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# Why Your Pharma AI Strategy Is Probably Broken

## And What a Real Blueprint Looks Like

By Dr. Andrée Bates, CEO, Eularis Group

# Let me be direct with you, because many rarely are

Across the pharmaceutical companies I work with — from mid-size biotechs to global top-10 players — I see the same pattern play out with unsettling regularity. An ambitious AI initiative gets greenlit. A talented data science team is assembled, or an expensive consultancy engaged. Pilots run. Dashboards are built. There are promising demos, enthusiastic steering committee presentations, and then... quiet. The initiative loses momentum, gets absorbed into business-as-usual, or simply fails to move the commercial needle in any meaningful way.

This is not a technology problem. The technology, frankly, has never been more capable. It is a strategy problem — and in my experience, it is almost always the same strategy problem wearing different clothes.

## The Seductive Trap of Technical Thinking

The pharmaceutical industry has an extraordinary capacity for scientific rigour. That same rigour, applied to AI, unfortunately tends to produce technically impressive but strategically incoherent programmes. I've seen organisations spend eighteen months optimising model architectures for drug target identification while failing to ask whether their organisation was culturally or operationally ready to act on the outputs. I've watched companies benchmark their AI tools obsessively against external leaderboards while actual user adoption rates among their own field teams sat at under 20%.

There is a dangerous and widespread belief that if you build the most sophisticated AI system, competitive advantage will follow naturally. It won't. The differentiator in this new era isn't the algorithm — it's the organisation built around it. And building that organisation requires a different kind of thinking entirely.

This is what I call the AI strategy blind spot: the growing gap between what AI systems can technically do and what pharma organisations are actually structured to receive, embed, and capitalise on. Closing that gap is not a data science challenge. It's a strategic leadership challenge — and it requires a fundamentally different approach than most pharmaceutical companies are currently taking.

## What Bad AI Strategy Looks Like in Pharma

Over the past two decades, I've had a close view of how AI strategy gets done in this industry, both from the outside in seeing failed projects that we were brought in to rescue, and through the work we do at Eularis. And I want to be honest about what "standard" looks like, because understanding it is essential to appreciating why a more rigorous approach matters so much.

Most pharmaceutical AI strategies fall into one of three failure modes.

The first is the *innovation theatre* approach: a portfolio of exciting pilots, each solving a bounded problem in isolation — a chatbot for medical information, an analytics tool for sales rep scheduling, a computer vision application in quality control. Each initiative may be technically sound. But without a unifying strategic architecture connecting them to the

organisation's five-year growth objectives, data infrastructure, governance model, and capability roadmap, they remain islands. They don't compound. They don't scale. They don't transform.

The second failure mode is the **competitor benchmarking trap**. Someone in the C-suite reads that a rival has deployed AI in clinical trial patient recruitment and saves an estimated 30% of trial costs. The decision is made to do the same. A use-case is copied rather than created. What this approach misses is that two pharmaceutical companies with different pipeline compositions, different data maturity levels, different therapeutic focus areas, and different organisational cultures will need fundamentally different AI approaches to generate equivalent — or superior — value. Copying competitors' AI initiatives is one of the most reliable routes to mediocrity we have observed.

The third failure mode is perhaps the most insidious: the **technology-first strategy**. This is where the selection of tools and platforms precedes any serious examination of strategic priorities. The infrastructure gets built, the vendors get selected, the implementation begins — and only then does the organisation attempt to reverse-engineer a business justification. The result is a technically functional system solving problems that may not be the organisation's most important ones.

What all three failure modes share is a missing foundation: a genuine, deeply analytical, holistically constructed AI strategic blueprint that starts from business reality and builds outward.

## Why Pharma Demands Something Different

Before going further, it is worth acknowledging that pharmaceutical organisations are genuinely unlike any other sector when it comes to AI adoption — and that the type of advisory partner a company chooses to work with matters enormously as a result. There are talented and committed people doing excellent work across every category of firm in this space. The question is not one of individual capability but of structural fit: whether the model a firm is built around is well-suited to the specific demands of pharmaceutical AI strategy.

Pure-play AI agencies bring genuine technical sophistication and a frontier understanding of what the technology can do — both real strengths. The structural challenge, for those without deep pharmaceutical sector experience, is that technical capability needs to be channelled through contextual understanding to generate strategic value, and that understanding takes years to build. Pharmaceutical organisations are complex, heavily regulated, culturally specific institutions with deeply embedded professional norms and a risk landscape that differs substantially from other sectors. Where that contextual depth is present, AI-specialist firms can be highly effective. Where it isn't, the distance between a technically elegant solution and one that is operationally deployable inside a pharmaceutical organisation can be significant.

