

Ariya Pharma AI Landscape 2026

Where commercial and medical teams are putting AI to work

47 named pharma AI deployments analysed



What do 47 named deployments reveal about what pharma AI can do today and which patterns are recurring across the industry?

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Executive summary

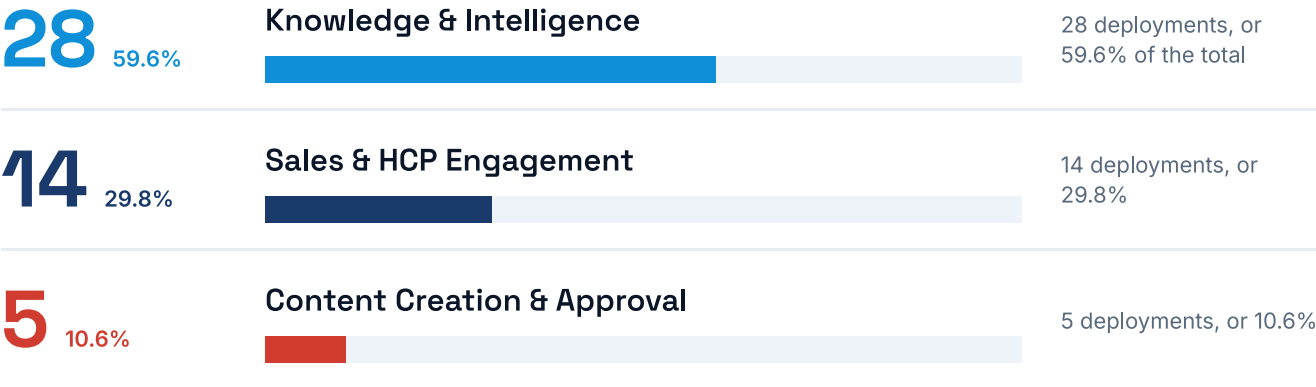
This white paper examines 47 AI deployments from named pharmaceutical companies. It explains what the solutions do, what information they use, where they fit in the workflow and what evidence is available about their use and value.

THE HEADLINE

47 named deployments show pharma focusing AI on specific workflow bottlenecks, not end-to-end automation.

The practical pattern is clear. Companies are applying AI where work slows down: finding information, sorting evidence, spotting useful signals, prioritising healthcare professionals, preparing interactions, drafting content and checking it before approval.

More than half of the cases sit in Knowledge & Intelligence. This includes internal knowledge tools, commercial intelligence, medical and scientific intelligence, Market Access work and patient information. Sales and HCP engagement accounts for almost one third of the cases. Content creation and approval makes up the remaining group.



The public evidence says much more about adoption than about value. User numbers, rollouts and satisfaction scores appear regularly. Measures such as time saved or faster content production appear occasionally. Revenue, profit, medical quality and better decisions are rarely reported.

The next question is whether these separate improvements remain isolated tools or become connected parts of better decision-making.

Why this landscape matters

Pharma leaders do not need another list of things AI might be able to do. They need a clearer view of what other companies are actually putting into practice.

Named examples turn vague market noise into a practical benchmark. They show which problems companies are choosing to solve, which parts of the workflow receive the most attention and which use cases have moved beyond announcements into pilots or operational settings.

A PRACTICAL INDUSTRY BENCHMARK

The 47 deployments provide a reference point for what is possible today, which use cases are becoming common and where the industry is still experimenting.

The patterns help place any company's activity in context. Some capabilities, such as enterprise knowledge search and HCP prioritisation, now appear across several companies. Others, such as AI-supported Market Access decisions, are represented by only one public example and remain much earlier.

The detail also matters. Knowing that a company uses AI says very little. Knowing what information the solution uses, what task it performs and where it sits in the workflow makes the comparison useful.



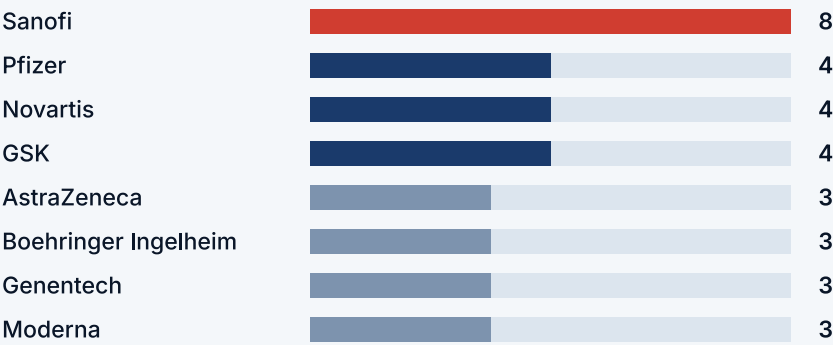
Named examples turn market noise into a reference point teams can compare themselves against.

A benchmark led by large pharma

Most examples in the register come from large global pharma groups. Only a small number come from specialist or mid-sized companies such as Acadia, Ardelyx, Coherus, KalVista and Norgine. This matters because the public picture is shaped by companies with bigger technology budgets, larger data estates and more reasons to publicise a rollout.

THE CONCENTRATION PROBLEM

Sanofi accounts for eight of the 47 deployments when the Sanofi Ukraine case is included. Pfizer, Novartis and GSK account for four each. The four most represented companies therefore make up 20 of the 47 cases. AstraZeneca, Boehringer Ingelheim, Genentech and Moderna are tied next with three each, so adding any one of them takes the five-company share to 23 cases, just under half the landscape.



