PHARMA R&D ANNUAL REVIEW 2026

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CONTENTS

TABLE OF CONTENTS

INTRODUCTION

Welcome to Pharmaprojects' 2026 review of trends in pharmaceutical R&D. For over 30 years now, I've been taking an annual look at the evolution of pharma R&D, and in this report, I'll investigate how the current crop of drugs in development are blooming — or withering on the vine — at the start of 2026.

- IAN LLOYD, SENIOR DIRECTOR, CONTENT STRATEGY

We'll assess industry trends by examining the pipeline by company, therapeutic area, disease, target, and drug type, using data primarily from Pharmaprojects, part of the Citeline suite of products, which has been tracking global drug development since 1980. This report will be followed by our annual supplement reviewing the new active substance launches for the year just passed. But here, we'll be digging deep to examine how fertile drug R&D currently is, what strategies are flowering and bearing fruit, and which are languishing on the compost heap. Hopefully, we'll see green shoots of growth, even if not everything in the garden looks verdant.

Regular readers of this report (which has been running since 1993, so is presented here in its 34th edition) will know that in recent years, I've sown a different theme through each edition to highlight points, to draw analogies, and to add a little character into what could otherwise be a rather lengthy narrative through a parade of statistics, charts, and tables — something which can easily get overgrown so you can't see the forest for the trees. Themes selected so far have included astronomy, movies, the natural world, music, food and drink, science fiction, travel, literature, weather, and, last year, fashion. This year, as those of you who are already digging it might have guessed, I'll be getting down in the dirt and taking on the topic of gardening, plants, and agriculture. Like drugs, plants may begin as small seeds of ideas, but must then be fed, watered, and nurtured if they are to blossom. And the human race relies on them to survive.

The beginning of agriculture is arguably one of the most important events in our shared history. Around 10,000 to 12,000 years ago, neolithic peoples gradually moved from foraging for food to cultivating their own crops. This was a crucial step in the change from a nomadic way of life to the formation of settlements, and thus the development of societies.

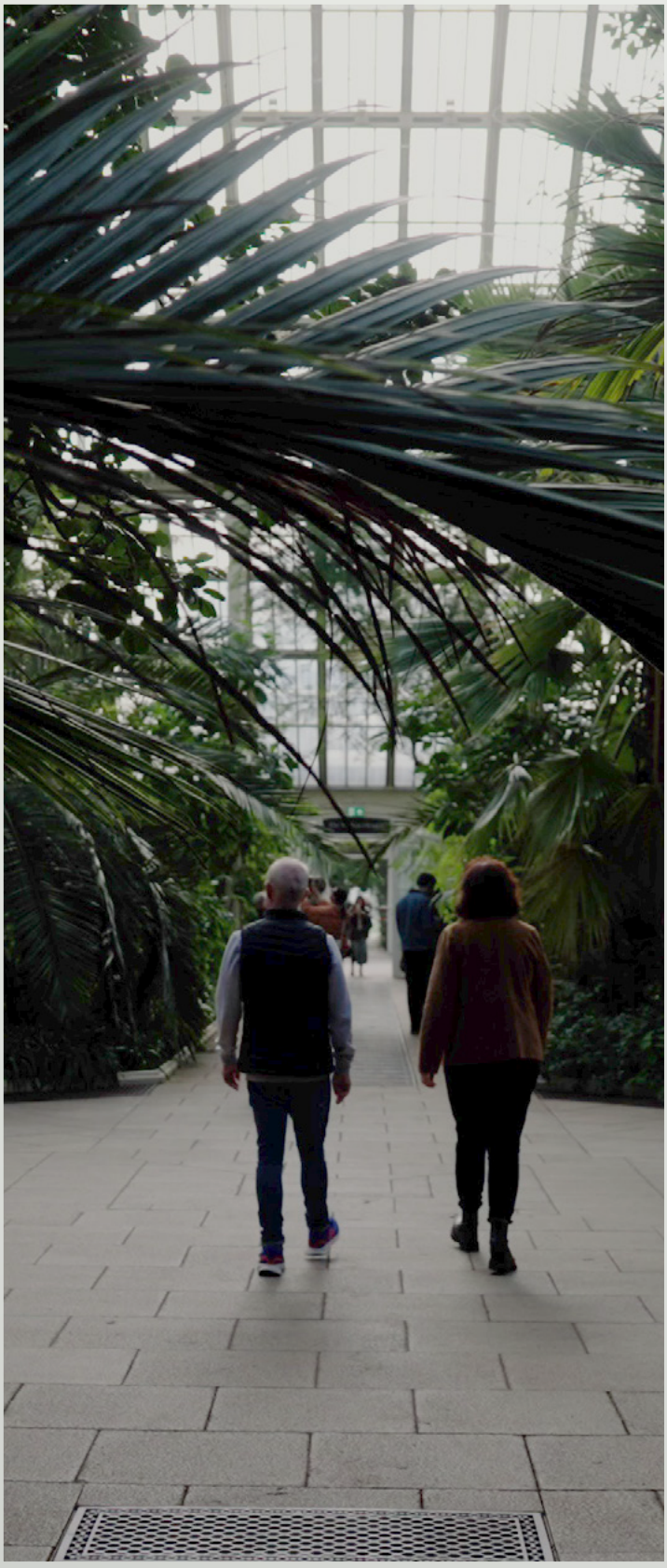
This was a process that took millennia, with there being some evidence of grain cultivation going back as far as 19,000 to 21,000 years ago, and it likely evolved independently at multiple places around the world. Cereals, legumes, and rice are thought to have been the first crops to be deliberately farmed. The change was seismic — now, early humans no longer had to move from place to place gathering what they could find to eat. They could stay in one location and plan for a continuous and reliable source of food. They could build permanent settlements, allowing them to further develop language and culture.

Farming continued to develop throughout our history, and has been a centerpiece of development of societal structure, perhaps not always in a good way — the division between landowners and those who toiled in the fields often being stark. Through the centuries, there have been several great leaps forward in agriculture: crop rotation (including the concept of a third "fallow" field) in the early Middle Ages, the 19th century's industrial revolution, and the more recent industrialization and globalization of the farming industry. Nevertheless, even in developed countries such as the UK, mass production techniques have not entirely eclipsed those of traditional farms, and there are a myriad of small holdings still contributing hugely.

Growing plants for pleasure, rather than for food, is a more recent development. Ornamental gardens are thought to have originated in Egypt and Persia around 3000 to 1500 B.C., where they were firmly in the provenance of the wealthy, the famed Hanging Gardens of Babylon becoming one of the seven wonders of the ancient world. From the 17th century onwards the concept of gardens as we know them today — exotic plants, garden design, lawns, etc. — began to evolve. With fashions and styles coming and going, it was really only from the 20th century onwards with the expansion of home ownership that gardening for the masses and as a hobby became a thing. I speak from experience here — much of my holiday break was spent in my own London flat's back garden, picking up leaves, planting bulbs, and trimming plants back for winter. My little plot may not be Versailles or of a Capability Brown design, but I love it and derive much pleasure from it.