Life sciences agencies that have invested seriously in AI capability bring a different and genuinely valuable combination: deep understanding of the pharmaceutical operating environment alongside growing technical fluency. The distinction worth drawing — and it applies unevenly across firms — is between AI-enhanced service delivery and enterprise AI strategy. The former means applying AI tools to improve the quality and efficiency of existing service lines: smarter content, better analytics, more efficient workflows. These are real contributions. The latter means designing the architecture by which an entire organisation identifies, prioritises, sequences, and embeds AI initiatives in service of its long-term strategic objectives. Both are legitimate offerings; they are not the same thing, and pharmaceutical organisations benefit from being clear about which one they are commissioning.

Large global management consultancies bring well-established strengths: rigorous analytical frameworks, significant boardroom credibility, and the ability to mobilise substantial resources. The structural challenge — inherent to

firms built to serve clients across every major industry — is one of depth versus breadth. Cross-sector frameworks are necessarily designed to travel, and the specific intersections of regulatory complexity, scientific culture, data architecture, and commercial strategy that define the pharmaceutical environment sometimes require adaptation that broad frameworks alone cannot provide. There is also a question of how AI value is framed at the leadership level: strategies that lead primarily with headcount rationalisation as the headline benefit tell only part of the story. In our experience, redirecting talented people toward higher-value work — freeing scientific staff from administrative burden, enabling commercial teams to operate with greater analytical depth — generates comparable cost efficiency alongside meaningful revenue growth, and does so without triggering the organisational resistance that displacement-focused narratives almost inevitably produce. The firms that frame AI value in this more complete way tend to achieve more durable results.

The regulatory environment alone introduces a layer of complexity that most AI frameworks simply aren't designed to navigate. An AI system influencing a promotional decision in oncology carries compliance implications that an equivalent system in retail would never face. The evidence standards that pharmaceutical scientists apply — rightly — to any new tool create adoption dynamics that can't be managed through standard change management playbooks.

Add to this the unique workforce dynamics: highly specialised scientific professionals whose sense of professional identity is deeply intertwined with their domain expertise, who perceive AI not merely as a new tool but as a potential challenge to the knowledge they've spent careers developing. The resistance this creates isn't irrational — it's an entirely understandable human response to a genuine paradigm shift. But it needs to be met with an approach that understands those dynamics specifically, not with generic organisational transformation templates.

The pharmaceutical value chain also spans an extraordinary range of use cases — from target identification in early discovery through to real-world evidence generation and patient support programmes after launch. AI applied across this chain must be coordinated. Priorities must be sequenced. Data generated in one function must be architected to create value in another. This level of integration demands a cross-functional strategic intelligence that goes far beyond function-by-function optimisation.

Then there is the board and investor dimension. Sixty-four percent of pharmaceutical investors are actively signalling expectations around AI integration — and they are asking increasingly sophisticated questions. When the board asks what your AI strategy is, the answer needs to be coherent, defensible, and aligned with the company's long-term value creation thesis. A collection of pilots, however impressive, is not a strategy.

## What a Genuine AI Strategic Blueprint Addresses

I am deliberately not going to detail the specific methodology we use at Eularis — our approach has been refined over more than a decade of work in creating pharma AI strategic blueprints, and represents a significant intellectual investment — but I can describe the territory that any serious AI strategic blueprint must cover, because the gaps in most existing approaches are instructive.

A credible blueprint begins with a rigorous analysis of where the organisation sits relative to its strategic objectives — not its AI objectives, but its core business objectives. This sounds obvious, but in practice it's the step most often skipped. AI should be a strategic enabler. That means understanding, in precise terms, what the organisation most needs to achieve over the next one-to-five years, where current capabilities are falling short, and where AI can generate the greatest leverage. This requires deep industry knowledge — genuine pharmaceutical commercial and clinical intelligence — not just AI technical expertise.

From there, a serious blueprint must address the AI deployment: not just the use cases, but the data and infrastructure needed to support them, the governance model required to manage them responsibly, the capability development plan needed to embed them in the organisation, and the change management approach needed to ensure adoption. These dimensions are interdependent. A brilliant use-case prioritisation built on a fragile data will collapse. A sophisticated governance framework that the organisation doesn't have the capability to operationalise will gather dust.