Deployments per company among the most represented companies. Ariya analysis of 47 named deployments.

For mid-sized companies, the landscape shows a range of practical capabilities already taking shape across the industry. Many focus on a narrow task: answering repeated product questions, screening literature, preparing a customer call, practising a sales conversation or checking content before review. These use cases do not necessarily require the enterprise-wide platforms seen at the largest companies.

Mid-sized teams may also have fewer systems and decision makers to coordinate. That can make a focused solution easier to introduce, even with a smaller budget and technology team.

What we counted, and what we did not

The study reviewed 84 evidence records and counted 47 named deployments. Another 37 records were not included in the total because they were broad platform announcements, future commitments, older examples or cases with evidence that was too weak or too vague.

84

evidence records reviewed

47

named deployments counted

37

records not included in the total

+ Included

- A named pharmaceutical or biotechnology company.
- A specific Commercial or Medical use case.
- A tool reported as operational, rolled out, in use or tested in a genuine real-world pilot.
- Enough information to understand what the AI does and where it sits in the workflow.

- Excluded

- Drug discovery, clinical development and trial optimisation.
- Manufacturing, supply chain and purely technical quality processes.
- Pharmacovigilance and Safety & Integrity, which sit next to the agreed scope but are not part of this landscape.
- Anonymous case studies, generic vendor capabilities and partnerships without a specific implemented use case.

How the evidence should be read

Most cases use public sources from pharma companies, partners, customer case studies and reputable reporting. The Galderma and KalVista cases use first-hand Ariya project documentation because Ariya delivered both solutions. Each example records who made the claim and the reported implementation status.

Pharma-owned source	Tells us what the company says it has launched, tested or used.
Partner or vendor case study	Can add useful operating detail, but it may naturally emphasise the benefits.
Reputable reporting	Can add interviews and context, but it is not automatically stronger evidence of deployment or impact.

IMPORTANT LIMITATION

Documented does not mean independently audited. In this report, 'deployment' includes a named solution reported as operational, rolled out or piloted in a real workflow. It does not necessarily mean company-wide production use.

Each deployment is counted once under its main use case. Some naturally overlap. Pfizer's Charlie, for example, supports both content creation and review. The primary classification prevents double-counting, while the description preserves the overlap.

The result should be read as a structured view of disclosed or directly evidenced deployments, not as a complete census of pharma AI. Many internal projects never become public, and many announcements omit user numbers, geography, results or implementation detail.

FIGURE 1

The landscape at a glance

The distribution is lopsided, and that is the first useful result. Knowledge & Intelligence represents 28 of the 47 cases. Sales & HCP Engagement represents 14. Content Creation & Approval represents five.



Figure 1. One square = one named deployment. Ariya analysis of 47 named pharma AI deployments. Primary use-case classification only.

CATEGORY	DEPLOYMENTS	SHARE
■ Knowledge & Intelligence	28	59.6%
■ Sales & HCP Engagement	14	29.8%
■ Content Creation & Approval	5	10.6%
Total	47	100.0%

Table 1. Ariya analysis, 29 September 2026. The Galderma and KalVista cases are based on Ariya project documentation.

The categories are not equally broad. Knowledge & Intelligence includes five related subcategories because it follows information across different audiences: employees, commercial teams, medical teams, Market Access teams and patients. That breadth is part of the finding. Knowledge is not a single back-office use case. It is the raw material behind a large share of Commercial and Medical work.

Knowledge & Intelligence



28 of 47

59.6% of all deployments

The largest group is about making information easier to find, understand and use. The audience changes, but the basic problem is remarkably consistent: too much information, spread across too many places, arriving faster than people can process it.

SUBCATEGORIES

Enterprise Knowledge & AI Assistants	6
Commercial Intelligence	4
Medical & Scientific Intelligence	12
Market Access & Value	1
Patient Knowledge & Support	5



Enterprise Knowledge & AI Assistants

Boehringer Ingelheim

Genentech / Roche Group

GSK

Merck & Co. (MSD)

Roche

Sanofi

These tools give employees one controlled place to ask questions, search internal material, summarise documents and reuse existing knowledge. The six examples differ in scope, but all try to reduce the time lost moving between systems and searching for material that already exists.

Boehringer Ingelheim's iQNow connects internal and external knowledge. An employee can use it to find documents and relevant experts, ask a question and receive a short answer grounded in the available material. **Genentech's** Deepsense works on large volumes of unstructured information used by Commercial, Medical and Government Affairs teams. It makes that material searchable and adds context so teams can turn scattered documents into a usable insight. [1, 2]

GSK's GiGi gives employees conversational access to company knowledge and policies, and supports document analysis, drafting, translation, approvals and access to internal AI agents. **Merck & Co.'s** GPTeal gives employees controlled access to several AI models for drafting, summarising, analysis and routine documentation; it has reportedly reached more than 50,000 regular users. **Sanofi's** enterprise Concierge answers questions, helps employees navigate internal tools and automates general tasks. **Roche's** RocheGPT is a secure internal environment for working with sensitive healthcare information, used for knowledge sharing and for extracting structured information from scientific articles, medical reports and test results. Public sources describe internal use across several tasks, but give little detail about adoption or the outcomes of individual tasks. [3, 4, 5, 40]

Broad assistants do not remove the need for specialist tools. A general employee assistant may be suitable for summarising a document. A medical response, customer recommendation or promotional claim needs more specific sources, rules and review steps.