So why pick agriculture and gardening as the theme to hang this year's Pharma R&D Report around? Well, in a sense, drugs have to be sown, grown, nurtured, and harvested, too. Many of our garden cultivars of popular flowers never existed in the wild originally; they were developed by years of selective breeding, or more recently, genetic manipulation, in the same way that drug candidates are derivatized, their structures modified and tweaked, until we get the seed compound which looks like it might grow into something pleasing. Once we have the germ of an idea of what might potentially make a useful new pharmaceutical, we have to work out the right conditions for it to flourish, with assessing its pharmacokinetics and correct formulation being akin to finding the right soil conditions, discovering whether our seedling needs protecting from frost, and getting the right balance of sun and rain. As our little plant then begins its journey towards fruiting and flowering, there are many threats to it reaching its full potential; it might be attacked by disease or pests, or dug up by foxes (again, speaking from experience here), or get outdone of sun, water, or nutrients by its competitors.

This growing period is much like the clinical trial process that drugs go through, where they might fail for any number of reasons — falling prey to toxicity, not having sufficient strength or efficacy, or simply being beaten by a more robust competitor. But all being well, our plant will flower, fruit, or seed successfully. If it is to be commercialized, it has the same barriers that a pharmaceutical must overcome in order to make money — it has to be transported successfully, stored, and made commercially attractive. And finally, our product, whether grown or pharmaceutically developed, has to find favor among its ultimate consumers — us. The drug needs to treat our disease in the same way our produce must be tasty, or our bouquet pleasing to the eye and fragrant.



> With our independent, reliable data, Citeline will never lead you up the garden path.

Our report as always will focus on the changing landscape of drug development. Just as certain crops or shrubs come in and out of fashion, so it is with pharmaceuticals. In the 1980s, sun-dried tomatoes were quite the thing; now, you can't move in a kitchen for quinoa. And just as some years provide better growing conditions than others, the fortunes of pharma can ebb and flow. Plus, there are regional variations to consider; what is considered a staple cereal in one part of the world might be replaced by something entirely different somewhere else. And then there are the pharma farmers to consider, ranging from international conglomerates to tiny niche growers.

Come with us, then, as we see how pharma's garden grows in 2026. Can we expect a bountiful harvest of new drugs, or is the industry getting lost in the weeds? Are conditions fertile to deliver farm-fresh new products in the coming years, or might parts of the industry need to till the soil a bit? We have all the latest statistics for you here, so let's not beat about the bush any further. Let's turn over a new leaf and wake up and smell the roses. After all, with our independent, reliable data, Citeline will never lead you up the garden path.

TOTAL PIPELINE SIZE

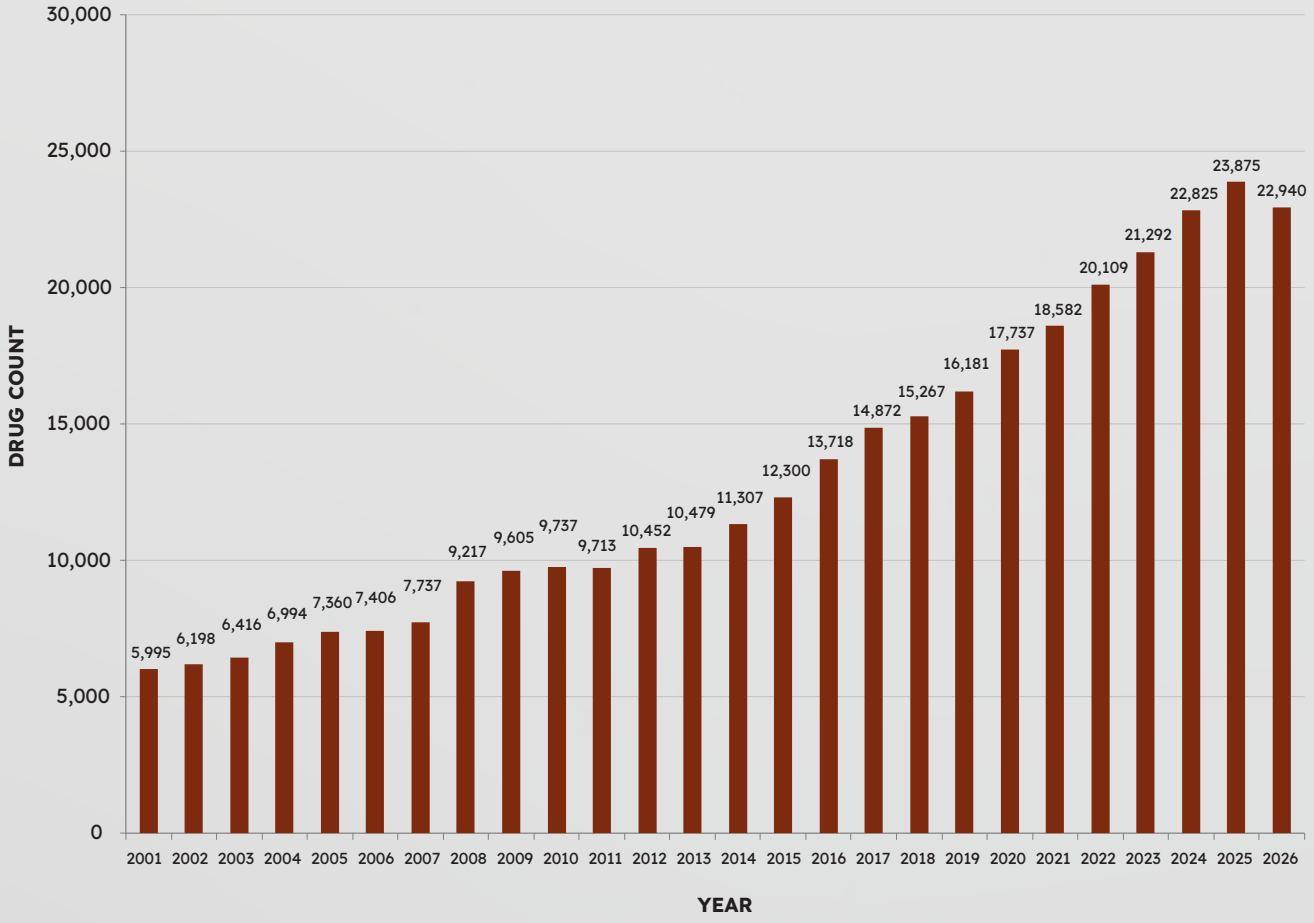
A slightly smaller field can still bring forward a bountiful harvest

As we bed into the data, let's first define the parameters of the pharma field. All the analyses in this report will focus on this set of drugs, so it's worth starting off with a definition of what we exactly mean by the terms "pipeline" or "in development."