The governance dimension deserves particular emphasis in pharma, because the stakes of getting it wrong are uniquely high. AI governance in this sector isn't simply about preventing hallucinations or managing reputational risk — though both matter. It's about maintaining the trust of regulators, healthcare professionals, patients, and investors in systems that may directly or indirectly influence treatment decisions, commercial practices, and scientific outputs. Building governance frameworks specifically designed for the pharmaceutical context — rather than adapted from generic enterprise AI governance models — is not optional. It is foundational.

The blueprint must also address leadership and culture. This is where many AI initiatives, even well-funded ones, quietly unravel. AI is redefining what leadership means in practice — the requirement to lead alongside intelligent systems, to calibrate when to trust algorithmic recommendations and when to override them, to maintain human accountability in environments of increasing machine autonomy. These are skills that pharmaceutical leaders need to actively develop. And they need to be built into the strategic programme from the beginning, not bolted on as an afterthought.

Equally important — and surprisingly rare in AI strategy engagements — is rigorous financial modelling at the initiative level. Leadership teams cannot prioritise effectively on strategic rationale alone; they need to see the numbers. A serious blueprint therefore includes detailed financial models for each prioritised AI initiative, quantifying projected cost savings, operational efficiencies, and revenue uplift across realistic implementation timelines. Given our decades expertise in implementing AI in pharma and measuring impact of the initiatives, we have a unique understanding of the likely financial impact of specific AI initiatives in this industry. This matters for two reasons. First, it transforms the prioritisation conversation from one driven by enthusiasm or internal politics into one grounded in projected return — making it possible to sequence initiatives in a way that maximises compounding value over a three-to-five year horizon. Second, it gives the board and the finance function a credible basis for investment decisions, which is essential for securing the sustained organisational commitment that AI transformation actually requires. Strategies that cannot demonstrate their financial logic in concrete terms tend not to survive contact with the annual budget cycle.

Finally — and this is something most frameworks neglect entirely — a serious blueprint must address organisational alignment. The CEO's office, the board, commercial leadership, medical and regulatory functions, data and technology teams: each has a different relationship to AI, different anxieties about it, different incentives regarding it. A strategy that hasn't mapped and managed these dynamics before implementation begins will encounter a wall of resistance that no amount of technical excellence will get through.

## The Danger of the Generic Approach

The market for AI strategy advice has grown rapidly, and with it, a proliferation of frameworks that look compelling in a slide deck and deliver disappointingly little in practice. The consulting firms that have pivoted to AI strategy in recent years bring significant resources and well-polished methodologies. What many of them don't bring is deep, lived understanding of how pharmaceutical organisations actually work — the specific political dynamics of a global pharma senior leadership team, the particular anxieties of a regulatory affairs function confronting AI adoption, the commercial realities of a drug launch in a competitive oncology space.

There is a meaningful difference between a strategy built by people who understand pharma deeply and have been developing and refining their AI strategy approach specifically for this industry for over a decade — and one built by generalists applying a cross-sector template. That difference shows up not in the quality of the strategy document, but in what actually happens when the strategy meets the organisation.

I've seen well-intentioned AI strategies from well-resourced consultancies fail in pharmaceutical settings because the approach didn't account for the specific data sovereignty concerns in cross-border clinical operations, or because the governance model didn't map to how the particular company's regulatory function actually operated, or because the change programme underestimated the depth of scientific culture resistance in a research-led organisation. These aren't edge cases. They are the norm when the strategy isn't built specifically for the context it must operate in.

## What Transforms the Outcome

In the AI strategic blueprints we develop at Eularis, there are several dimensions that consistently separate the initiatives that achieve meaningful commercial impact from those that stall.

The first is the quality and specificity of the strategic analysis that precedes any AI initiative design. Not an assessment of AI readiness in general, but a highly specific, analytically rigorous understanding of where this particular organisation's greatest value creation opportunities lie — relative to its pipeline, its competitive position, its commercial model, its data assets, and its organisational capabilities. This is a level of tailoring that requires genuine pharmaceutical intelligence, not just AI expertise.

The second is the sequencing and integration of initiatives across the value chain. AI in pharma generates disproportionate value when initiatives compound — when the data generated in clinical development feeds into medical affairs, when patient insights from commercial activity inform pipeline decisions, when operational efficiencies created in manufacturing free resources for accelerated launch capability. Building this compounding architecture requires seeing the whole picture simultaneously, which is not how most pharmaceutical AI strategies are constructed.

