

Claims Library Checklist

14 tests to find out whether your approved claims are a filing system or a strategic asset.

Ask your team for the latest approved version of a claim, with its evidence and reference. **If the answer takes longer than two minutes, or depends on someone remembering, your claims live in too many places.** Use this checklist to see where you stand and what to fix first.

EVERY APPROVED CLAIM IS LOCKED TO THREE PARTS

THE CLAIM

The exact approved wording on efficacy, safety, dosing or mechanism.

THE EVIDENCE

The figure, result or statement that substantiates it.

THE REFERENCE

The source, down to the page, table or line.

How to use it. Check every statement that is true today, not planned. Count your checks and find your stage on the last page.

Structure Is there one place, and is it built properly?

- ☐ **01 One source of truth holds every approved claim.**
Spreadsheets, PDFs and email threads each hold a different “approved” version.
- ☐ **02 Each claim is locked to its wording, evidence and reference.**
Separate any one of the three and review starts from scratch.
- ☐ **03 References point to the exact location in the source: page, table or line.**
Reviewers check a specific line, not a 40-page paper.
- ☐ **04 Claims are tagged by product, indication, claim type and market.**
Writers find the right claim in seconds instead of asking around.

Control

Can you trust what is in it, today?

- ☐ **05 Every claim has a full version history: what changed, when and who approved it.**
You can answer "which version did MLR sign?" without searching an inbox.
- ☐ **06 Approval status, expiry and re-review dates are visible on every claim.**
Out-of-date claims stop reaching new materials.
- ☐ **07 When a claim is updated or withdrawn, every live and pending material that uses it is flagged.**
A label update or competitor challenge is handled in one place, not hunted down asset by asset.
- ☐ **08 Global core claims can be adapted for local markets without losing the link to the original.**
Affiliates stay consistent with global, and changes flow down.

Use

Does it change how materials get made?

- ☐ **09 Writers and agencies build new materials from approved claims, not from a blank page.**
Review can focus on context and layout, not on re-checking the same data.
- ☐ **10 Every claim is mapped to the strategic objective it supports.**
You can see which objectives are well supported, and where the evidence is thin.
- ☐ **11 Medical, commercial and MLR work from the same record.**
One version of the truth ends the debate about whose spreadsheet is right.

Evolve

Does it get better over time?

- ☐ **12 New publications and data are flagged against existing claims.**
Claims get stronger as the evidence grows, instead of going stale.
- ☐ **13 Competitor claims are monitored alongside your own.**
The team sees the landscape before the next review, not after it.
- ☐ **14 Every suggested change goes through MLR before it is used.**
Automation speeds the work up. It never replaces review.

Your score

 Count your checks out of 14.

0 to 5

Scattered

Claims live in documents and inboxes. Start with 1, 2 and 5: one place, three locked parts, a version history.

6 to 10

Library

Controlled, but not yet strategic. Focus on 7, 9 and 10: impact flagging, reuse, and mapping to strategy.

11 to 14

Strategic asset

The library shapes what gets built. Keep 12 to 14 running so it stays ahead of the evidence and the competition.

Teams that move to a central claims library report faster reviews, because approved claims and references no longer need checking again in every piece. Veeva, for example, reports review cycle times up to 57% shorter. Source: veeva.com/resources/optimize-mlr-workflows-using-a-central-claims-library

Want help building yours?

I am currently building a claims library for a mid-sized pharma that started with spreadsheets, MLR PDFs and approval emails. If you would like to talk through what yours could look like, book a short call.

[Book a 20-minute call](#)

Or email humberto.fonseca@novahealth.pro · novahealth.pro

This checklist is a general guide. It does not replace your company's SOPs, MLR requirements or local regulations and codes of practice.