Here, we are counting all drugs disclosed as being in development by pharmaceutical companies, from those at the preclinical stage, through the various stages of clinical testing and regulatory approval, and up to and including launch. Launched drugs are still counted, but only if they are still in development for additional indications or markets. Drugs whose development has been terminated, or is complete, are not included. All data were collected Jan. 2–7, 2026.

The headline figure we start with is always the total number of drugs in R&D (Fig. 1), and this year, there's a slightly different flavor to our produce. The total number of pipeline plants on our drug farm is actually slightly lower than it was this time last year, clocking in at 22,940. This represents a 3.92% fall from 2025's figure, nearly reversing the 4.60% increase seen from 2024 to 2025. This is the first time we've seen a drop since the mid-1990s. So, is there a reason for this, and should we be concerned?

Figure 1: Total R&D pipeline size by year, 2001–26



Source: Pharmaprojects, January 2026

Firstly, yes, there are some internal reasons which have affected our data over the past two years. In 2024, Citeline undertook a major technology project to completely re-engineer our editorial and data collection systems to enable us to produce updates to our data faster and to bring new features forward for our clients. As with every huge tech project of this kind, this did cause some temporary disruption to our normal editorial practices, particularly with our process to annually review records for drugs which have not been updated for over a year to decide whether or not they should be moved out of the active dataset which these figures cover, into the No Development Reported status. This process had to be put temporarily on hold, which likely inflated the January 2025 number artificially. During the course of the rest of the year, this process not only resumed, but there was a project to reduce the backlog, which resulted in an abnormally large number of drugs being moved over to No Development Reported status, suppressing the number for 2026. So this year's figure is probably consistent with earlier years, and it is the 2025 figure which is anomalous. In reality, the overall pipeline size has probably been fairly flat over the past few years. We will be bearing the 2025-to-2026 drop in mind when commenting on trends throughout the rest of this year's report, although, as we shall see in the next chapter, this largely affected one particular set of drugs.

Secondly, how much stock should be set by the overall pipeline figure anyway? There's no point in cramming extra plants into a field unless this also leads to a bigger crop; tending to their care as they grow, after all, is a cost. Well, there's good news here. While we are still finalizing our exhaustive list of new active substances (NASs) that made it onto the market for the first time during 2025, which we will report on fully in our forthcoming NAS Supplement to this report, we can already confirm that 2025 is looking to come in as the best year ever. A bumper harvest of the fruits of the pharma industry's labors looks to be in our basket. So, in that sense, as long as the industry is still producing the goods, there's nothing to worry about here. A smaller overall pipeline doesn't necessarily mean pharma is barking up the wrong tree.

Another measure we can look at here is the number of new drugs freshly planted into the pipeline over the course of the season. During 2025, 4,488 new candidates entered the Pharmaprojects database, only slightly down from the 4,546 sown during 2024. Once again, it is the oncology field which has seen the most intensive farming, providing 38.6% of all newly identified drug candidates, a negligible decline from the previous year's percentage. Neurologicals, in second place, saw an increase, providing 14.4% of new candidates, up from 13.8% in 2024 and 12.7% the previous year — a clear trend emerging. The percentage of new candidates being targeted against rare diseases was slightly pruned though, slipping back from 20.0% to 19.4%. We will be delving deeper into this area a little later in the report.

Table 1: New drugs added to Pharmaprojects in 2025 by therapeutic area

DRUG DISEASE GROUP	NO. OF DRUGS 2025
Anticancer Products	1,734
Rare Diseases	872
Neurological Products	649
Anti-infective Products	327
Alimentary/Metabolic Products	508
NA/Unspecified	247
Musculoskeletal Products	222
Immunological Products	293
Sensory Products	174
Cardiovascular Products	220
Respiratory Products	129
Dermatological Products	144
Genitourinary (including sex hormones)	97
Blood and Clotting Products	95
Miscellaneous Products	17
Hormonal Products (excluding sex hormones)	16
Antiparasitic Products	11
TOTAL	4,488

Source: Pharmaprojects, January 2026

AstraZeneca was the green-fingered company that propagated the most new candidates with 46, easily eclipsing 2024's chart-topping 37 from Novartis. The US continued to be the country where most new drug development starts, with its 1,809 new drugs actually increasing the gap on China, which posted 1,373. Signs that the Chinese boom is slowing? Possibly, but there are other metrics where China continues to bloom, as we shall see.

Let us now move to breaking down the pipeline further starting with a look right across the industry's growing season.

FOLLOWING THE GROWTH CYCLE

The 2026 pipeline by phase of development

More green shoots as we separate the wheat from the chaff

Plants, like pharmaceuticals, go through several generally distinctly recognized stages of development in what is known as the plant growth cycle. Although not all plants reproduce sexually (some do so asexually via runners, tubers, rhizomes, or bulbs), for those that do, the five stages of development are generally recognized as seed germination, the seedling stage, vegetative growth, flowering and pollination, and finally, fruiting or seeding. Just as with drugs, there is attrition at each stage: not all seeds will germinate, not all seedlings will prosper, et cetera. A frost, a pest, or a disease can decimate a crop, and everything has to go just right if the gardener is to deliver blooming flowers or a prize pumpkin.

