Evaluate
a norstella company

WORLD PREVIEW 2026

Comprehensive coverage of the pharma landscape with market analysis, deal data and forecasts to 2032.

World preview 2026: Big drugs. Bigger questions.

The World Preview is written by Melanie Senior

Drug sales growth is strong, M&A is back, venture is bigger. But US pricing and regulatory risk, over-crowding and a shifting global eco-system temper the mood.

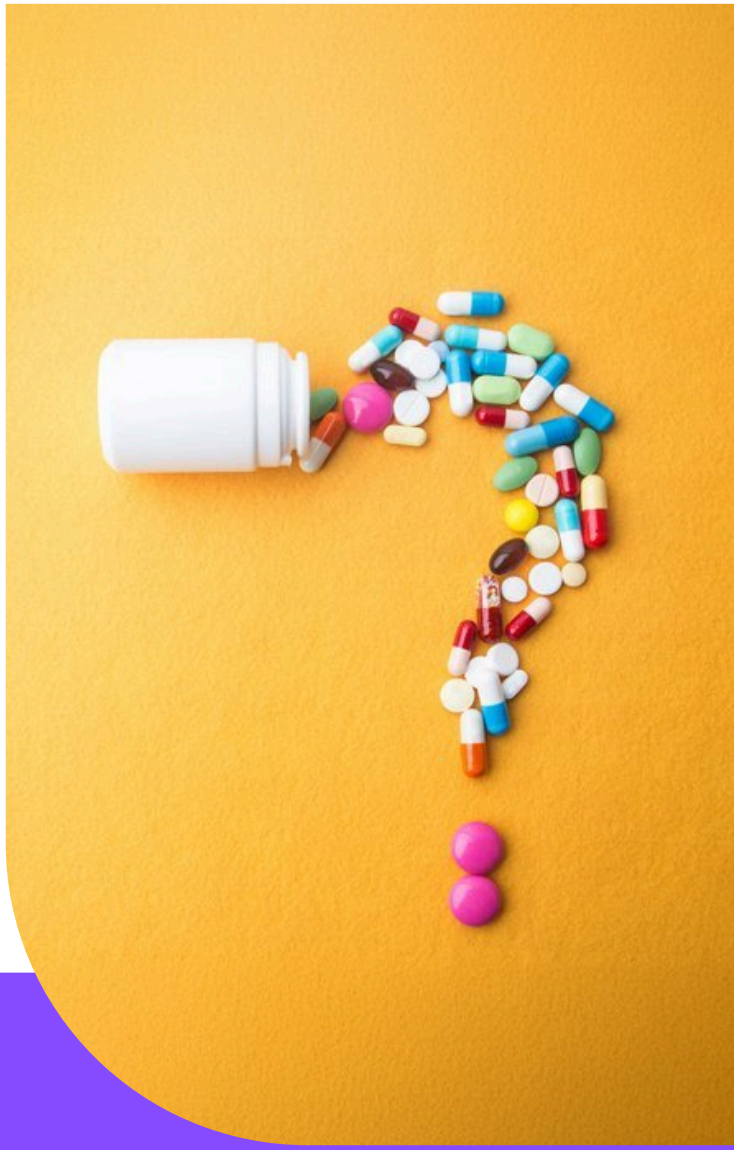
Drugs for obesity and inflammatory conditions will drive global pharmaceutical sales above $2 trillion in 2032. Five drugs will each sell over $20 billion that year; the top twenty together will account for almost a fifth of all sales.

The big drugs era continues. Pharma's hunt for de-risked, multi-indication assets is turbo-charging M&A. China is now the main source of licensing assets for Western pharma, and for a growing class of built-to-buy biotechs.

In the US, pricing pressure, policy tantrums, trade disruption and regulatory flip-flops are (almost) part of the landscape. Uncertainty has become a new normal.

> **Uncertainty has become a new normal.**

Yet as patents expire, global competition intensifies and margins are squeezed, pharma faces urgent questions. How to grow outside of crowded hotspots? How much to risk on novel science, versus greater convenience or cheaper manufacturing? Will tomorrow's most important payers value better-in-class more than new-class drugs, and how many of those payers will be in China?



Evaluate
a norstella company

BIG DRUGS, BIGGER MARKET

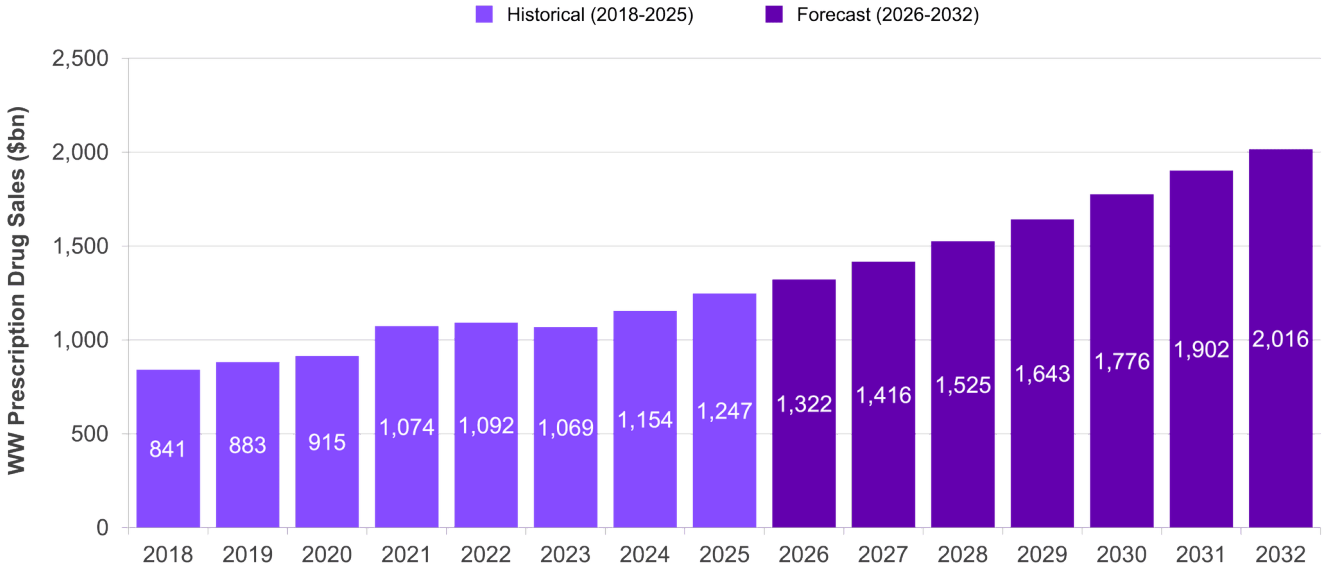
Big drugs, bigger market

Worldwide prescription drug sales will breach the $2 trillion mark in 2032, as compound annual growth between 2025-2032 tops 7%.

Tirzepatide: biggest drug ever

Much of this is thanks to a single active ingredient, tirzepatide – found in Eli Lilly's diabetes drug Mounjaro, and in Zepbound for obesity. Tirzepatide will be worth over $70 billion by 2032, making it the biggest drug ever – even more valuable than Pfizer/BioNtech's Covid-19 vaccine.