Commercial Intelligence

Galderma

KalVista

Novartis

Sanofi

Four deployments have Commercial Intelligence as their primary category, but that does not mean the capability is absent elsewhere. Competitor, market and customer information often appears inside broader content, targeting or planning platforms.

Novartis uses Sherlock as a central home for commercial insights, bringing separate SharePoint collections into one searchable system organised around brands and therapy areas. DeepSights sits on top and lets employees ask questions in everyday language, searching market research, clinical feedback and strategic documents, then answering with sources and producing an insights summary for a meeting or decision. [6]

Sanofi's plai works at a broader level, combining large internal datasets with forecasts and other analysis so commercial teams and executives can see changes, compare options and act on a shared view of the business. Public reporting shows wide internal use, though the data and decision process vary by application. [7]

Galderma uses a market research and commercial intelligence platform built on Ariya, drawing on a curated library of proprietary studies and trackers. Teams ask questions in everyday language, compare findings across studies, markets and brands, and receive structured answers with each claim linked to its source document. The platform goes beyond retrieval by flagging contradictions and evidence gaps, then turning the synthesis into a business diagnosis and recommended actions for a specific question. [8]

KalVista has built a competitive intelligence portal on Ariya. A reasoning layer reads each incoming signal against the company's own portfolio, brand, market and competitor position, then writes a different brief depending on who receives it. The same competitor readout reaches a brand lead as a positioning implication and a Market Access lead as a dossier timing implication. Each signal is also scored for relevance before the system decides whether a development is worth interrupting someone at all. Every output carries its sources and a confidence marker, so the reader can see what the interpretation rests on. [39]

All four examples shorten the path from scattered information to a usable view of the situation.

Novartis and **Galderma** focus on finding and reusing research, with the **Galderma** solution also helping teams interpret the evidence and recommend next steps. **Sanofi** brings data and analysis together for repeated business decisions. **KalVista** starts from the incoming signal rather than the archive, and puts most of its effort into deciding what a development means for a particular role.

Medical & Scientific Intelligence

This is the largest subcategory in the study, with 12 deployments. It brings together Medical Information, scientific literature, evidence synthesis and insights collected by field medical teams. These activities use different sources, but they serve the same broad purpose: helping people understand scientific and medical information and respond appropriately.

Different ways to answer product questions

Pfizer's three assistants show how one problem can require different designs in different countries. MediBot in the United States answers frequent questions about what happens when temperature-sensitive biologic medicines or vaccines are left out of refrigeration. Users select a medicine and choose from a fixed menu rather than typing a free-form medical question.

Fabi in Brazil accepts typed questions and guides users through prompts. Its content was built by analysing thousands of earlier customer-call transcripts and selecting frequent, non-technical questions, such as where a medicine could be found when it was out of stock locally. **Pfizer** reported that Fabi answered more than 6,000 such questions.

Maibo was launched in Japan for healthcare professionals seeking medical information. [9]

Roche UK's AMII is a conversational front door for the Medical Information desk. It gives healthcare professionals answers based on the official product description and gives patients answers based on the patient leaflet. Approved content can be refreshed as information changes, and the conversation takes place in a mobile-friendly format. The supplier reported 91% user satisfaction for the deployment, while the public source gives little detail on the number of users or questions handled. [10]

6,000+

non-technical questions answered by Pfizer's Fabi in Brazil

91%

user satisfaction reported by the supplier for Roche UK's AMII

12

therapeutic-area managers in Genentech's field-medical voice pilot

Turning field notes into usable insight

AstraZeneca's Medical Affairs Analytics Engine reads free-text notes captured by medical science liaisons, groups the observations and produces structured reporting. **Boehringer Ingelheim's** KNERD summarises insights gathered by medical-scientific liaison teams. **Genentech** piloted a voice assistant with 12 therapeutic-area managers so they could capture field insight by speaking rather than completing a form later. These tools address a familiar problem: valuable observations are often buried in inconsistent notes and become difficult to compare across a team. [11, 12, 13]

Finding, screening and preparing scientific information

GSK's US Medical Affairs chatbot searches current **GSK** medical information and connects to related internal systems. **Novartis** uses Causaly to connect biomedical evidence and help teams review what is known around a scientific question. **Moderna** and **Coherus** tested a medically tuned literature-monitoring process that screens and ranks publications before expert review, reducing the volume people need to read first. [14, 15, 16]

UCB piloted AI-generated plain-language summaries of scientific literature, followed by expert validation. **Merck KGaA's** Generative Medical Insights acts as a drafting partner for its Medical Information team. It helps create and update response documents used when healthcare professionals ask unsolicited questions about Merck products; the team can review and refine the draft before it is used. **Sanofi** Ukraine's digital Medical Affairs representative handles invitations, participation and consent for HCP education and connects doctors to learning portals. [17, 18, 19]

Across these cases, AI is not replacing a complete Medical Affairs workflow. It is making one step easier: retrieving an approved answer, turning notes into themes, reducing a literature list or preparing a first draft for review.



Medical & Scientific Intelligence is the largest subcategory in the register: 12 of the 47 named deployments.

Market Access & Value

The register contains one named example in this subcategory: **Bayer's** Market Access decision board. The system brings together information on regulatory status, health economics and real-world evidence. Several specialised assistants then represent the questions that different members of an expert board might raise, creating a structured discussion around pricing, reimbursement, submission and patient targeting. [20]

The output is decision preparation, not a final access decision. It helps a team review the evidence from several angles before people agree on a position. One case is not enough to declare a market trend, but it shows why Market Access is a plausible area for support: the work combines large amounts of evidence with repeated, structured choices.

