytics users often combine Komodo or IQVIA with Optum/Clarify; HealthVerity's "payer analytics" offering is also promoted.
- **Real-Time Trial Optimization:** Truveta is specifically targeting trial design: its *Live Link* and *Trials* solutions promise to accelerate recruitment by identifying eligible cohorts in real time. Komodo also offers trial-support (e.g. KOL identification for sites, or observational arm matching) and has announced "external-control-arm" services. The Tempus dataset (with genomic selection filters) can be used to identify biomarker-defined patient pools.

Table 3 (below) encapsulates this qualitative fit (✔ indicates strong suitability, ✘ indicates poor fit):

Use Case	Komodo	Truveta	Veeva/Crossix	IQVIA	HealthVerity	Tempus
Rare Disease/Hospital Epi	✔ (rxalmanac.com)	✔ (if in EHR partners)	✘	✔	✔	✘

Use Case	Komodo	Truveta	Veeva/Crossix	IQVIA	HealthVerity	Tempus
Oncology (Clinico-Genomic)	✔ (broad outcomes)	✔ (clinical detail)	✘	✔ (scale)	✔ (combination)	✔ (molecular)
Marketing ROI / DTC	✔ (patient journeys)	✔ (HCO targeting)	✔ (rxalmanac.com)	✔ (Rx outcomes)	✘*	✘
Commercial Segmentation	✔	✔	✔	✔	✔	✔ (subpop strat)
Medical Affairs (KOLs)	✔	✔ (real-world events)	✘	✔	✔ (HCP networks)	✘
Hosp/Adoption Studies	✔	✔	✘	✔	✔	✘
Real-time Trial Feasibility	✔	✔ (rxalmanac.com)	✘	✔	✔	✔ (biomarker-based)
Payer Analytics / Rx Forecast	✔	✘	✘	✔	✔	✘
Custom Data Linking	✔ (via Sentinel)	✔ (via own integration)	✔ (via Datavant)	✔	✔ (healthverity.com)	✘

Table 3: Platform-to-use-case fit (✔ strong fit, ✘ weak fit). Entries are based on platform features and industry guidance (rxalmanac.com). HealthVerity can link multiple sources but lacks direct media/marketing analytics.

From these comparisons, we see there is **no single "unicorn"** covering all needs. The prevailing industry practice is *"stacking"* multiple vendors. For instance, for a cardiometabolic launch one may *"Lead with IQVIA (scale) + Komodo (patient journey), add Truveta (chart-level outcomes) and add Veeva Crossix (DTC attribution)"* (rxalmanac.com). For an oncology launch, companies add ConcertAI and Flatiron to the mix (rxalmanac.com). Buyers expect to run at least 2–4 simultaneous RWE platforms rather than one monolith (rxalmanac.com).

Data Analysis and Evidence

We now turn to quantitative comparisons to substantiate claims about data magnitude and platform impact. We draw from vendor claims and independent estimates, ensuring all figures are sourced:

- **Patient counts and datasets:** Komodo's *330M* patient journeys (research.contrary.com) (www.businesswire.com), IQVIA's *350M+ NA, 1.2B+ global* (view.ceros.com), Truveta's *130M+ EHR* (www.truveta.com), Veeva Crossix's *300M+ US patients* (www.veeva.com), and Tempus's *38M clinical records* (www.tempus.com) are verifiable industry assertions. (Note: exact definitions of "patient" and how duplicates are deduped may vary.) By contrast, HealthVerity does not quote a single count—it provides a flexible ecosystem across hundreds of millions of lives via partners.

- **Analytic throughput:** Komodo reports that its AI tools reduced a multi-cohort analysis (878K patients) from weeks of work to *one hour* of compute (research.contrary.com). This is a case study (disparities in colorectal cancer). Veeva Crossix publishes metrics like *40% cost savings* from audience targeting (Genentech example (www.veeva.com)). While controlled benchmarks across platforms are rare, the business narratives emphasize orders-of-magnitude speedups when using these tools versus manual data processing.
- **Adoption statistics:** Fact counts like *"17 of top 20 pharma use Crossix"* (www.veeva.com) illustrate market penetration for that vendor. Comparable customer-penetration counts for the other platforms are not publicly verified here, so they should be requested from each vendor. Such metrics underscore the credibility each platform has earned among large organizations.
- **Data completeness:** Truveta's emphasis on notes availability (rxalmanac.com) is backed by its architecture; none of the competitors provides full EHR notes at scale. On the other hand, Komodo's unique inclusion of specialty lab/genomic results (www.businesswire.com) is measured in businesswire slides by data points (e.g. "16+ billion prescription records").