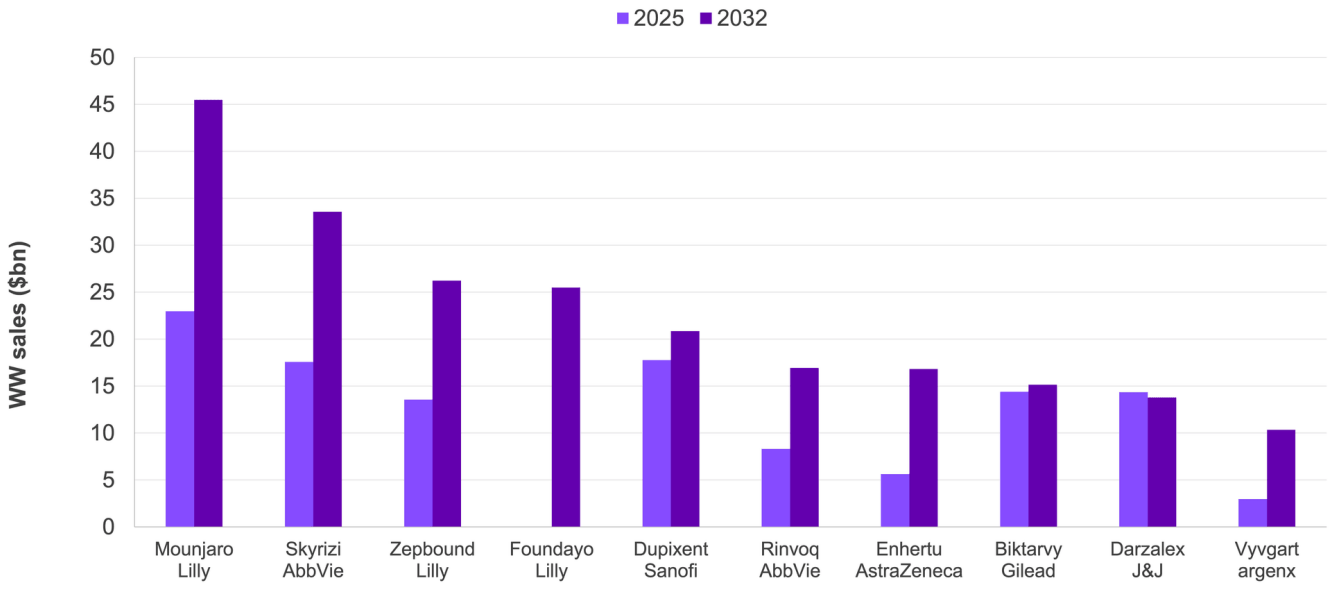
Figure 1: Worldwide total prescription drug sales (2018-2032)



> **Tirzepatide will be worth over $70 billion by 2032**

Mounjaro, Zepbound and a third Lilly drug, oral Foundayo (orforglipron), will make up nearly half of total 2032 sales of the top ten best-selling drugs. Lilly has two more contenders in the top ten most valuable R&D products, which could together be worth a further $10 billion that year.

Figure 2: Top 10 selling products worldwide in 2032



Lilly out-played one-time obesity/diabetes leader Novo Nordisk. Novo's Ozempic and Wegovy slip just outside the 2032 top ten best-sellers, due in part to their less potent weight loss effects (semaglutide targets only GLP-1; tirzepatide also hits another hunger-related hormone, GIP). Still, along with Novo's injectable Cagrisema, which combines semaglutide with amylin agonist cagrilintide, these three drugs will still together bring in over $25 billion in 2032 sales for the Danish pharma. (In 2020, the last full year before it was launched for obesity, semaglutide sold less than $4bn globally.)

After obesity: autoimmune

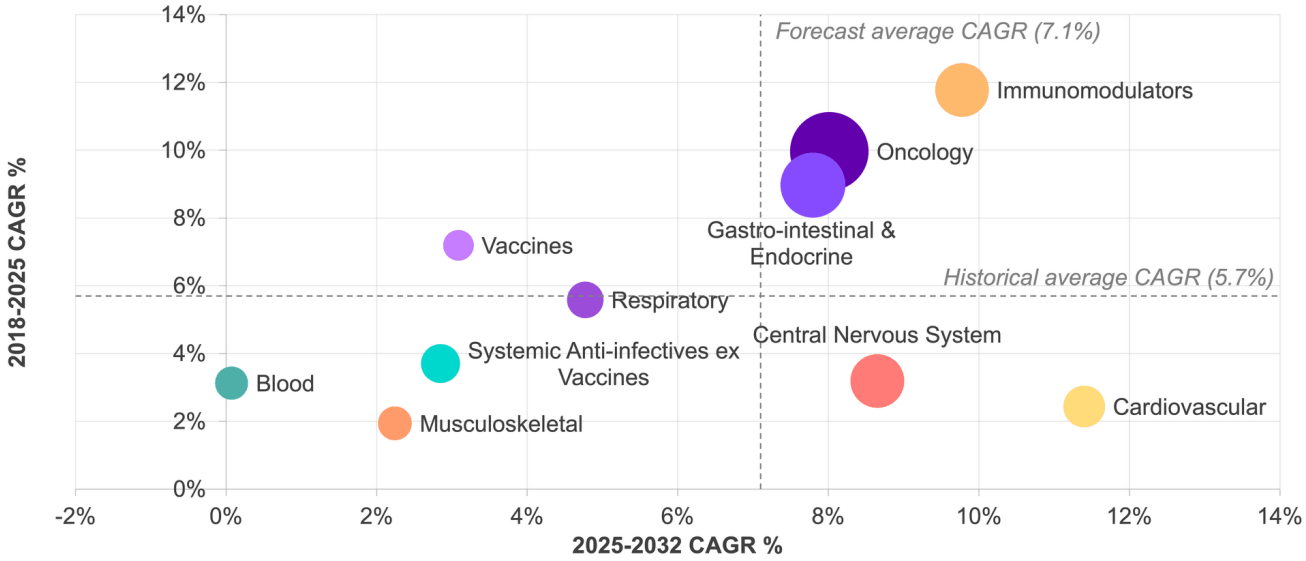
Only autoimmune disease drugs come close to rivalling Lilly's anti-obesity blockbusters, given their potential to treat dozens of conditions

driven by self-directed immune system attack. Immunomodulators are forecast to outgrow the metabolic/endocrine drugs through 2032, with over 9% CAGR. Among the top ten biggest therapy areas, only cardiovascular is forecast to grow faster, from less than half the sales base.

AbbVie's Skyrizi (risankizumab), an injectable IL-23 antagonist, will be the second-biggest selling drug in 2032, at over $33 billion. Its current indications are plaque psoriasis, arthritis, Crohn's disease and ulcerative colitis, but trials are underway in other types of psoriasis. More convenient dosing, rapid indication expansion and aggressive marketing have pushed Skyrizi well ahead of 18th placed Johnson & Johnson's rival Tremfya (guselkumab), forecast to sell $7.4 billion.

AbbVie has squeezed the pipeline-in-a-product credentials of oral JAK inhibitor Rinvoq (upadacitinib) even harder, with ten FDA-approved indications including rheumatoid arthritis and atopic dermatitis. This drug, ranked 6th in 2032 with just shy of $17 billion in projected sales, will grow at over 10% (CAGR) and climb five

Figure 3: 2032 sales and historic & forecasted CAGR by therapy area



Source: Evaluate Omnium (May 2026)

places: it is being studied in auto-immune skin conditions hidradenitis suppurativa and vitiligo, as well as in lupus (joint inflammation) and alopecia areata (hair loss).