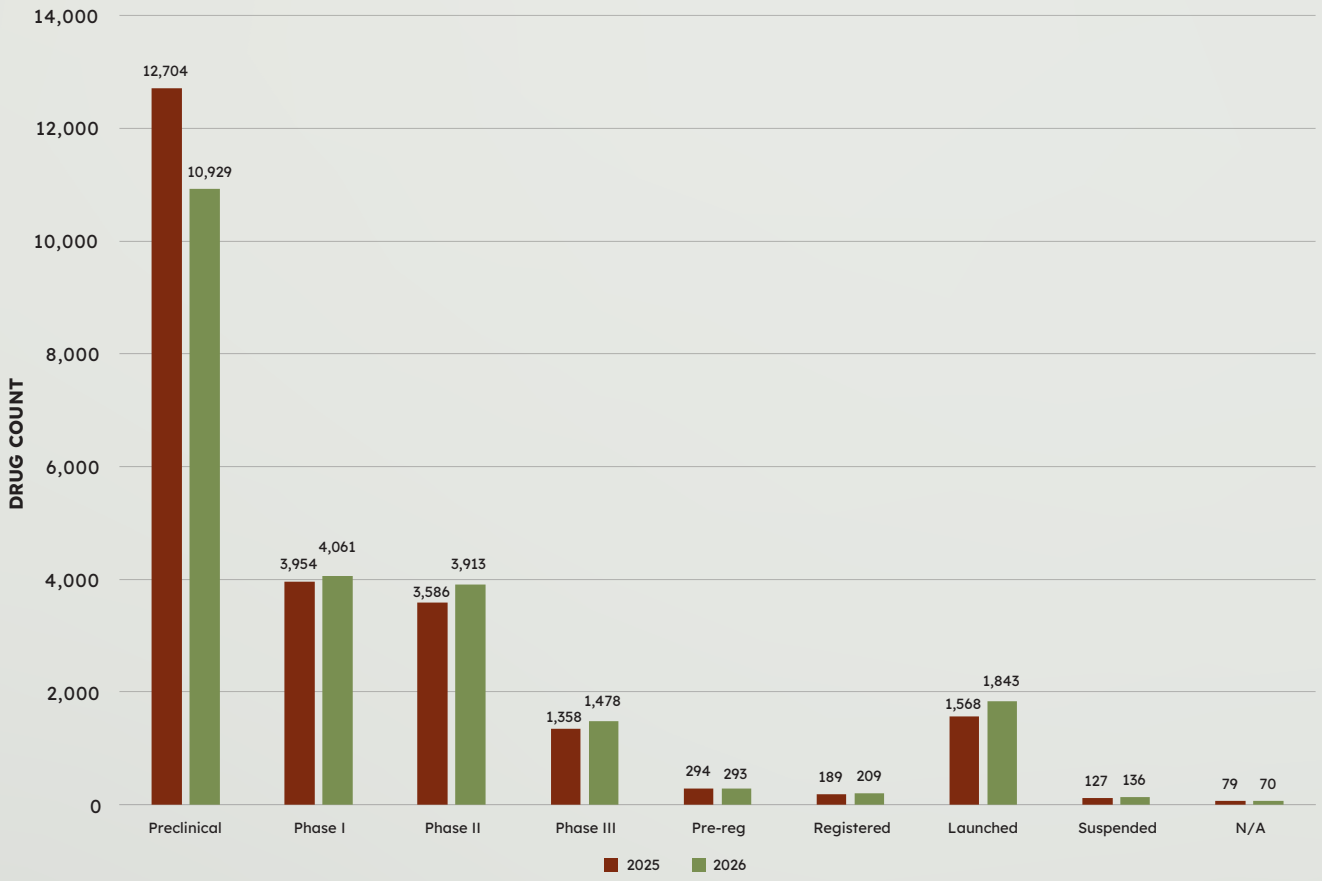
Arguably, the stakes are even higher for drugs, with fewer than 1% of candidates entered into human clinical trials blossoming onto the market. Here, we'll take a look at the numbers of drugs at each stage in their growth. As any gardener will tell you, if you want to have beautiful borders in the summer, you need plenty of plants coming up in the spring.

Figure 2 breaks down the 2026 pipeline by its drugs' current global statuses. Global status is the most advanced stage of development a drug has reached in any country, for any disease, and by any company, so each drug is counted only once here.

One aspect this graphic instantly reveals is where 2025's "catching up" on overdue drug reviews has primarily had its effect on the drug numbers — at the preclinical phase. The vast majority of drugs moved over to the No Development Reported status because of a lack of new information to confirm ongoing development were those at the global status of preclinical. Hence, our figure for active preclinical drugs has plunged by 14% to 10,929. Drugs shooting up through the clinical phases have been largely unscathed by this process, and indeed post increases, which is very good news indeed. The number of drugs in Phase I is up by 2.7% (6.8% in 2025), in Phase II by 9.1% (6.3%), and those in Phase III by 8.8% (same as last year), suggesting that, despite the overall pipeline contraction, everything in pharma's garden is still looking rosy.

[Note the fact that there are roughly the same numbers of drugs in Phase II as there are in Phase I in no way means that virtually all drugs undergoing Phase I then progress serenely to Phase II. There is considerable attrition between the two phases, but as Phase II development generally takes much longer, drugs pile up at the Phase II stage, so that, at any one time, there are more drugs in Phase I than there are in Phase II. Thus, this is an effect of this data being a snapshot in time.]

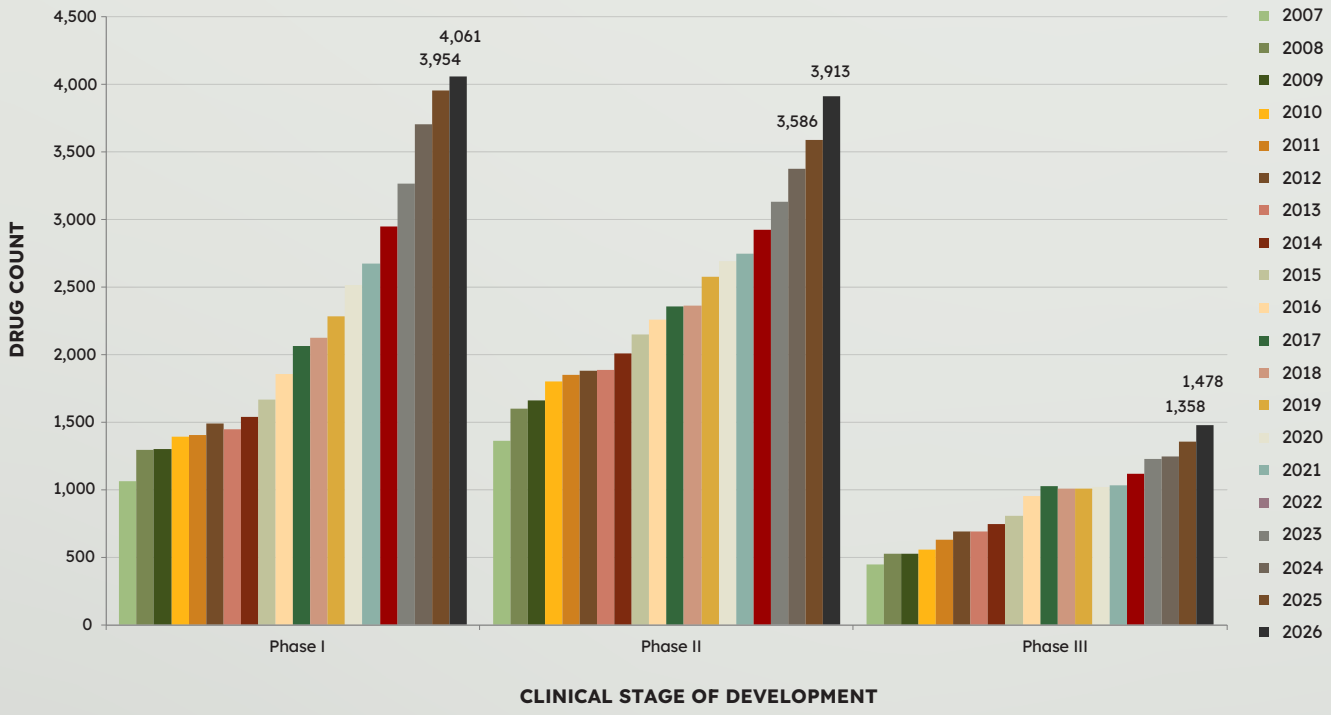
Figure 2: Pipeline by development phase, 2026 vs. 2025