Patient Knowledge & Support

Bausch + Lomb

Bayer Italy

Norgine

Novartis

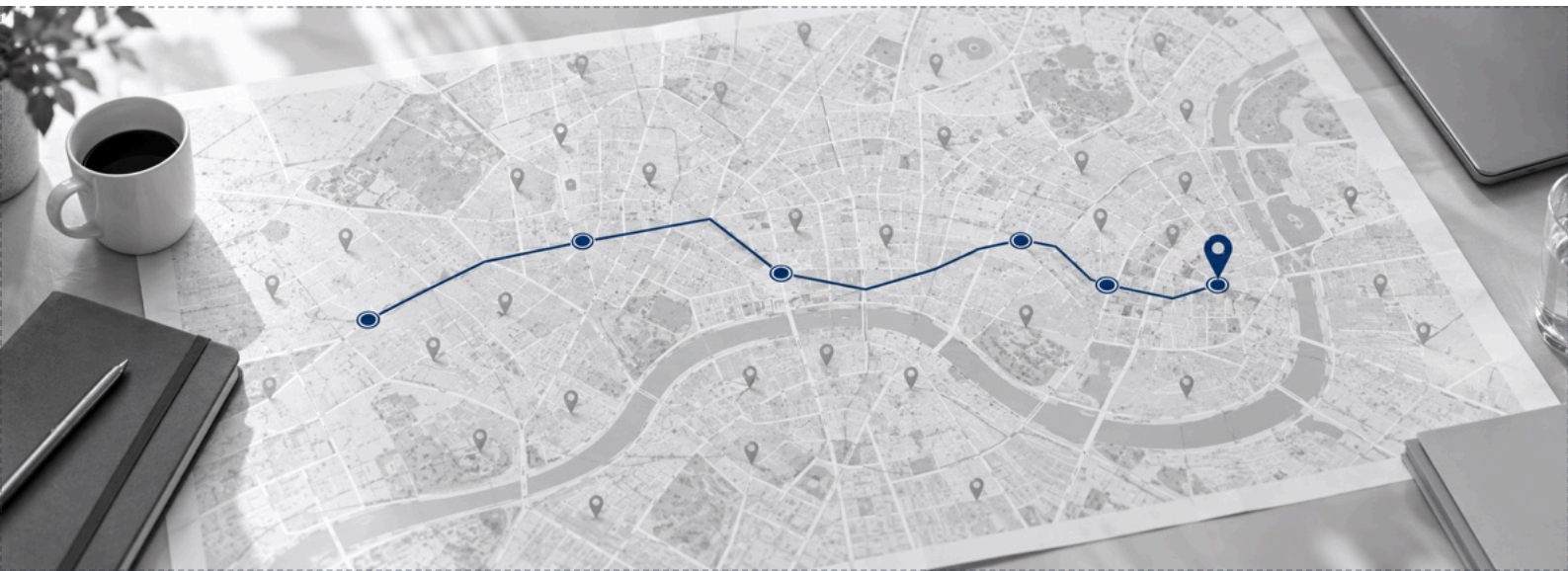
Pfizer

Patient-facing information belongs inside Knowledge & Intelligence because it is still a knowledge problem. The difference is the audience. The information must be clear, relevant and appropriate for patients rather than written for internal teams or healthcare professionals.

Pfizer's Health Answers lets consumers ask general health questions and produces an answer from scientific and public-health sources, with links that let the reader see where the information came from. **Norgine's** Ava focuses on a much narrower moment: it answers practical questions from people preparing for a colonoscopy, when instructions can be unfamiliar and easy to forget. [21, 22]

Novartis' AI Nurse in China supports people with heart failure through WeChat. It uses voice and image recognition, sends reminders and flags signs that a patient's condition may be worsening. **Bausch + Lomb's** Orphia provides education before cataract surgery and is intended to expand into care coordination. **Bayer** Italy's TeraPiu combines reminders and behavioural support to help people follow their medication plan. [23, 24, 25]

Sales & HCP Engagement



14 of 47

29.8% of all deployments

Sales use cases are less about creating a clever score and more about putting useful suggestions into the representative's daily work.

SUBCATEGORIES

HCP Targeting & Next Best Action	9
Field & Customer Support	3
Training & Coaching	2

HCP Targeting & Next Best Action

Nine deployments focus primarily on deciding which healthcare professionals (HCPs) to engage, what opportunity matters and what action to take next. This is the most established Sales pattern in the register.

Sanofi's Turing analyses customer and engagement information to recommend what a representative might communicate to an HCP, when to do it and through which channel. It has been reported across more than 20 countries and 15 brands. **Sanofi** also uses Generative Audiences with OneView: a commercial user can describe the audience needed in everyday language, and the system turns that request into selection rules using unified HCP profiles. [7, 26]

Boehringer Ingelheim's commercial recommendation system turns data into suggested actions and delivers them inside the field team's customer-management workflow. The supplier reported 80% adoption in the first six months. **GSK's** second example combines validated information on healthcare professionals and key opinion leaders with targeting, segmentation and next-action processes, so the recommendation is based on a cleaner view of the customer. [27, 28]

Five other named deployments use commercial targeting and planning tools, but the job differs by company. **Acadia** uses predicted trends and customer segments to support engagement planning. **Ardelyx** prioritises high-opportunity HCPs and reduces manual data searching. **AstraZeneca** analyses what happened after HCP engagements and uses that information to tailor activity to customer preferences. **GSK** gives representatives interpretable opportunity signals before a call. **Novo Nordisk** uses predicted prescribing likelihood to find opportunities that conventional segmentation may miss. [29, 30]

Across the group, the practical job is similar: narrow a large customer list, explain why an account may matter and help a representative prepare the next interaction. The public sources say much less about whether the resulting customer conversations improved.