Elsewhere in autoimmune, Sanofi's Dupixent (dupilumab) IL-13/IL-4 remains a familiar top ten name with projected 2032 sales of over $20 billion, pushed down the rankings since last year's forecasts by Lilly's Foundayo. Argenx's Vyvgart (efgartigimod alfa), sold for rare neuromuscular autoimmune disorder myasthenia gravis, places tenth with $10.3 billion in forecast 2032 sales; adding subcutaneous formulation Vygart Hytrulo would place the franchise in eighth with a combined $15 billion sales.

ADC reaches top ten

The highest-placed oncology candidate in 2032 will be Daiichi Sankyo/AstraZeneca's antibody drug conjugate Enhertu (trastuzumab deruxtecan). It climbs to seventh place as its approved indications expand to first-line HER2-positive breast cancer and HER2-low breast cancer.

Its success helps explain frenzied dealmaking for ADCs and other conjugate modalities, as developers seek new payloads, more stable conjugation and novel targets. Notable recent deals include Gilead's $3.15 billion acquisition of Tubulis in April 2026, and Roche's repeat-partnership, worth $570 million up-front, with MediLink Therapeutics for ex-Greater China rights to a Phase 2 ADC.

Sales of Johnson & Johnson's multiple myeloma drug Darzalex (daratumumab) are forecast to slow to just under $14 billion by 2032 as generics and newer immunotherapies arrive.

> **Rare disease drugs like Darzalex and Vyvgart hold significant value**

Figure 4: Worldwide prescription drug sales in 2032 (top 10 companies)

Source: Evaluate Pharma© (May 2026)

Rare disease drugs like Darzalex and Vyvgart hold significant value, even amid the wider shift toward big diseases. (See Orphan Drugs Report) Vertex's cystic fibrosis drug Alyftrek (deutivacaftor/tezacaftor/vanzacaftor) and Alnylam's Amvuttra (vutrisiran), used to treat transthyretin-mediated amyloidosis, a rare metabolic disorder, are projected to be, respectively, the 12th and 14th top-sellers in 2032.

Eli Lilly: a league of its own

By 2032, Lilly will be selling over $137 billion worth of drugs annually, almost 60% more than next-biggest AbbVie. Lilly will grow more than six times as fast as its most sluggish top ten peers, including Merck (dragged down by Keytruda's patent loss), Novartis (missing from the hottest therapy areas), and Novo Nordisk.

> **By 2032, Lilly will be selling over $137 billion worth of drugs annually**

AbbVie's anti-inflammatory duo Skyrizi and Rinvoq will drive almost 6% CAGR and over $86 billion in 2032 sales. Dupixent helps make Sanofi the biggest upward mover, rising three ranks (since last year's forecasts) to 6th in the top ten company rankings.

PIPELINE'S MOST VALUABLE BETS

Pipeline's most valuable bets

Obesity, oncology tango in most valuable R&D

The most valuable pipeline contenders reflect the obesity craze and the quest for pan-cancer blockbusters, featuring popular modalities like bispecific antibodies, next-gen protein degraders and molecular glues.

Top of the pile is Summit Therapeutics / Akeso's bispecific antibody ivonescimab, a dual PD-1 and VEGF inhibitor. It has been making waves since 2024 when it bested Merck's blockbuster PD-1 inhibitor Keytruda (pembrolizumab) in a Chinese non-small cell lung cancer study. Approved in China in 2024 as Idafang and filed at FDA with a November 2026 PDUFA date, the antibody's NPV is over $25 billion, and its projected 2032 sales are $8.5 billion.

Summit and Akeso want a cornerstone oncology therapy that can displace Merck's blockbuster and forthcoming Keytruda biosimilars. Ivonescimab's US filing is supported by a placebo-based trial, but all eyes are on international studies, like Harmoni-3, that pit the drug against Keytruda among patients in the US, Europe and Asia. (An interim analysis miss in Harmoni-3 in May 2026 sent Summit's shares tumbling, but the significance threshold was high.)

Meanwhile, Merck's own life-cycle-extending, subcutaneous Keytruda Qlex is projected to be within the top 20 2032 best-sellers with $8.6 billion in forecast annual sales.

Lilly's 'triple-G' next-gen obesity candidate retatrutide has the highest peak sales ($23 billion) of the most valuable R&D cohort. The US pharma's injected amylin receptor agonist eloralintide is in 5th ($17bn). Amgen is hoping for a piece of the action with third-placed MariTide, a once-monthly GLP-1 agonist/GIP antagonist. But it will face oral alternatives and Lilly's stronghold: the US pharma will by then likely have five $17-billion-plus obesity options, including oral Foundayo.

> **Lilly's 'triple-G' next-gen obesity candidate retatrutide has the highest peak sales**

Figure 5: Top 10 most valuable R&D projects (ranked by net present value)

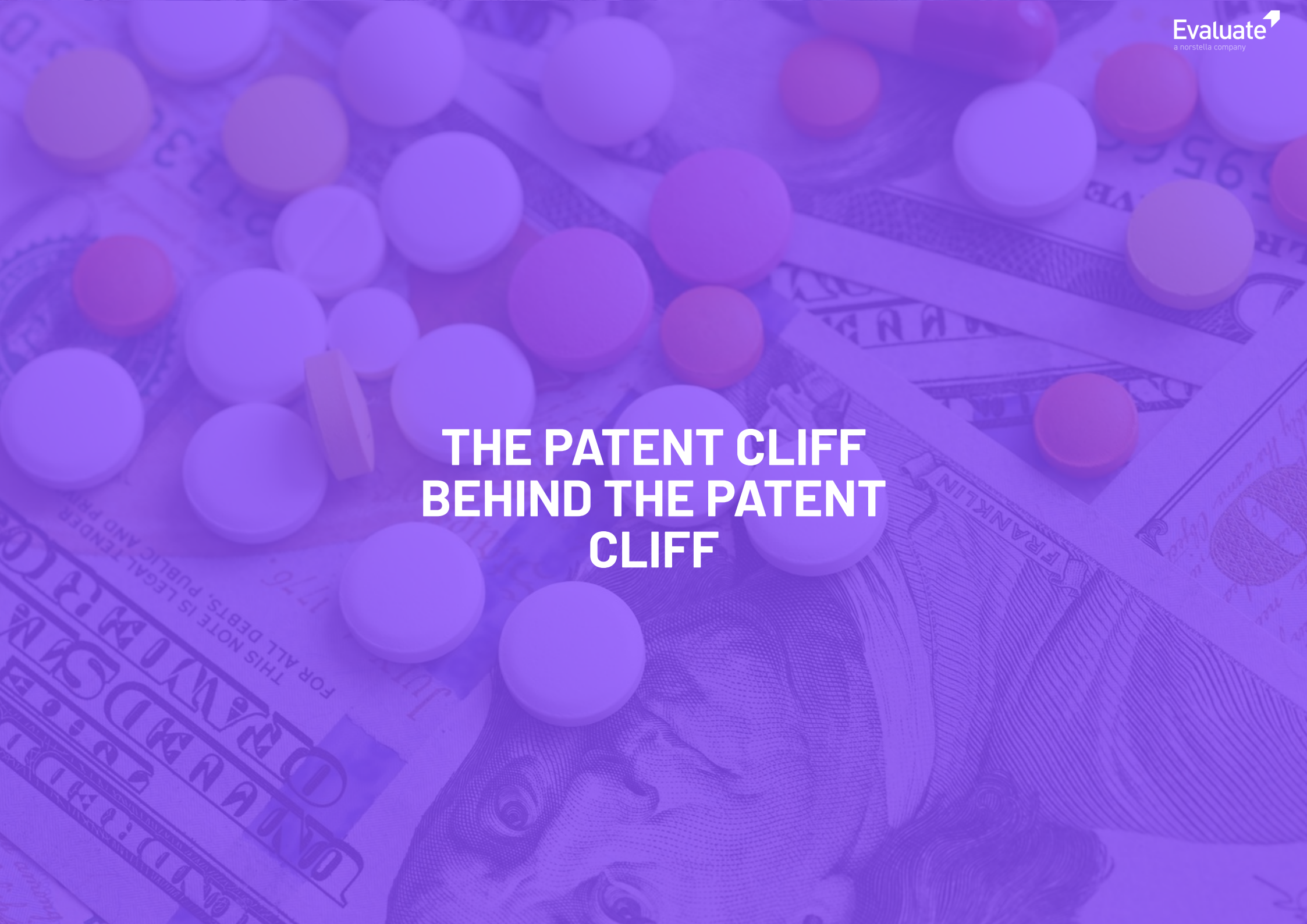
Source: Evaluate Omnium© (May 2026)