N/A = not applicable and is applied to companion diagnostics prelaunch
Source: Pharmaprojects, January 2026

Seeing through the woods from the trees further in Figure 3, we can see that the number of drugs in the clinical phases are continuing a longer-term trend of rising across the board this year. While the numbers at Phase I and Phase II have consistently risen over the past two decades, this hasn't always been the case for Phase III, which did plateau for a period around 2017–2021. But 2026's numbers confirm that the ground for Phase III drugs appears to be fertile again after those fallow years.

Figure 3: Clinical phase trends, 2007–26



Source: Pharmaprojects, January 2026

Bringing more drugs into Phase III today is obviously the key to bringing more drugs to market tomorrow. Once they are at this stage, they are showing clear signs of forming buds which should flower into a whole bouquet of new therapies. Despite the overall pipeline shrinkage figure, the signs are good. As the saying goes, April showers bring May flowers.

TOP COMPANIES

Who are pharma's top growers?

Large estates hold firm alongside the many tiny vegetable patches

The agribusiness sector consists of a number of global multinationals, through to large independent farmers, local small holdings, and all the way down to cottage industries making jam from the fruit in their back gardens. Such a wide range of organization types tending the land feels like a healthy industry — until we remember that an estimated 2.3 billion people around the world face food insecurity, with almost 10% of our planet's inhabitants actually going hungry. Pharma has a similarly broad range of organizations contributing — and has similar problems getting all its products in front of those who need them. The big companies in pharma are pretty much household names though; everyone has heard of Pfizer, especially after the pandemic. But I must confess I hadn't heard of some of the biggest farming mega-corporations, such as Cargill, Archer-Daniels-Midland, and Bunge.

Let's start our look at the pharma company landscape by examining which companies have the most well-fed pipelines. Table 2 lists the 25 firms with the biggest drug orchards of active drugs. This year, Roche is the cream of the crop as it returns to the top spot, having briefly surrendered its position to Pfizer last year, although the Swiss giant's pipeline is about the same size. The UK's AstraZeneca shoots up to number 2, actually growing its pipeline (by 8.3%) as indeed do over half of the companies in the top 25. It seems that the clear-out of preclinical drugs has not affected the big players so much and has disproportionately affected smaller companies — this might be explained by the fact that much of our preclinical coverage stems from small companies anyway, since the large pharmas tend not to disclose their preclinical pipelines. The top 10 companies are largely the same characters as last year, with AbbVie the only newcomer, edging out GSK. These top 10 companies, the giant redwoods of the pharma world, this year get a section to themselves later in the report, where we dig into their pipelines a little deeper, including some new analyses in this year's edition.

Table 2: Top 25 pharma companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF ACTIVE DRUGS 2026 (2025)	NO OF. ORIGINATED DRUGS 2026	TREND
1 (2)	Roche	262 (261)	147	↔
2 (4)	AstraZeneca	261 (241)	166	↑
3 (1)	Pfizer	257 (271)	163	↓
4 (5)	Sanofi	251 (233)	135	↑
5 (3)	Novartis	244 (254)	137	↓
6 (7)	Eli Lilly	233 (224)	138	↑
7 (6)	Bristol Myers Squibb	214 (227)	124	↓
8 (8)	Merck & Co.	207 (216)	103	↔
9 (11)	AbbVie	200 (190)	76	↑
10 (9)	Johnson & Johnson	198 (200)	111	↔
11 (10)	GSK	185 (194)	88	↔
12 (13)	Jiangsu Hengrui Pharmaceuticals	178 (173)	163	↔
13 (12)	Takeda	167 (187)	61	↓
14 (14)	Boehringer Ingelheim	143 (133)	90	↔
15 (15)	Sino Biopharmaceutical	119 (125)	93	↔
16 (19)	CSPC Pharmaceutical	117 (102)	96	↑
17 (22)	Novo Nordisk	109 (97)	70	↑
18 (17)	Gilead Sciences	107 (106)	67	↔
19 (16)	Otsuka Holdings	107 (114)	57	↔
20 (18)	Bayer	100 (104)	65	↔
21 (21)	Astellas Pharma	98 (100)	49	↔
22 (23)	Daiichi Sankyo	91 (88)	47	↔
23 (20)	Amgen	90 (100)	53	↓
24 (-)	BioNTech	80 (50)	59	↑↑
25 (-)	Teva Pharmaceutical Industries	78 (74)	27	↔

Source: Pharmaprojects, January 2026

Outside of the top 10, the forest of the top 25 has a strong Asian flavor, with three Chinese (Jiangsu Hengrui, Sino, and CSPC) and four Japanese companies (Takeda, Otsuka, Astellas, and Daiichi Sankyo) being placed. In European news, there's a rise in the chart for Novo Nordisk, currently locking horns with rival Eli Lilly over which can dominate the obesity market, while Germany's BioNTech enters the top 25 for the first time on the back of completing its acquisition of CureVac.

Table 2 uses our time-honored method of counting the number of times a company is attached to a drug in active R&D. However, there is now a more accurate analysis we can use which excludes counting companies that are attached to active drugs, but are not currently actively developing them themselves. Thus we present an alternative top 25 in Table 3, and will switch to using this method from next year's report. You can see that numbers are considerably lower in many cases, and by this methodology, AstraZeneca and Roche are tied at the top.