20+

countries and 15 brands reported for Sanofi's Turing

80%

adoption in six months, reported by Boehringer Ingelheim's supplier

9

of the 14 Sales deployments sit in targeting and next best action

Field & Customer Support

Pfizer's mobile analytics engine gives representatives a single view of sales trends, earlier HCP interactions and local territory information. A controlled data layer keeps the meaning of measures consistent across markets, while the mobile interface and offline access let representatives prepare before a call without assembling the brief from several systems. The platform has been reported across 27 markets and six business units. [31]

Sanofi's field-sales Concierge ranks physicians within a territory and prepares a contextual call plan, including possible messages and channels, then delivers it in the representative's inbox.

Moderna's contact centre uses automated conversations and routing across channels to handle customer contacts and direct the interaction to the right next step. [31, 32, 33]

These tools sit around the interaction rather than replacing it. They reduce preparation, bring together the relevant history or handle routine routing so people can spend more time on the customer conversation itself.

Training & Coaching

Sanofi used a virtual coach and a virtual physician during a product launch. Representatives practised a product conversation with a simulated prescriber, faced realistic questions and received a consistent evaluation. The company used the process to certify 500 field colleagues, with the supplier reporting that all completed certification within five days. [34]

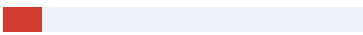
Novartis used a similar simulation in onboarding. New representatives could practise conversations and be evaluated without waiting for a manager to run every role-play. The supplier reports that **Novartis** onboarded twice as many representatives in less than half the previous time, while managers kept their time for coaching that needed a person. [34, 35]

The useful change is repetition on demand. Representatives can practise more often and receive the same basic feedback, while managers focus on individual weaknesses and more difficult conversations.

Content Creation & Approval



5 of 47



10.6% of all deployments

The real content bottleneck is rarely the first draft. It is the chain of evidence, adaptation, review, approval and reuse around it.

SUBCATEGORIES

Creation, Adaptation & Localisation	3
-------------------------------------	---

MLR Pre-check & Approval	2
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Creation, Adaptation & Localisation

AstraZeneca is using Adobe GenStudio to produce campaign assets and variations at greater scale. The system is trained around the brand and connects creation to the company's content supply chain, so teams can adapt material for channels and markets while keeping the approval process attached to the work. [36]

Genentech has described a US commercial content engine for print, social, banner and email assets, with the approach intended as a wider **Roche** blueprint. It supports both content production and the steps that move an asset through review. **Genentech** reported content productivity improvements of 45% to 50%, although the public source does not provide a shared measurement method. [13]

Pfizer's Charlie covers more of the campaign process than a writing assistant. It can draft and edit marketing content, check statements against **Pfizer's** approved scientific evidence, bring in competitor and media information and flag possible review issues. A red, yellow and green system helps reviewers see where attention may be needed before formal approval. [37]

The value in these examples is not simply typing a first draft faster. It comes from reusing approved material, producing variants, keeping the evidence attached and reducing manual hand-offs across a regulated content process.

Medical, Legal and Regulatory Pre-check & Approval

Moderna is an early adopter of tools that scan a draft against brand and compliance guidelines before formal review. Quick Check flags potential issues, while a content assistant can summarise the material and help reviewers understand what changed. **Sanofi** has also deployed a controlled cloud model that automates parts of content preparation for Medical, Legal and Regulatory review. [5, 38]

The aim is not to remove approval. It is to catch routine problems earlier, prepare the material more consistently and reduce avoidable back-and-forth before human reviewers spend time on it. In a slow content supply chain, small improvements across several steps can produce a meaningful change in cycle time.

What the deployment landscape tells us

AI is changing workflows one step at a time

The public deployment evidence does not show whole Commercial or Medical workflows disappearing. It shows AI being inserted into particular points where work is repetitive, slow or difficult to scale.

Find Retrieve relevant documents, evidence or approved answers.	Sort Screen literature, classify information or reduce a long list.	Prioritise Identify customers, signals or content that deserves attention.
Prepare Assemble call plans, summaries or response drafts.	Create Produce content, variants or plain-language versions.	Check Flag risk, compare against rules or support expert review.

The six workflow steps where the 47 deployments concentrate.

This incremental pattern is easier to deploy because it preserves much of the existing workflow, ownership and control. It also creates a risk: companies may end up with many useful tools that do not connect with one another.

Knowledge is the centre of the landscape

Twenty-eight deployments deal primarily with knowledge and intelligence. That is not because all 28 do the same thing. It is because Commercial and Medical work both depend on turning large volumes of information into something a person can use.

The audience may be an employee, a commercial leader, a medical professional, a Market Access team or a patient. The recurring need is the same: find the right information, understand it in context and decide what to do next.

Broad assistants and specialist tools are growing together

Sanofi, Merck, GSK and others are building broad employee assistants while also using specialist applications for Sales, Medical and content. This is not duplication. The broad layer handles common work. The specialist layer handles controlled data, vocabulary, rules and workflows.