Product	Company	Therapy area	WW product revenues ($bn) 2032	Today's NPV ($bn)
Idafang	Summit Therapeutics + Akeso Pharma	Oncology	8.5	25.2
Retatrutide	Eli Lilly	GI & Endocrine	5.9	22.2
MariTide	Amgen	GI & Endocrine	4.6	17.7
Giredestrant	Roche + Chugai Therapeutics	Oncology	4.3	17.6
Eloralintide	Eli Lilly	GI & Endocrine	3.9	16.9
Imeroprubart	Immunovant + Roivant Sciences + HanAll BioPharma	Immunomodulators	5.1	16.9
Daraxonrasib	Revolution Medicines + Undisclosed Partner Sales	Oncology	5.5	16.9
Povetacicept	Vertex Pharmaceuticals + Zai Lab + Ono Pharmaceutical	Immunomodulators	3.5	15.8
VAX-31	Vaxcyte + Sutro Biopharma	Systemic Anti-infectives	4.8	15.4
Librexia	Bristol Myers Squibb + Johnson & Johnson	Blood	3.6	15.0
Top 10			50	**179.5**
Others			400	**1,084.6**
Total			449	**1,264.1**

Roche's breast cancer candidate giredestrant, a next-gen selective oestrogen receptor degrader (SERD), places fourth with an NPV of over $17 billion. The drug is shown to reduce the risk of breast cancer recurrence versus earlier-generation hormone therapies like tamoxifen and is more tolerable.

Revolution Medicines' daraxonrasib's forecast $21 billion peak sales come from its potential to address multiple RAS-based mutations. The compound is in development for several RAS-mutated tumors including NSCLC, colorectal cancer and pancreatic ductal adenocarcinoma. The 'molecular glue' drug binds to a helper protein and physically blocks signaling by RAS proteins in the active "on" state they are permanently in when mutated (older drugs hit them in the "off" state) and can shut down multiple common variants.

The two autoimmune disease contenders in the top ten most valuable R&D ranks are Immunovant/HanAll Biopharma's imeroprubart, a subcutaneously administered neonatal Fc receptor blocker coming after Argenx's Vyvgart franchise, which includes subcutaneous Hytrulo, and Vertex / Zai Labs' povetaticept. The latter is a fusion protein that blocks two B-cell regulating cytokines and has accelerated approval for rare B-cell mediated kidney disease immunoglobulin A nephropathy (IgAN).



THE PATENT CLIFF BEHIND THE PATENT CLIFF

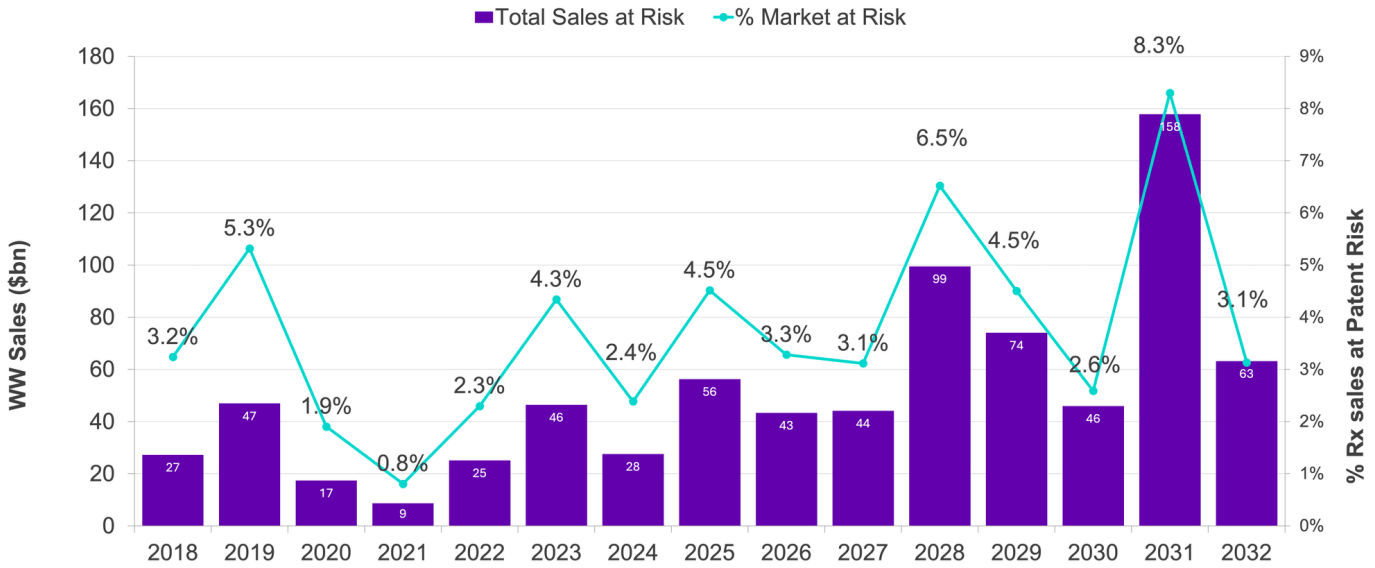
The patent cliff behind the patent cliff

Merck, AbbVie most exposed to patent loss

Loss of exclusivity on major products has boosted pharma M&A for the last several years. The cycle will continue as big drugs get bigger and competition intensifies. The percentage of prescription drug sales at risk from patent expiry is projected to rise to 6.5% next year, and to ramp up to over 8% in 2032. Cumulatively, more than $500 billion in sales are potentially at risk from generic competition between 2026 and 2032.

Cumulatively, more than $500 billion in sales are potentially at risk from generic competition between 2026 and 2032

Figure 6: Worldwide sales at risk from patent expiration (2018-2032)



Source: Evaluate Pharma© (May 2026)

Merck is most exposed near term, as Keytruda approaches expiry in 2028. AbbVie will face a sharp risk increase early next decade when Rinvoq (2033) and Skyrizi start to lose protection.