The third is the rigour of the governance and compliance architecture. Not as a constraint on ambition, but as the foundation of trust that allows ambition to scale. Organisations that invest seriously in getting governance right from the beginning move faster in the long run, because they don't face the implementation brakes that governance gaps inevitably create.

The fourth is financial modelling — and it is one of the elements most conspicuously absent from standard AI strategy engagements. Leadership teams need to make real prioritisation decisions: which AI initiatives to fund first, which to defer, which to scale, and which to abandon. Making those decisions well requires more than a qualitative assessment of strategic fit. It requires rigorous financial analysis — modelling the projected cost savings and revenue impact of specific AI initiatives, stress-testing assumptions against realistic adoption curves and implementation timelines, and translating those projections into the commercial language that boards and finance committees actually use. At Eularis, we build detailed financial models for each prioritised AI initiative, quantifying both the efficiency gains and the revenue opportunities so that leadership can make investment decisions based on evidence rather than intuition. This changes the nature of the conversation at the top of the organisation entirely — from 'which AI initiatives feel most promising' to 'here is the expected return on each option, and here is the sequencing that maximises compounding value over a three-year horizon.'

The fifth — and the one most consistently underestimated — is the depth of the capability and culture programme. AI transformation in pharma is ultimately a human transformation. The tools are only as valuable as the leadership capacity and organisational culture that surrounds them.

## The Moment to Act Is Now

The pharmaceutical companies that will define competitive advantage over the next five to ten years are not necessarily the ones with the largest AI budgets or the most technically impressive systems. They are the ones that have built the most intelligent organisations around AI — organisations that can absorb, direct, and compound the power of these technologies in service of clear, ambitious, strategically coherent goals.

That requires a blueprint. Not a collection of use cases, not a vendor selection, not a technology roadmap — a genuine, holistic, pharmaceutical-specific AI strategic blueprint that connects AI capability to business outcome across every relevant dimension.

The window for building a durable competitive position is not infinite. The organisations moving deliberately and intelligently now are accumulating advantages in data, capability, governance maturity, and organisational confidence that will be difficult to replicate in two or three years. The question isn't whether to act — it's whether to act with the quality of strategic thinking the moment demands.

**That's precisely the question the Eularis AI Strategic Blueprint was built to answer.**

# AI investment without a blueprint is just expensive experimentation

If you're the executive sponsor in a pharma or biotech organisation and you can't answer these three questions cleanly, you don't have an AI strategy yet:

- What are we stopping?
- What are we prioritising next, and in what sequence?
- What will this deliver, and what must be true for it to scale safely?

**The longer AI runs as pilots, the more it becomes sunk cost, not compounding advantage.**

### Eularis runs a Board-Defensible AI Strategy Diagnostic Sprint

10 business days. Up to five stakeholder interviews.

Fee: USD 35,000. Credited in full to the Eularis AI Strategic Blueprint if you proceed within 30 days.

To apply, email [contact@eularis.com](mailto:contact@eularis.com) with:

- Your role (and whether you are the executive sponsor)
- What triggered this now
- The decision you need to make in the next 90 days
- The 3 to 5 stakeholders you want interviewed
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If you can't name an executive sponsor and a real 90-day decision, this won't be the right next step.

**Don't miss out, email us at [contact@eularis.com](mailto:contact@eularis.com) to apply today!**



## About the author: **Dr. Andrée Bates**

Dr. Andrée Bates is the founder and CEO of Eularis, and one of the world's foremost authorities on AI strategy in pharmaceutical and life sciences — having pioneered AI applications in the industry back in 2003, two decades before it became mainstream.

She has led hundreds of AI implementations across the pharmaceutical value chain for companies including Pfizer, Novartis, Roche, GSK, Merck, and AstraZeneca, delivering outcomes that include 1,000% efficiency gains, billions in additional revenue, and products that achieved blockbuster status in their first year. Her work spans drug discovery, clinical trials, regulatory affairs, market access, and commercial operations across six continents.

She holds a unique position as one of the few experts who can bridge the gap between data science teams and business leadership — the disconnect responsible for 87% of AI project failures. Dr. Bates serves as guest lecturer at INSEAD, Fordham University's Gabelli School of Business, Henley Business School, the University of Rhode Island, and St. Joseph's, and is an assessor for Innovate UK, evaluating AI-focused startup grants. She also hosts the podcast AI for Pharma Growth and has been recognised in Leading Women to Watch 2025 and the Women in AI Initiative.

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