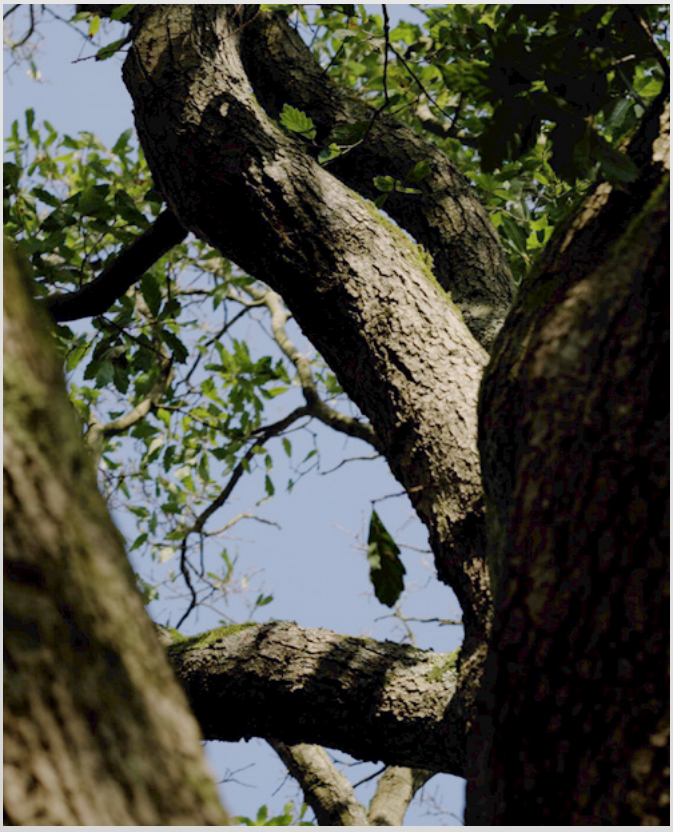


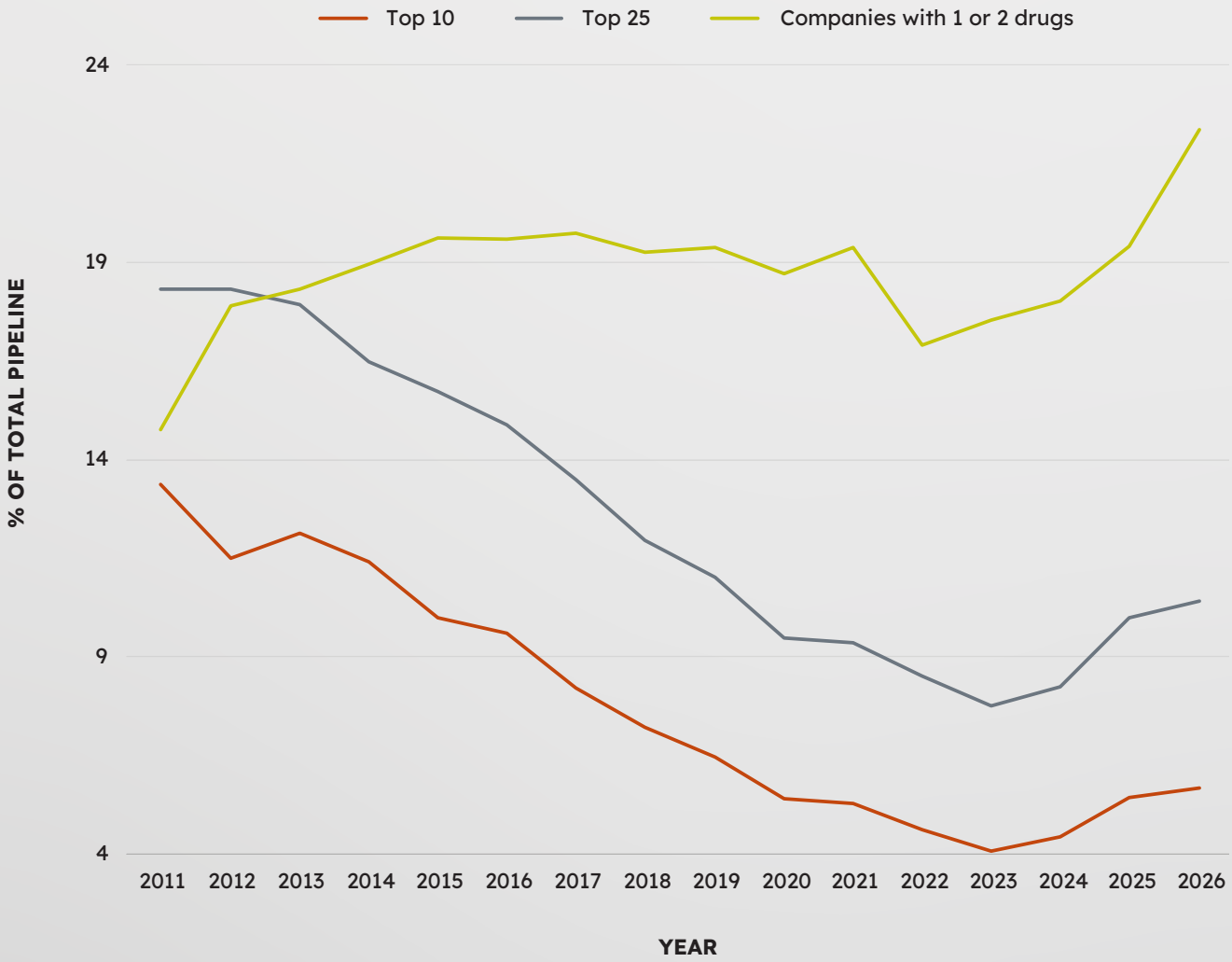
Table 3: Top 25 companies by size of pipeline (new methodology)

POSITION (2026)	COMPANY	NO. OF DRUGS IN R&D 2026
1	AstraZeneca	214
2	Roche	214
3	Pfizer	202
4	Eli Lilly	196
5	Sanofi	195
6	Novartis	188
7	Jiangsu Hengrui Pharmaceuticals	177
8	Merck & Co.	170
9	AbbVie	160
10	Bristol Myers Squibb	158
11	Johnson & Johnson	158
12	GSK	144
13	Boehringer Ingelheim	122
14	Sino Biopharmaceutical	116
15	CSPC Pharmaceutical	113
16	Takeda	108
17	Novo Nordisk	97
18	Otsuka Holdings	94
19	Gilead Sciences	89
20	Shanghai Fosun Pharmaceutical (Group)	87
21	Bayer	83
22	Regeneron	79
23	BioNTech	74
24	Qilu Pharmaceutical	73
25	Daiichi Sankyo	72

Source: Pharmaprojects, January 2026

As well as these leviathans of the industry, there are a myriad of cottage garden firms working on nurturing just one or two projects in their greenhouses. There are now 1,075 companies with just two drugs in their portfolios (up from 997 last year), and 2,976 firms with just a single drug (up from 2,638), with the loss of some small firms being counterbalanced by 496 new companies putting down roots through the year. This has led to some further rebalancing of the pipeline, with such small potatoes now accounting for 22.35% of drugs, up from 19.4% (see Fig. 4). From such little acorns, mighty oaks could grow. Meanwhile, both the top 10 and the top 25 companies increased their relative contributions too — suggesting a squeeze of medium-sized firms.