Accordingly, Merck and AbbVie have, alongside Eli Lilly, been the biggest M&A spenders over the last two years.

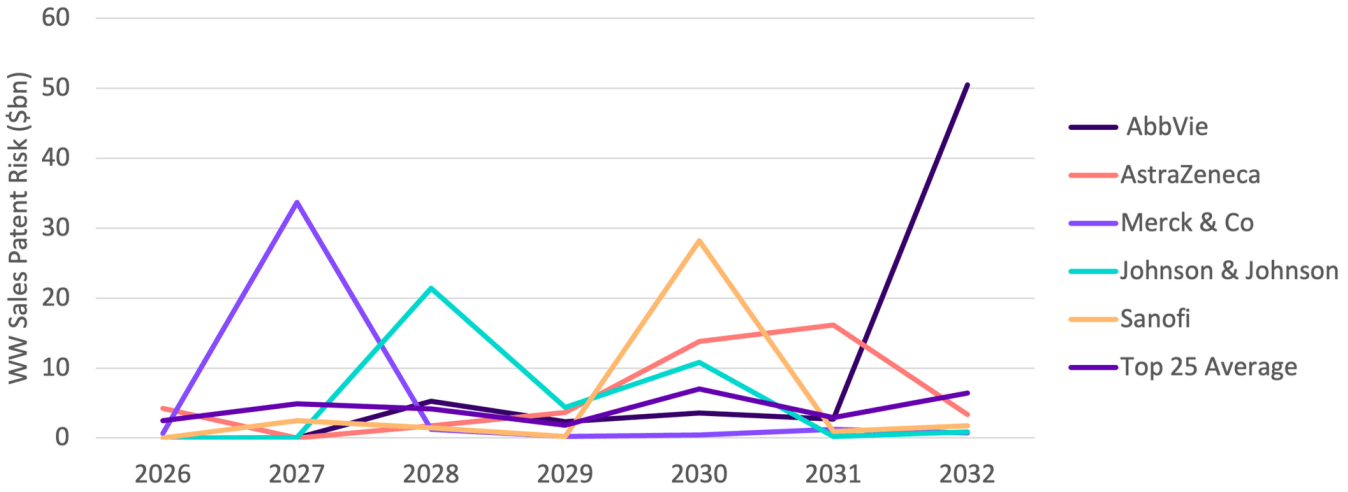
Company	Total deal value ($bn)	Number of deals since start of 2024
Merck & Co	30.9	6
Eli Lilly	27.2	9
AbbVie	22.3	4
J&J	20.4	4
Sanofi	16.1	5
AstraZeneca	6.8	5

Johnson & Johnson, Sanofi and AstraZeneca are also in the firing line.

J&J's risk ramps up 2027/28 as cancer drugs Imbruvica (sold with AbbVie) and Darzalex approach patent end. Sanofi's cholesterol-lowering Praluent and anti-inflammatory Dupixent may face competition in 2029/30.

A clutch of significant AstraZeneca drugs face expiries early next decade, including Imfinzi, Tagrisso and Calquence for cancer, diabetes drug Farxiga and lupus therapy Saphnelo. Patents on

Figure 7: Top 5 companies most at risk of 1 year sales loss from patent expiry



Source: Evaluate Pharma© (May 2026)

breast cancer ADC Enhertu, whose profits are split with Daiichi Sankyo, weaken from 2033.

Obesity blockbusters will start to face competition next decade, starting with Novo Nordisk's Ozempic. Mounjaro will come under pressure in the mid-2030s, by which time other top drugs like Dupixent, Biktarvy and Trikafta will also potentially be exposed.


Evaluate
a norstella company
DEALS BACK ON

Deals back on

M&A momentum returned in late 2025 and early 2026, as patent-exposed buyers adjusted to the 'new normal' of uncertain economics, geopolitics, policy and regulation. **(See Adjusting to Uncertainty)**

At the current pace, full year M&A totals could approach $200 billion. So far only one deal announced in 2026 – Sun Pharma's acquisition of women's health focused Organon – has topped $10 billion. (Merck allegedly looked at acquiring Revolution Medicines, with its most-valuable pipeline contender daraxonrasib, at a price reported to be in the $30 billion range.)

Five deals so far this year have exceeded $5 billion in committed up-front cash, though, including Merck's $6.7 billion acquisition of Terns Pharmaceuticals and its oral allosteric BCR-ABL tyrosine kinase inhibitor (TKI) in Phase 1 / 2 for chronic myeloid leukemia. Early data suggests the candidate may be more effective than Novartis' Scemblix (asciminib).

Several of 2026's deals focus on CAR-T therapies' potential not only in cancer but in autoimmune diseases, where they deplete disease-causing B cells. The large size of the autoimmune disease market has drugmakers flocking to find next-generation CAR-T technologies and alternative, potentially more convenient modalities. Current CAR-T cell medicines involve cumbersome cell extraction and re-infusion, which has limited access and sales. Newer in vivo CAR-T methods involve editing T-cells inside the body.

In vivo CAR-T technology drove Lilly's acquisitions of oncology-focused Kelonia Therapeutics in April, and a smaller deal for autoimmune disease focused Orna Therapeutics in February. It also drove AbbVie's $2.1 billion Capstan acquisition last year. Gilead Sciences this year bought Arcellx to gain control of Phase 3 ex vivo CAR-T therapy candidate anito-cel for multiple myeloma but Arcellx' technology may be applied to in vivo programs.

Figure 8: Top M&A deals announced in 2026, by total deal value

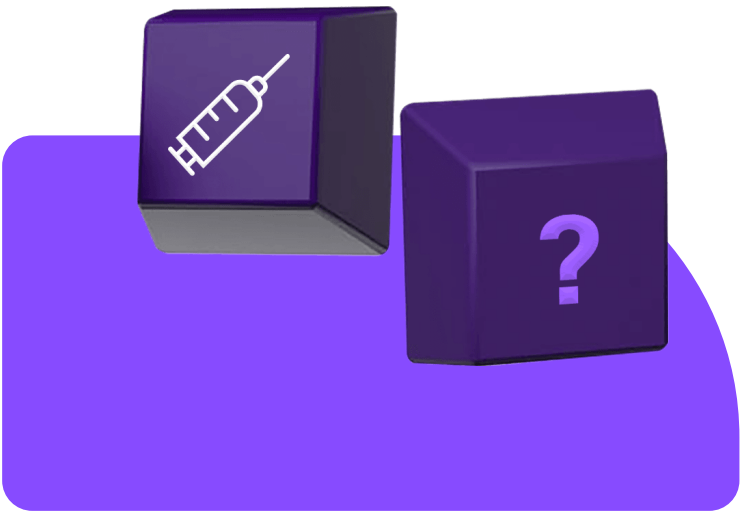
Month of deal announcement	Acquiring company	Target company or business unit	Deal value - $bn (up-front)	Main therapy area / modality
April	Sun Pharmaceutical Industries	Organon	11.75	Women's health (biologics)
March	Eli Lilly	Centessa Pharmaceuticals	7.8 (6.3)	Neuroscience (small mol)
February	Gilead Sciences	Arcellx	7.8	Onc/autoimmune (CAR-T)
April	Eli Lilly	Kelonia Therapeutics	7.0 (3.25)	Onc/autoimmune (in vivo CAR-T)
March	Merck & Co	Terns Pharmaceuticals	6.7	Oncology (small mol)
March	Biogen	Apellis Pharmaceuticals	5.6	Rare autoimmune (peptide)
April	Gilead Sciences	Tubulis	5.0 (3.15)	Oncology (ADC)
May	Angelini Pharma	Catalyst Pharmaceuticals	4.1	Rare neurology (small mol)
March	Novartis	Pikavation Therapeutics	3.0 (2.0)	Oncology (small mol)
April	Neurocrine Biosciences	Soleno Therapeutics	2.9	Rare genetic (small mol)

Source: Evaluate Pharma© (May 2026)

This activity contributes to an anticipated growth surge for gene-modified cell therapies at the start of the next decade.