More tools are helping people decide what to do next

Early tools mainly retrieved approved answers or automated simple classification. Newer deployments increasingly combine sources, generate options, recommend actions or simulate a structured discussion. Bayer's Market Access board is the clearest example in the register, but the same direction is visible in Commercial Intelligence and next-best-action tools.

Knowledge is not a single back-office use case. It is the raw material behind a large share of Commercial and Medical work.

TABLE 2

What companies disclose about value

Public evidence is uneven. Companies and vendors often tell us that a tool exists and that people use it. They are much less likely to tell us what changed because of it.

WHAT IS REPORTED	TYPICAL MEASURES	HOW OFTEN IT APPEARS
Adoption and scale	Users, logins, conversations, countries, brands and rollouts	 Relatively common
Operational improvement	Time saved, faster review, higher output and shorter cycle time	 Occasional
Business or medical impact	Revenue, profit, decision quality, response quality or patient outcomes	 Rare

Table 2. Evidence pattern observed across the 47 counted deployments.

Adoption is visible

Examples include Boehringer Ingelheim's commercial recommendation system reporting 80% adoption within six months, Roche UK reporting 91% satisfaction with AMII, and Merck's GPTeal reportedly reaching more than 50,000 regular users. These numbers show that the tools are not confined to innovation labs.

Operational gains are less common, but more useful

The stronger public examples describe a change in the work itself. Pfizer's Fabi answered more than 6,000 non-technical questions. The Moderna and Coherus literature-monitoring study reported an 88% reduction in manual review effort. Genentech reported a 45% to 50% improvement in content productivity. These figures are useful, but they still come from public company, vendor or media claims rather than a shared measurement standard.

88%

reduction in manual literature review effort reported by Moderna and Coherus

45–50%

content productivity improvement reported by Genentech

50,000+

regular users reportedly reached by Merck's GPTeal

Business impact is rarely disclosed

Sanofi's Turing has third-party reporting of roughly 10:1 cumulative return on investment, but this should not be presented as a Sanofi-audited result. Similar caution applies whenever a vendor or consulting partner reports the outcome. [7]

THE MEASUREMENT TRAP

Adoption is an input measure. It tells us that people opened the tool, not that the company made a better decision, served an HCP better or created more value.

The absence of public outcome data does not prove that value is absent. Within this benchmark, a high user count and a strong satisfaction score are signals of adoption, not substitutes for evidence that the workflow result improved.

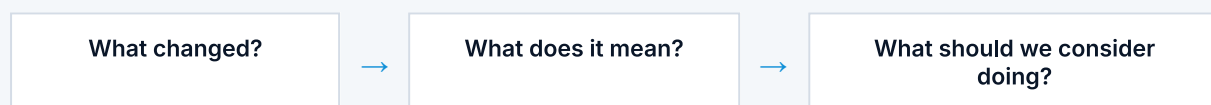
From isolated improvements to decision readiness

The first wave of value comes from removing friction from individual tasks. The larger opportunity comes from connecting those tasks.

A competitive-intelligence tool may detect a change. Another tool may summarise it. A third may prepare a slide. But the team still needs to agree on what the change means, decide whether it matters and record what it will do. If those steps remain disconnected, faster information does not automatically produce a faster or better decision.

A USEFUL TEST

Can the team move from 'What changed?' to 'What does it mean?' to 'What should we consider doing?' while keeping the evidence and reasoning visible?



This is where Knowledge & Intelligence becomes more than search. The goal is not merely to provide an answer. It is to help teams reach a shared, reviewable view and make a decision they can explain.

Six questions help translate the industry benchmark into a view of a company's own position:

Six questions to place your own position

- 01 Where does a Commercial or Medical workflow currently lose the most time?
 - 02 Is the problem finding information, interpreting it, coordinating people or making a decision?
 - 03 What have comparable pharma companies already put into practice at that step?
 - 04 Will the tool fit into the way people already work, or create another destination to visit?
 - 05 What evidence must remain visible for the output to be trusted and reviewed?
 - 06 What outcome will be measured beyond user numbers and logins?
-

Ariya's view is straightforward: recommendation can be supported by AI, but the decision remains the team's. The most useful systems make the evidence, interpretation and reasoning easier to inspect, not harder.

AI is entering pharma workflows one problem at a time

The 47 deployments in this landscape do not point to a sudden replacement of pharmaceutical Commercial and Medical work. They show something more believable: AI entering established workflows one problem at a time.

Companies are using it to find knowledge, sort evidence, identify useful signals, prioritise customers, prepare interactions, train teams, create content and support review. Knowledge & Intelligence sits at the centre because nearly every downstream action depends on having the right information in a usable form.

Together, these cases provide a benchmark of where the industry is concentrating its effort, which capabilities are becoming common and which remain at an early stage. They also show that the most visible progress is happening around specific workflow problems with a clear practical purpose.

The next advantage will not come from having the most AI tools. It will come from connecting information, interpretation and action more effectively than before.



Ariya connects market research, competitive intelligence and medical publications into a single intelligence layer, so teams can reach a shared, reviewable view before they decide.



The 47 named deployments

The appendix lists every deployment counted in the study. Full source notes and caveats remain in the Ariya Pharma AI Use Cases Master Register 2026 and Ariya project documentation.