If we needed to compare, say, horizontal coverage (e.g. number of distinct data categories integrated), Table 1 text and citations suffice to demonstrate those distinctions. In any case, all the above figures are drawn from high-quality sources: official platform websites (www.truveta.com) (www.veeva.com) and industry research (RxAlmanac) (rxalmanac.com). We do not rely on anecdotal hearsay.

Case Studies and Real-World Examples

To illustrate how these platforms are used in practice, consider the following examples:

- **Komodo at ISPOR 2025:** Komodo reported that its platform supported *31 patient-journey research studies* at the ISPOR 2025 congress, spanning oncology, cardiometabolic, rare disease, etc (www.businesswire.com). For instance, a study on Fabry disease used Komodo claims data to analyze healthcare utilization patterns (www.businesswire.com). Another project demonstrated linking patient cohorts across claims and lab datasets. These presentations highlight Komodo's actual use in HEOR studies. Komodo emphasized how linking lab, EHR, insurance, and mortality data *"enables teams to self-serve cohort feasibility and insights"* (www.businesswire.com), reducing months of prep.
- **Genentech & Crossix (Veeva) Case:** Veeva published that Genentech used Crossix for a consumer-targeted campaign. By leveraging "health audience segments" derived from Crossix data, Genentech cut media costs by *40%* (www.veeva.com). Meanwhile, Sanofi reported that Crossix gave them unified insights across both physician-targeted and consumer channels (www.veeva.com). These examples show Crossix's direct impact: by linking marketing spends to Rx trends, companies can demonstrably optimize budgets.
- **HealthVerity eXOs (AI RWE):** In late 2025, HealthVerity announced *eXOs*, often touting claims like "generate insights in minutes" (healthverity.com). While case studies are proprietary, their press release quotes CEO Andrew Kress about removing data-product barriers (healthverity.com).

These cases (while partly vendor-sourced) serve to highlight how platforms translate into decisions. Across them, we see common themes: integrated data reduces time-to-insight, and specialized analysis (AI/NLP) opens up questions previously too laborious. Each platform tends to highlight success in its niche (Komodo in HEOR, Crossix in marketing).

Implications and Future Directions

The continuing evolution of RWD platforms has broad implications for pharma strategy:

- **Regulatory Landscape:** RWD use by regulators will only grow. We anticipate more clarity on standards (data quality, transparency). This should benefit platforms that emphasize audit trails (e.g. HealthVerity eXOs with transparent cohorts; Komodo with reproducibility claims (research.contrary.com)). EMA in Europe has a parallel push (new guidelines for using RWD in oncology). Platforms will adapt their offerings to meet evolving rules (for example, providing interoperability via OMOP CDM as Komodo does).
- **Technological Trends:** AI/ML is permeating every platform. We already see generative AI assistants (Komodo's MapAI, HealthVerity's Medeloop-based eXOs). Expect more: e.g. automated code-set generation, advanced causal inference, federated learning. These could further lower barriers for non-experts. Cloud infrastructure will become standard (all platforms mention "scalable cloud-native").
- **Data Expansion:** More data sources are being added. Claims data from Amazon's PillPack? Wearable/IoT data? Social determinants data? HealthVerity is already working on social data; Veeva has consumer segmentation. Genomic data will broaden beyond cancer, with more population-level genotyping in clinical use. Platforms like IQVIA are also ingesting patient-reported outcomes and genomic registries (e.g. Decode).
- **Consolidation and Partnerships:** The HealthVerity–Symphony deal is emblematic. We may see further M&A, as with HealthVerity's acquisition of Symphony Health. Smaller innovators (Datavant, UHG's clinical data) will jostle for role. Pharma end-users should watch how portfolios change; HealthVerity, now including Symphony, might compete directly with IQVIA in clinical data licensing.
- **Challenges:** Data privacy and equity concerns persist. Even with de-identification, linking commercial and clinical data raises questions. The platforms must maintain HIPAA compliance and patient trust. Technical issues like missing data, standardization (one site's readmission code vs. another), and biases (participating sites skew) require constant attention. Moreover, conflating correlation with causation in RWE remains a methodological pitfall; vendors often partner with analytics firms (e.g. Komodo + Datavant) to handle causal designs.
- **New Use Cases:** We foresee RWD being used for precision medicine matching (e.g. dynamic trial enrollment based on RWD cohorts), for QoL assessments via digital platforms, and for real-time pharmacovigilance (leveraging EHR feeds and patient apps). COVID-19 taught us that rapid "sensor" networks in healthcare can inform national responses. A platform like Truveta, with daily updates, could serve as an early warning system.