T-cell engagers offer an alternative B-cell depleting modality in autoimmune diseases. That's why UCB bought TCE-focused Candid Therapeutics in May 2026 for $2 billion up front, months after Gilead bought Ouro Medicines for $1.7 billion up front.

Lilly's $7.8 billion Centessa buy underscores appetite for clinical-stage assets in areas beyond autoimmune diseases and cancer. Orexin receptor 2 agonist cleminorexton is in Phase 2 for narcolepsy, a sleep disorder. Centessa has other programs, too: it was created in 2021 by VC firm Medicxi by assembling assets from several smaller biotechs.



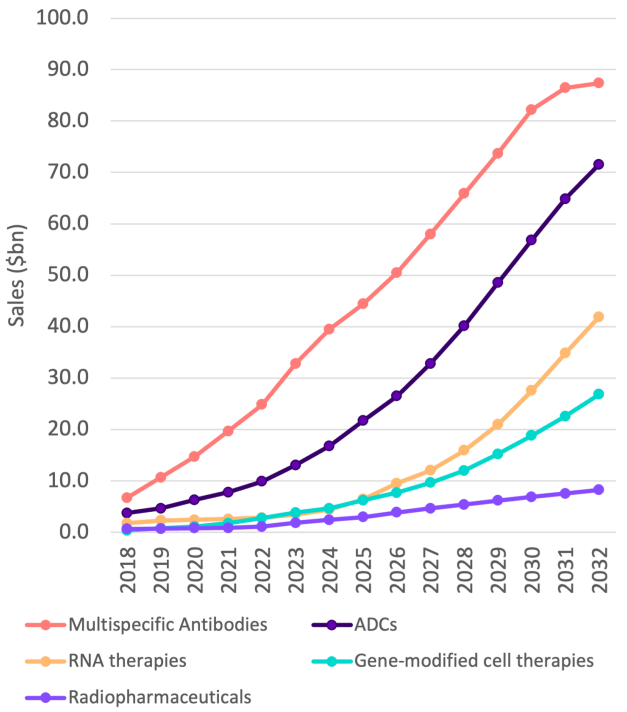
Two large deal announced at the end of 2025 – Merck's $9.2 billion Cidara acquisition, and Novartis' $12 billion Avidity buy - display new conjugate modalities. Cidara conjugates antibody fragments (Fc) to anti-viral drugs, creating "drug-Fc-conjugates", or DFCs. Its lead is in Phase 3 as a preventative flu medicine. Avidity makes antibody-oligonucleotide-conjugates for rare genetic neuromuscular disorders, marking ADCs' expansion beyond cancer.

Among new generation modalities – beyond conventional small molecules, 'simple' antibodies or peptides - the top three by sales are multi-specific antibodies, ADCs and RNA therapeutics.

Most Big Pharma are still chasing big drugs. Pfizer's $7.3 billion deal for obesity-focused Metsera in late 2025 followed a fierce bidding war with Novo Nordisk. Deals like this explain massive funding rounds for newly created obesity-focused biotechs like Sidera Bio ($109 million) Alveus Therapeutics ($197 million) or Verdiva Bio ($411 million), many with assets licensed from China.

With a still-fragile IPO market, VCs are building

Figure 9: Worldwide sales by modality



Source: Evaluate Pharma© (May 2026)

biotechs around best- or better-in-class drugs with early clinical data that, with further development, are most likely to attract buyers. One VC describes the playbook: "Look at what pharma has acquired recently, and how many [frustrated buyers] were left at the altar. Then go to China and find another similar asset."

With a still-fragile IPO market, VCs are building biotechs around best- or better-in-class drugs

China: product supplier

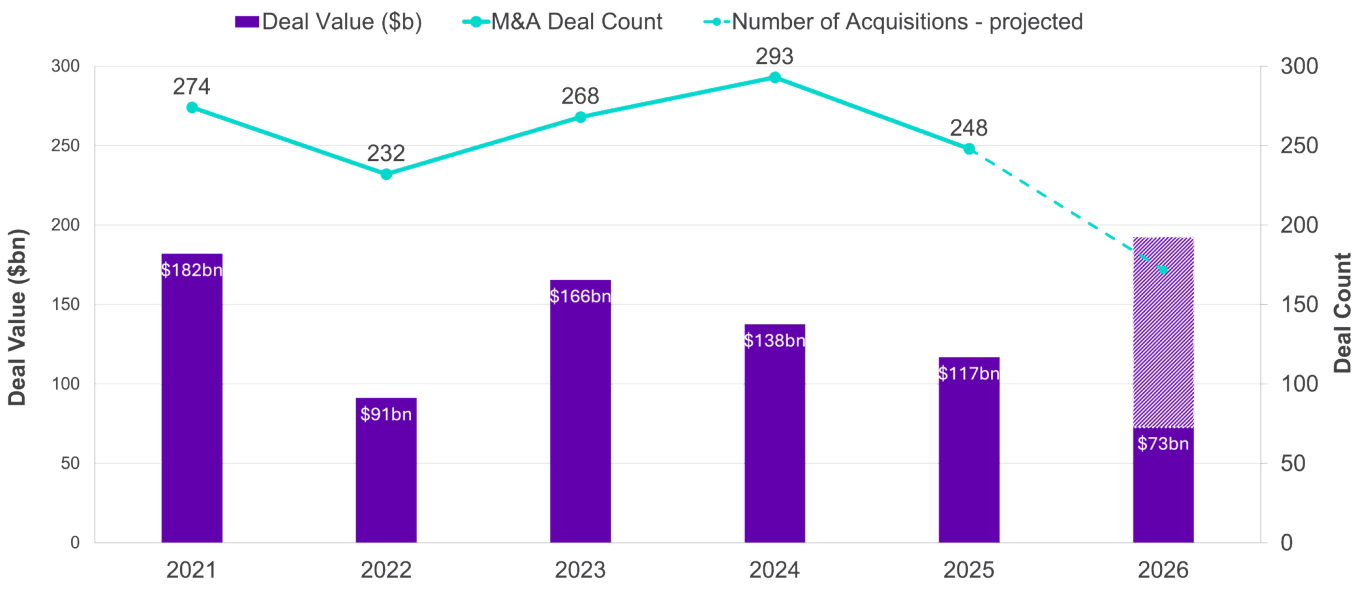
Licensing deals, as a result, are more China-focused. They are also richer and fewer in number.

Combined up-front licensing deal payments of almost $5 billion across 123 deals in the first four months of 2026 look unremarkable. What stands out is that Chinese assets will likely make up more than two-thirds of total deal value in 2026, up from 42% in 2025 and less than 5% just five years ago.