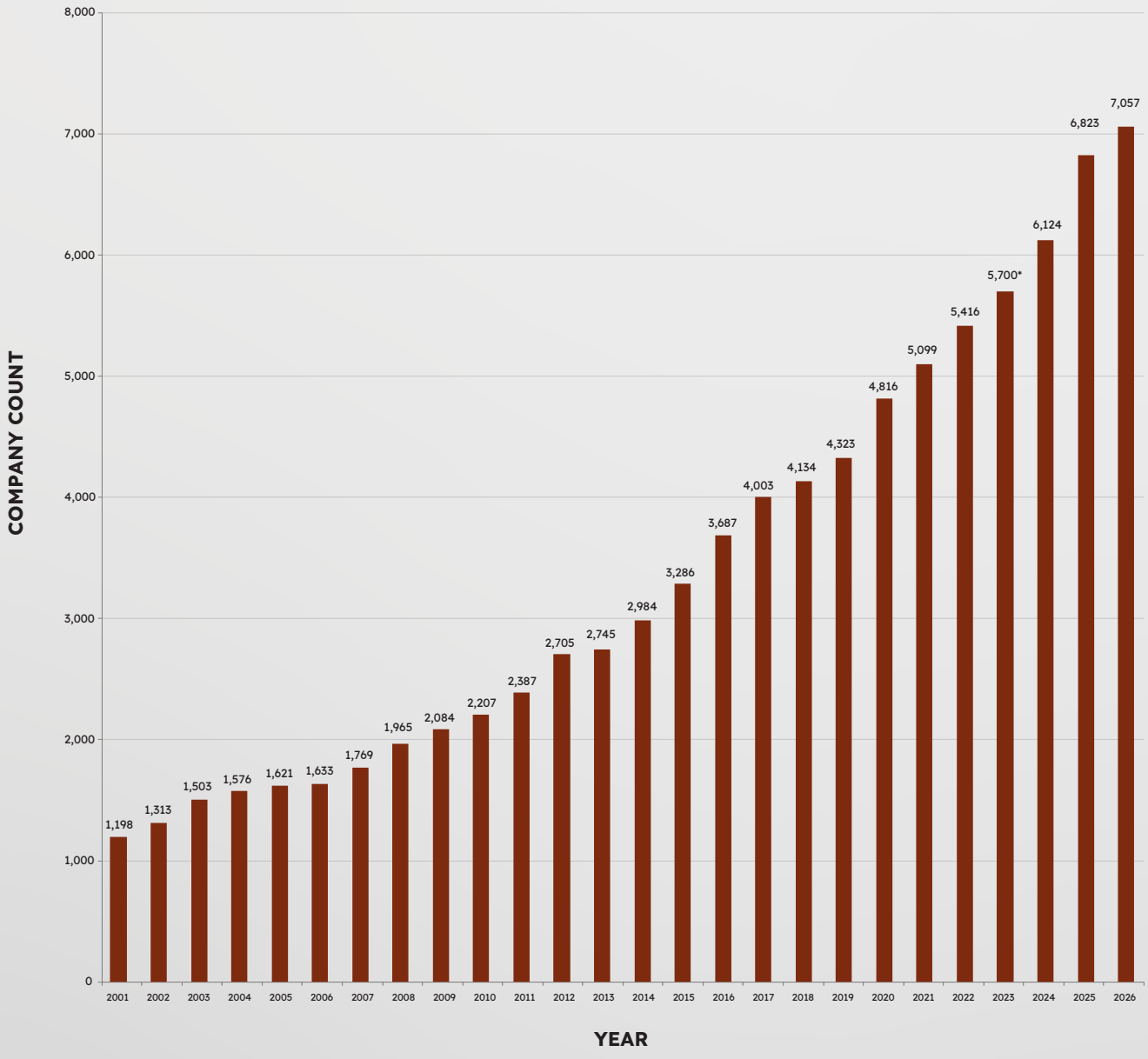
Figure 4: Share of the pipeline contributed by top 10 companies, top 25 companies, and companies with just one or two drugs, 2011–26



Source: Pharmaprojects, January 2026

With the influx of new companies, the total number of companies involved in R&D actually posted an increase this year, albeit rising at a slower rate. Figure 5 shows that 7,057 companies had an active pipeline at the start of January 2026, an increase of 3.4% — well below 2025's 11.4% rise, but a rise nonetheless. Note that, using our newer methodology, the number of active companies would come in at the lower figure of 6,652.

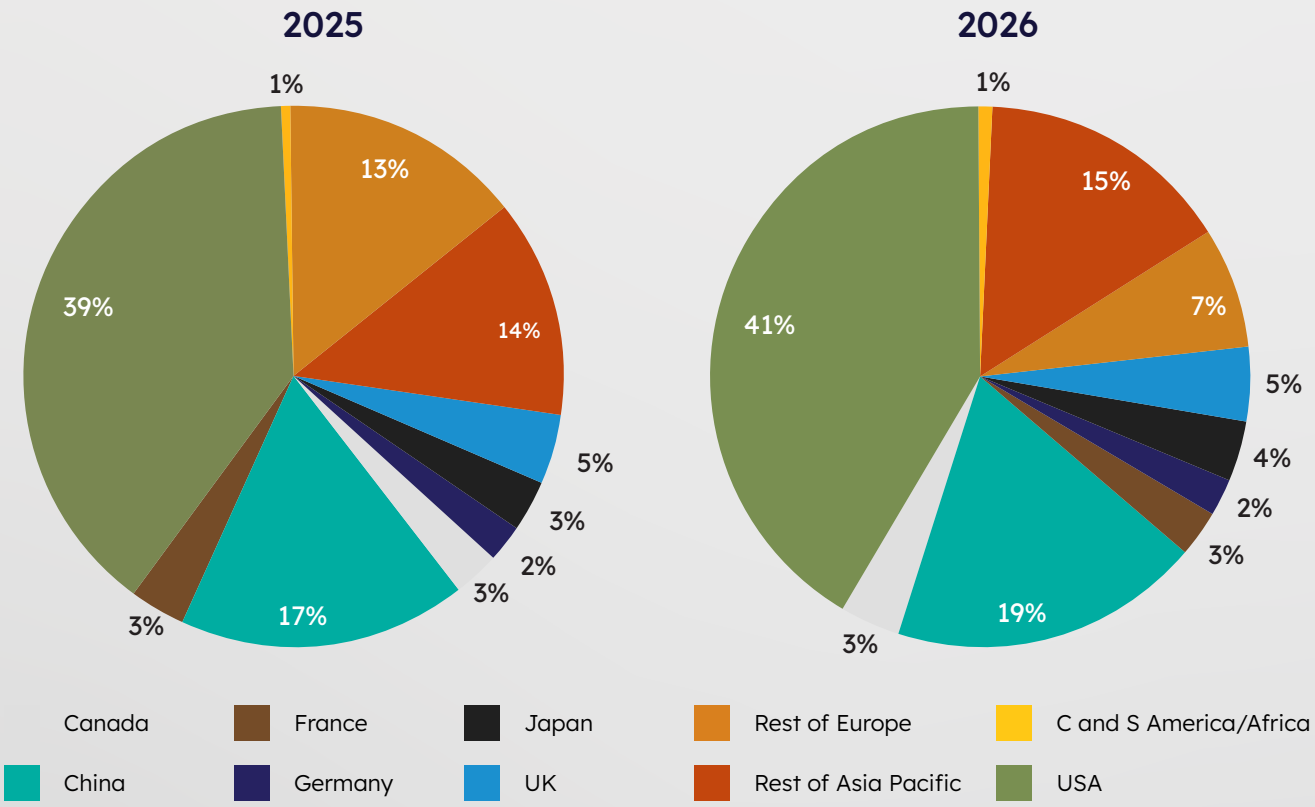
Figure 5: Total number of companies with active pipelines, 2001–26