Knowledge & Intelligence 28 deployments

Enterprise Knowledge & AI Assistants 6

PHARMA COMPANY	PROJECT OR SOLUTION	WHAT IT DOES
Boehringer Ingelheim	iQNow [1]	Enterprise search tool that connects internal and external knowledge, finds experts and documents, summarises evidence and returns fact-based answers.
GSK	GiGi [3]	Enterprise generative-AI assistant for company knowledge and policies, document analysis, drafting and approvals.
Genentech / Roche Group	Deepsense [2]	AI search tool for searching and contextualising unstructured commercial, medical and government-affairs information.
Merck & Co. (MSD)	GPTeal [4]	Company-built employee tool providing controlled access to several AI assistants for drafting, summarisation, analysis and routine documentation.
Roche	RocheGPT [40]	Secure generative-AI environment for knowledge sharing and extracting data from scientific and medical reports.
Sanofi	Concierge (enterprise GenAI companion) [5]	Internally hosted assistant for answering questions, navigating tools and automating general employee tasks.

Commercial Intelligence 4

PHARMA COMPANY	PROJECT OR SOLUTION	WHAT IT DOES
Galderma	Ariya-powered market research and commercial intelligence solution [8]	Searches proprietary studies and trackers, compares findings, flags contradictions and evidence gaps, and recommends actions.
KalVista Pharmaceuticals	Ariya-powered competitive intelligence portal [39]	Scores incoming competitor signals for relevance, interprets them against KalVista's portfolio and market position, and generates audience-specific briefs with sources and a confidence marker.
Novartis	Sherlock + DeepSights [6]	one place to search for market research, clinical feedback and strategic documents.
Sanofi	plai [7]	Combines large internal datasets and data analysis for real-time commercial, executive and enterprise decisions.

Source numbers refer to the list at the end of the report.

Medical & Scientific Intelligence 12

PHARMA COMPANY	PROJECT OR SOLUTION	WHAT IT DOES
AstraZeneca	Medical Affairs Analytics Engine [11]	AI reads free-text medical science liaison notes, categorise feedback and generate structured reporting.
Boehringer Ingelheim	KNERD [12]	Summarises insights captured by medical-scientific liaison teams.
Coherus BioSciences	Sorcero medically tuned literature monitoring [16]	AI prioritises publications for expert review in Medical Affairs.
GSK	US Medical Affairs AI chatbot [14]	Searches current GSK medical information and connects with related systems.
Genentech	Field-medical voice copilot [13]	Voice assistant piloted with 12 therapeutic-area managers to capture field insights.
Merck KGaA / Merck Group	Generative Medical Insights [18]	AI application drafts and updates response documents for unsolicited HCP questions.
Moderna	Sorcero medically tuned literature monitoring [16]	AI screens and ranks scientific literature to reduce expert manual review.
Novartis	Causaly biomedical evidence copilot [15]	Connects biomedical evidence and uses an AI assistant to accelerate evidence reviews for decisions.
Pfizer	MediBot / Fabi / Maibo [9]	Controlled digital assistants answer medical-information questions across the US, Brazil and Japan.
Roche UK	AMII [10]	Conversational medical-information assistant that answers common questions from healthcare professionals using product information and from patients using leaflet content.
Sanofi Ukraine	MINT AI Medical Affairs Representative [19]	Digital assistant handles HCP invitations, participation, consent and links to learning portals.
UCB	GenAI plain-language scientific summaries [17]	Generates plain-language summaries of scientific literature with expert validation.

Source numbers refer to the list at the end of the report.

Knowledge & Intelligence continued

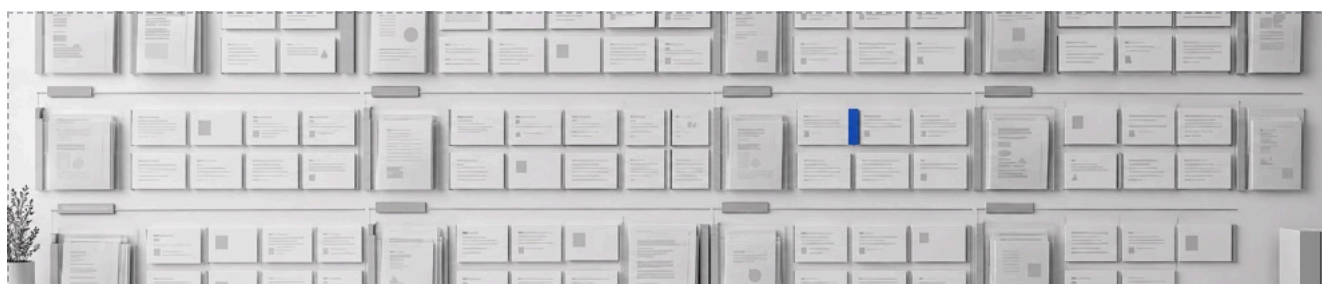
Market Access & Value 1

PHARMA COMPANY	PROJECT OR SOLUTION	WHAT IT DOES
Bayer Pharmaceuticals	Market Access multi-agent decision board [20]	Simulates multidisciplinary expert-board discussion across regulatory, health economics and real-world evidence.

Patient Knowledge & Support 5

PHARMA COMPANY	PROJECT OR SOLUTION	WHAT IT DOES
Bausch + Lomb	Orphia [24]	AI patient-education platform for pre-surgery cataract education, with planned care-coordination expansion.
Bayer Italy	TeraPiu [25]	Medication-adherence app combining AI and behavioural science, co-created with patients.
Norgine	Ava [22]	Answers preparation questions for patients undergoing colonoscopy.
Novartis	AI Nurse (China) [23]	WeChat-based heart-failure assistant using voice/image recognition, reminders and worsening alerts.
Pfizer	Health Answers by Pfizer [21]	AI answers consumer health questions from scientific and public-health sources.