China is now a key global asset supplier, providing GLP-1-related compounds, multi-specific and conjugate antibodies and, increasingly, discovery technologies to the West. China's biotechs are fast, efficient and increasingly best-in-class.

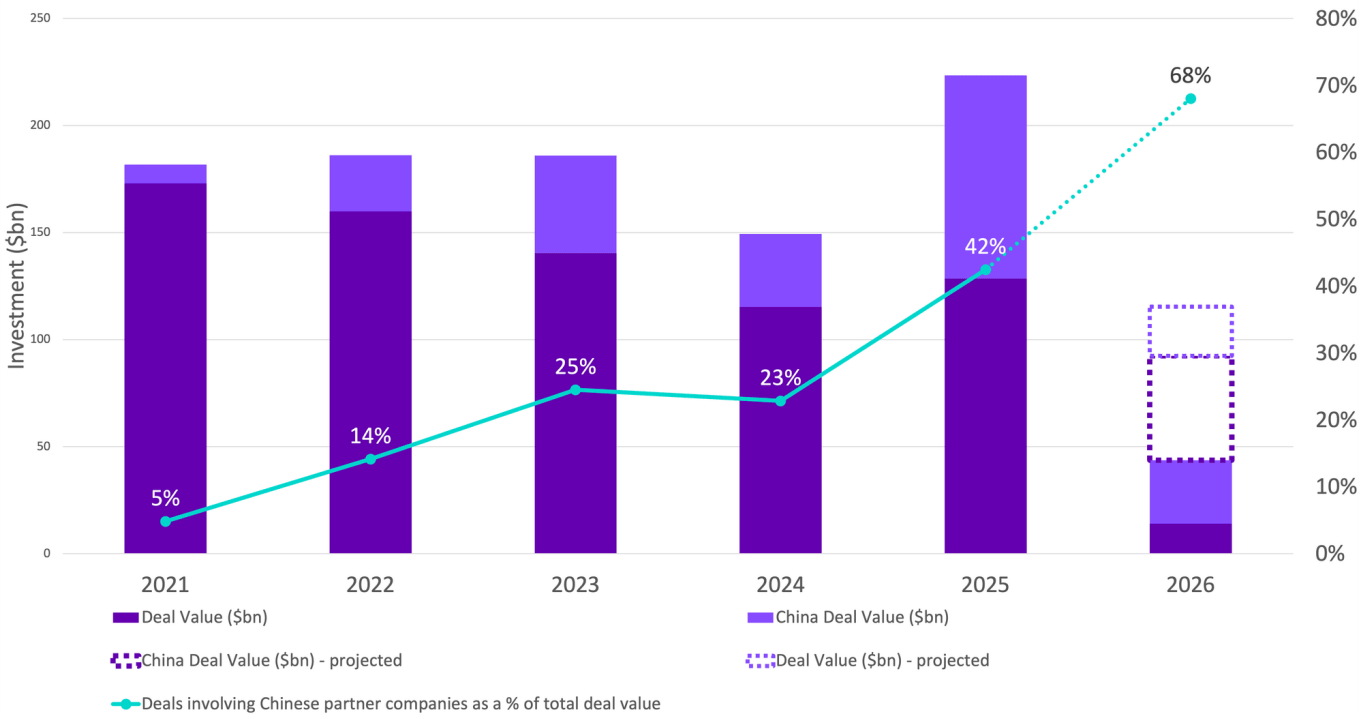
Landmark deals include Takeda's multi-asset arrangement with Innovent in late 2025 for global co-development rights to a bispecific antibody, ex-Greater China rights to a late-stage ADC, and an option on a bispecific ADC. AstraZeneca's obesity-focused CSPC Pharmaceuticals partnership, in January 2026, brought the Big Pharma similar territory rights to eight programs including a long-acting GLP-1/GIP receptor agonist, and access to CSPC's discovery platform.

Figure 10: M&A deal values (2021 – 2026)



Source: Evaluate Pharma© (May 2026)

Figure 11: Global and China product deal values 2021-2026



Source: Evaluate Pharma© (May 2026)

Both involved $1.2 billion in up-front payments.

Some deals are repeat business: AstraZeneca and CSPC have partnered three times. Roche returned to MediLink Therapeutics in January 2026 for ex-Greater China rights to an ADC in Phase 2 in China for lung and nasopharyngeal cancers, having licensed another ADC from the Chinese firm two years earlier.

Adjusting to uncertainty

Pharma is learning to deal with US President Trump's see-sawing policy threats but cannot escape pricing pressure. Bigger firms have escaped 100% tariffs on US imported pharmaceuticals by agreeing to build local manufacturing plants, or by signing up to Most Favored Nation (MFN) pricing deals. Other countries including the EU, Switzerland and the UK have struck trade deals in exchange for lower or no tariffs.

Most Favored Nation pricing, launched by executive order in 2025, pegs US drugs prices to those in similarly wealthy countries in Europe, or Japan. It means companies will likely limit ex-US drug sales by either not launching at all, or by launching with US-level prices, leading to more limited coverage. The policy comes on top of Inflation Reduction Act laws from 2022 that force Medicare negotiated prices on the highest-selling US drugs after 9 or 13 years on market (for small molecules and biologics, respectively).

Constrained US drug pricing comes alongside FDA turmoil – so much turmoil that it, too, is becoming part of the landscape.

The latest head to roll is that of Commissioner Marty Makary, leaving a further leadership vacuum alongside those at the top of FDA's drugs (CDER) and vaccines/cell therapy (CBER) review divisions. "Acting" rather than permanent directors are likely through the rest of 2026, leaving little visibility on reform items such as around clinical trials and accelerated review pathways. FDA's loss of experienced staff and capabilities may not impact all pharma firms immediately.

But, like tariffs, it is not good news.


Evaluate
a norstella company
BIGGER QUESTIONS

Bigger questions

Question one: How fast will China go global?

Behind these robust growth figures lie big questions for pharma.

One is how quickly China will shift from supplier to collaborator/competitor.

Today's value chain has European and US biotechs elucidating novel biology, China supplying high-quality assets and accelerating them to the clinic, and Western Big Pharma designing and running global clinical trials.

But China's biopharma industry will not remain suppliers for long. Already, intense local competition is forcing the country's biotechs to seek differentiation through innovative science and/or global expansion. China's pharmaceutical firms want to go global, too.

In May, Jiangsu Hengrui Pharmaceuticals, China's largest listed pharma firm, signed a wide-ranging partnership with Bristol Myers Squibb in which the companies will jointly discover, develop and/or commercialize drugs for cancer and immunological disorders. BMS paid Hengrui $600 million up-front for ex-China rights to certain assets, and to leverage Hengrui's R&D efficiency through early clinical development.

Some biotech investors view China's rising industry as a threat to the West. China-Western licensing deals may indeed undercut some Western-built biotechs: if pharma can access assets directly from China, why pay for them packaged inside a start-up?

Working with and learning from China will likely prove more fruitful over the long-term than shutting it out. Western biopharma needs greater R&D speed and efficiency in the face of tighter margins. "The cheaper and faster we can develop drugs, the more resilient the sector is to price controls and other headwinds," says one US-based VC.

In other words, China could be part of the answer to US drug pricing policy.

> **China could be part of the answer to US drug pricing policy**

But only if geopolitics allow: a draft report circulating in the US House of Representatives proposes limiting FDA from considering Chinese clinical trial data in support of investigational new drug (IND) applications. The mere existence of that report – even if it is unlikely to become law – suggests that Western pharma must boost R&D efficiency on its own.