In sum, the convergence of big data, AI, and regulatory openness suggests RWD platforms will become even more central to pharma R&D strategies. The challenge will be selecting the right combination of platforms, ensuring data governance, and training teams to draw robust conclusions from all these sources.

Conclusion

In 2026, pharma companies have a rich landscape of RWD platforms to choose from, each with distinct strengths. Our comparative analysis shows that **Komodo Health** and **IQVIA** lead in sheer scale, **Truveta** and **Tempus** provide specialized clinical/genomic depth, **Veeva Crossix** is unmatched in marketing attribution, and **HealthVerity** excels in flexible data linkage. Pricing is scope-specific and not publicly benchmarked, while RWD is no longer a niche adjunct but a core component of evidence generation. Expert guidance (industry reports, advisors) advises running **multiple platforms in parallel** to cover complex use cases (rxalmanac.com).

Key facts from this analysis: Komodo's 330M-patient map (research.contrary.com), Truveta's 130M EHR cohort (www.truveta.com), Veeva's 300M advertising-linked data (www.veeva.com), and IQVIA's self-described "most expansive" Real World Data portfolio (view.ceros.com) highlight the scale. Pricing is scope-specific and not publicly disclosed, so buyers should request scoped quotes (rxalmanac.com). Case studies (ISPOR research, Genentech ROI) demonstrate real outcomes.

As RWD adoption matures, pharmaceutical enterprises will need to architect their data strategies carefully. Decisions on which platform(s) to license must consider study aims, therapeutic area, and integration compatibility. We anticipate that by the late 2020s, RWD platforms will further converge on common data languages (e.g. FHIR/OMOP),. Ethical and social considerations (e.g. data equity, bias) will also shape platform development.

In conclusion, the 2026 RWD ecosystem is robust but complex. The vendors analyzed here – Komodo, Truveta, Veeva Crossix, IQVIA, HealthVerity, Tempus – represent the vanguard of RWE infrastructure. By understanding their differences, pharmas can leverage these tools to generate evidence faster, better target patients, and ultimately improve healthcare outcomes. Claims in this report are drawn from the industry sources and vendor disclosures cited (research.contrary.com) (www.truveta.com) (www.veeva.com) (rxalmanac.com) (healthverity.com), ensuring a factual basis for strategic decisions.

Source links

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

1. https://rxalmanac.com/articles/top-real-world-evidence-vendors
2. https://www.iqvia.com/solutions/real-world-evidence/health-data-apps-and-ai/analytics-research-accelerator
3. https://view.ceros.com/quintiles-ims/real-world-data-sets-map-4
4. https://research.contrary.com/company/komodo-health
5. https://www.businesswire.com/news/home/20250514081315/en/Komodo-Healths-Real-World-Evidence-Platform-Drives-31-Patient-Journey-Research-Studies-at-ISPOR-2025
6. https://www.truveta.com/truveta-data

7. https://www.veeva.com/products/crossix-data-platform
8. https://platform.softwareone.com/product/healthverity-marketplace/PCP-2263-0856
9. https://healthverity.com/news/announcing-healthverity-exos
10. https://www.tempus.com/resources/content/blog/advancing-the-frontier-of-ai-in-healthcare
11. https://healthverity.com
12. https://www.veeva.com/veeva-crossix-customer-stories
13. https://www.mobihealthnews.com/news/healthverity-acquire-data-platform-symphony-health
14. https://www.komodohealth.com/press/healthcare-map-on-snowflake-marketplace-unlocking-de-identified-healthcare-data-for-seamless-analytics-and-ai
15. https://www.truveta.com/blog/news/clinical-trials
16. https://www.truveta.com/blog/news/truveta-live-link-real-world-evidence
17. https://www.veeva.com/la/products/veeva-data-cloud
18. https://www.veeva.com/customer-stories/genentech-using-data-to-reach-patients-more-efficiently
19. https://www.sbtempus.com/services/data-collaborations/pharma

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.