Source numbers refer to the list at the end of the report.



Knowledge & Intelligence accounts for 28 of the 47 named deployments across five subcategories.

Sales & HCP Engagement 14 deployments

HCP Targeting & Next Best Action 9

PHARMA COMPANY	PROJECT OR SOLUTION	WHAT IT DOES
Acadia Pharmaceuticals	Commercial targeting and planning tool [29]	Predicts trends and helps sales teams plan against customer segments and improve HCP engagement.
Ardelyx	Commercial targeting and planning tool [29]	Prioritises high-opportunity HCPs and reduces manual data digging for field representatives.
AstraZeneca	Commercial targeting and planning tool [30]	Analyses effects of HCP engagements and helps tailor activity to customer preferences.
Boehringer Ingelheim	Commercial recommendation system [27]	Automates commercial suggestions and sends suggestions into field customer-management system workflows.
GSK	Commercial targeting and planning tool [29]	AI segments and prioritises HCPs and supplies interpretable pre-call opportunity insights.
GSK	Veeva Link + GSK NBA stack [28]	Feeds validated KOL/HCP data for AI-supported targeting, segmentation and next-best-action processes.
Novo Nordisk	Commercial targeting and planning tool [29]	Identifies HCPs likely to prescribe and surfaces opportunities missed by conventional segmentation.
Sanofi	Generative Audiences / OneView [26]	Turns natural-language audience descriptions into targeting conditions using unified HCP profiles.
Sanofi	Turing [7]	AI recommends what to communicate to an HCP, when, and through which channel.

Source numbers refer to the list at the end of the report.

Sales & HCP Engagement continued

Field & Customer Support 3

PHARMA COMPANY	PROJECT OR SOLUTION	WHAT IT DOES
Moderna	AWS AI contact center [33]	AI-supported contact centre that manages customer interactions across channels.
Pfizer	Strategy Mobile Analytics Engine [31]	Brings together sales trends, HCP histories and territory data for mobile pre-call insight.
Sanofi	Concierge (field-sales assistant) [32]	Ranks priority physicians and generates contextual multichannel call plans in the representative's inbox.

Training & Coaching 2

PHARMA COMPANY	PROJECT OR SOLUTION	WHAT IT DOES
Novartis	Quantified AI onboarding simulations [35]	Interactive simulations let representatives practise conversations and receive consistent feedback in field onboarding.
Sanofi	Quantified AI Sales Simulator [34]	Virtual coach and physician personas automate representative certification and role-play.

Content Creation & Approval 5 deployments

Creation, Adaptation & Localisation 3

PHARMA COMPANY	PROJECT OR SOLUTION	WHAT IT DOES
AstraZeneca	Adobe GenStudio content supply chain [36]	Brand-trained AI scales asset production and campaign variations while connecting approval workflows.
Genentech	US commercial AI content engine [13]	AI content and Medical, Legal and Regulatory workflow for print, social, banner and email assets; described as a Roche global blueprint.
Pfizer	Charlie [37]	Generates and edits marketing content, fact-checks evidence, supports legal/medical review and applies red/yellow/green risk flags.

MLR Pre-check & Approval 2

PHARMA COMPANY	PROJECT OR SOLUTION	WHAT IT DOES
Moderna	Veeva PromoMats Quick Check + Content Agents [38]	Quick Check scans content against brand/compliance guidelines and Content Agent summarises and reviews.
Sanofi	Amazon Bedrock MLR content model [5]	Automates portions of content creation for medical-legal review within Sanofi's controlled cloud environment.

Source numbers refer to the list at the end of the report.

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Ariya Pharma AI Landscape 2026 · Ariya analysis of 47 named pharma AI deployments, 29 September 2026. Ariya is a product by phamax, a pharma-focused consulting and data firm.

47 named deployments
84 evidence records reviewed
40 reference entries

Turn the research you have already paid for into the answer you need today

Pharma companies hold years of valuable market research across long presentations, different agencies, brands and markets.

A repository may help someone find the right file. It does not reveal the finding buried on page 226, compare it with another study or explain what it means for the decision in front of the team.

A structured evidence base, with an analyst on top

Ariya brings market research and commercial documents into one structured evidence base. Teams ask questions in everyday language, receive answers linked to their sources and compare findings across studies, waves, markets and brands.

Ariya then goes further than retrieval. It identifies where findings agree or contradict each other, highlights gaps in the available evidence and turns the synthesis into a recommendation for the question being considered.

FIND →

What does the organisation already know?

Search across global and local research and retrieve the evidence behind the answer.

INTERPRET →

Where does the evidence agree, disagree or leave important gaps?

Compare findings across studies, waves, markets and brands.

RECOMMEND

What does the evidence suggest doing next?

Turn the synthesis into implications and recommended actions for the decision in front of the team.

Ariya recommends. Your team decides.

The evidence remains alongside the recommendation, allowing teams to inspect it, challenge it, refine it or reach a different conclusion.

WITH ARIYA, INSIGHTS TEAMS CAN

- Use research long after the original readout
- Check what is already known before commissioning another study
- Build brand and market decisions on shared evidence rather than individual memory
- Preserve knowledge when people change roles

FEATURED IN THIS LANDSCAPE

The Galderma and KalVista solutions featured in this report are both built on Ariya.

CONNECT WITH THE ARIYA TEAM

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Ariya for Market Research and Insights is one workspace within Ariya, phamax's intelligence-powered analyst for pharma teams.