Question 2: Are smaller, less risky pipelines enough?

Global pharma R&D spending growth is slowing. R&D spend as a share of global prescription drug sales is projected at 18% in 2032, down from 24% in 2025.

The drop might reflect greater efficiency - as many (or more) drugs, for less money. But it also reflects shrinking pipelines. Data from Citeline and Pharmaprojects shows 40% fewer new projects entering the collective pipeline over the last five years.

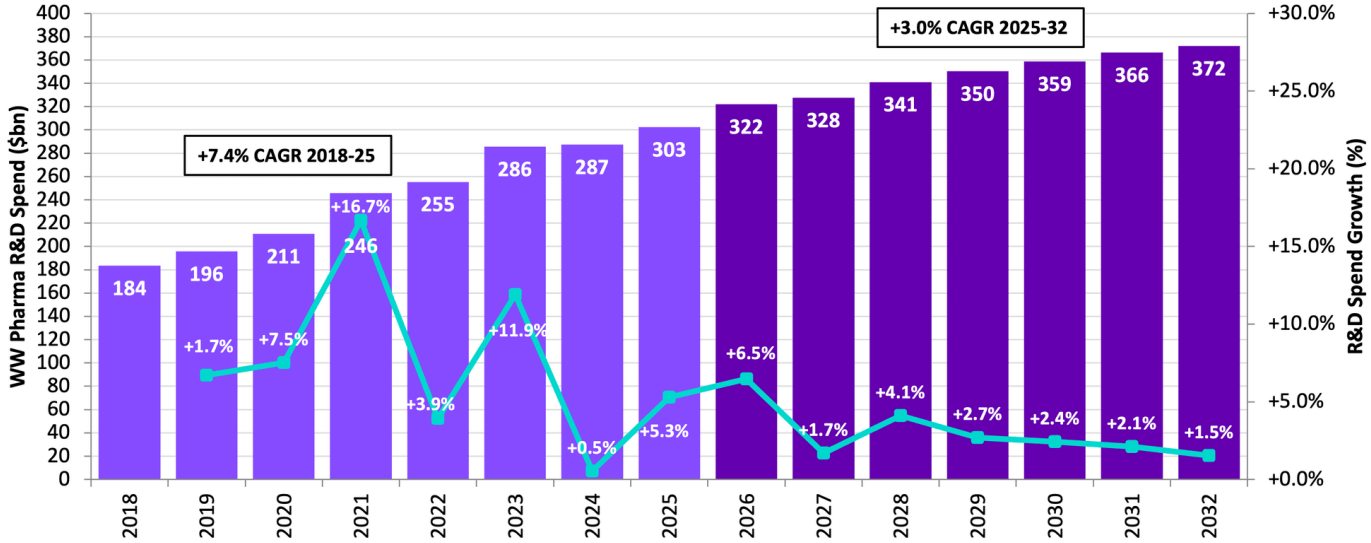
Input numbers do not matter if output value continues to grow. AI-powered drug design tools are helping optimize molecules for clinical success, though it is too soon to see the downstream effects. But output value ultimately depends on commercial success, which is harder to achieve in very competitive fields.

Global uncertainty has driven many companies toward less risky assets in popular places. Many next-generation obesity assets (and others) are about convenience and tolerability, rather than greater efficacy. Convenience and tolerability are valuable differentiators, especially as direct-to-consumer drug purchasing channels gain traction in the US.

Global uncertainty has driven many companies toward less risky assets in popular places

But incremental improvements may not be enough to sustain the industry over the longer term. There are already signs across venture and M&A that the risk pendulum is swinging back (riskier deals tend to be earlier, and smaller, so less prominent).

Figure 12: Worldwide total pharmaceutical R&D spend in 2018-2032



Question 3: What will tomorrow's payers want?

Ultimately, pharma and biotech need innovation and efficiency, not only to face up to tighter US pricing, but also in anticipation of a more significant commercial market in China.

China is gradually shifting to move market-oriented pricing, including (relatively) higher prices for innovative drugs. A new commercial drug catalog allows higher prices for innovative drugs, thereby encouraging some Western-developed products to launch in China.

China will not change overnight: volume-based, low-price drug procurement dominates across the country's hospital system. But documents published earlier this year formalize the Chinese government's commitment to premium launch pricing for differentiated drugs, and to maintaining these prices.

> **Documents published earlier this year formalize the Chinese government's commitment to premium launch pricing**

As Western pharma re-think pipeline profiles in the face of US pricing, policy and regulatory upheaval, over-burdened health systems and cost-of-R&D challenges, they must also think about tomorrow's payers. What kinds of products will they prioritize? What will the mix of government-, employer- and patient (private)-payers be? And where will the most relevant payers be located?

"If the [prescription drugs] market bifurcates into a domestically supplied US system with the rest of world [including Europe] supplied by China at a lower cost, we want to be able to access both," says one healthcare investor.

HOW WE HELP

Forecasting & market sizing

Evaluate's suite of forecasting solutions enables you to make confident investment, partnering, and commercial decisions. Gold-standard consensus forecasts provide an unmatched view into your markets, while custom forecast models, and proprietary analogs enable you to develop informed forecasts for your key assets. The result? A comprehensive view of the market – and your place in it.

LEARN MORE

Business development & licensing

Every deal is different and requires a clear view of potential partners, comparable deals, and market potential. To support you, we go beyond asset assessment. Our solutions provide a systematic approach to enable you to compare candidates based on commercial, clinical, and scientific criteria such as market novelty, potential revenue, competitive intensity, and partner suitability.

LEARN MORE

Portfolio & asset strategy

In an ever-evolving market landscape, you must understand the intricacies of clinical and commercial differentiation. Our comprehensive suite of solutions and insights give you the competitive edge you need to navigate the market's complexities, optimize your pipeline, develop comprehensive scenario planning, and prioritize the right indications.

LEARN MORE

Competitive intelligence

For biotech and pharma companies alike, a comprehensive view of the competitive landscape is vital. Evaluate's blend of data-driven solutions and expert analysis provide real-time tracking, analysis, and strategic intelligence to support decision-making processes across drug development, manufacturing, and market competition. So nothing need take you by surprise.

LEARN MORE

Consulting & Analytics

No two pharma companies are alike and no two challenges are the same. When you need **tailored support** to answer specific challenges, Evaluate's advisory solutions provide the perfect blend of insight and expertise.

Leveraging a foundation of extensive Evaluate data, augmented with secondary research, modelling and analysis, our pharmaceutical consulting solutions are data-driven and insight-focused. We also conduct targeted primary research with key opinion leaders, healthcare professionals and payers to validate our assumptions and test our hypotheses.

As part of Norstella, our team has access to an unparalleled range of insights, expertise and deep industry knowledge.

LEARN MORE

Thanks for reading!

CONTACT US FOR MORE INFORMATION

If you enjoyed what you read and would like to learn more please reach out to a member of the Evaluate team using the form or the below links.

info@evaluate.com

evaluate.com/contact

Thanks to the World Preview 2026 Report Contributors
Vibhuti Agnihotri, Pavan Bansal, Tanya Bhattacharya, Daniel Chancellor, Jack Hughes, Katie Konsein, Marjorie Luchiri, Kelly Mullin, Sulekha Musa, and Melanie Senior.