Source: Pharmaprojects, January 2026
***Estimated figure**

Crop growing is a truly international endeavor; while much food is imported and exported, there will always be a high concentration of food grown for domestic consumption. The same is not true for pharma, with novel R&D primarily residing in the more developed countries. China is generally reckoned to be the world's leading food producer by overall agricultural value — not surprising, given the country's huge area — with enormous amounts of grains, rice, wheat, and potatoes being produced by intensive farming methods to feed its huge population. Second is a country with a slightly bigger population but a smaller area: India, where there is larger concentration of small-scale farmers. In this industry, the US only comes in third, although it is the world's largest food exporter, with Brazil, a net food importer, coming fourth with sugarcane as its biggest crop. Regular readers of this report will know that the US has long dominated pharmaceutical development, but China is on its tail. How has that story developed this year?

Figure 6: Distribution of R&D companies by HQ country/region, 2025 and 2026



Source: Pharmaprojects, January 2026

The pie charts in Figure 6 show the distribution of where companies developing new drugs are headquartered. We can see that China is making further inroads, with 19% of all pharma R&D firms being based there, up from 17% a year ago. But the US is fighting back, also increasing its share, from 39% to 41%. It looks like these advances have come at the expense of Europe — while France, Germany, and the UK shares hold firm, the rest of Europe looks to be in retreat.

Table 4: Where is pharma R&D actually occurring?

POSITION 2026 (2025)	DRUG COUNTRY	NO. OF DRUGS	% OF PIPELINE 2026	% OF PIPELINE 2025
1 (1)	USA	11,662	50.8	48.0
2 (2)	China	7,141	31.1	29.5
3 (3)	South Korea	3,259	14.2	14.2
4 (4)	UK	3,167	13.8	13.5
5 (5)	Australia	2,808	12.2	11.0
6 (6)	Germany	2,643	11.5	10.7
7 (7)	France	2,558	11.2	10.4
8 (9)	Spain	2,479	10.8	10.0
9 (8)	Canada	2,467	10.8	10.2
10 (10)	Japan	2,344	10.2	9.0
11 (11)	Italy	2,044	8.9	8.1
12 (12)	Netherlands	2,002	8.7	7.9
13 (13)	Belgium	1,976	8.6	7.9
14 (14)	Poland	1,897	8.3	7.7
15 (15)	Denmark	1,716	7.5	6.8
16 (16)	Sweden	1,690	7.4	6.7
17 (19)	Czech Republic	1,525	6.6	6.1
18 (17)	Switzerland	1,507	6.6	6.6
19 (18)	Hungary	1,503	6.6	6.1
20 (20)	Austria	1,477	6.4	5.9
21 (21)	Taiwan, China	1,449	6.3	5.8
22 (22)	Bulgaria	1,382	6.0	5.4
23 (24)	Portugal	1,350	5.9	5.2
24 (25)	Romania	1,341	5.8	5.2
25 (23)	Finland	1,335	5.8	5.2
26 (26)	Greece	1,325	5.8	5.1
27 (27)	Ireland	1,307	5.7	5.1
28 (29)	Norway	1,281	5.6	5.0
29 (30)	Slovakia	1,269	5.5	4.9
30 (28)	Israel	1,224	5.3	5.1
31 (32)	Lithuania	1,187	5.2	4.6
32 (31)	Estonia	1,185	5.2	4.6
33 (33)	Latvia	1,179	5.1	4.5
34 (34)	Croatia	1,176	5.1	4.5

Source: Pharmaprojects, January 2026

Similar trends can be seen if we look at where drug development is actually taking place. Drugs can of course be developed in more than one country, so Table 4 counts the number of drugs reporting development in each country, covering the 34 countries where >5% of all pipeline drugs are noting some development activity. Here, each drug is counted once for each country it reports development in, so there is much double- and multiple-counting.

By this metric, the US was up too this year, with the percentage of pipeline drugs reporting some development in the US rebounding to pass 50% again. China's share increase here was more modest, with South Korea coming in third with an unchanged figure. Most countries' shares rose, and none fell, indicating increasingly internationalized drug development. In total, pharma R&D is reported in 167 countries as of the start of 2026.

Table 5: Where is pharma R&D actually occurring (new methodology)?

POSITION 2026 (2025)	DRUG COUNTRY	NO. OF DRUGS
1	USA	11,327
2	China	7,004
3	South Korea	3,085
4	UK	2,788
5	Australia	2,558
6	Germany	2,291
7	France	2,285
8	Spain	2,212
9	Canada	2,146
10	Japan	2,120
11	Italy	1,812
12	Netherlands	1,796
13	Belgium	1,725
14	Poland	1,676
15	Denmark	1,542
16	Sweden	1,520
17	Czech Republic	1,364
18	Austria	1,333
19	Hungary	1,331
20	Switzerland	1,283
21	Taiwan, China	1,271
22	Portugal	1,242
23	Bulgaria	1,241
24	Greece	1,222
25	Finland	1,217
26	Romania	1,211
27	Ireland	1,194
28	Norway	1,182
29	Slovakia	1,154
30	Estonia	1,093
31	Lithuania	1,087
32	Latvia	1,085
33	Croatia	1,082
34	Luxembourg	1,051

Source: Pharmaprojects, January 2026

We can apply our new methodology to this table too, so that countries will only be counted if the drug is in an active status there. This gives us an alternative version of Table 4 in Table 5, and again, we will be using this newer methodology moving forward. While this again presents us with more accurate figures, in this case, it barely changes the order of the countries.

All in all, while we may not be able to say that everything's coming up roses for all pharma firms, it has been a remarkably stable year for the statistics in the companies section of this report. Make sure to check later for our new section where we take out our trowels and dig into the beds of the big pharmas in more detail than ever before, in our biggest-ever data harvest.

THERAPIES AND DISEASES

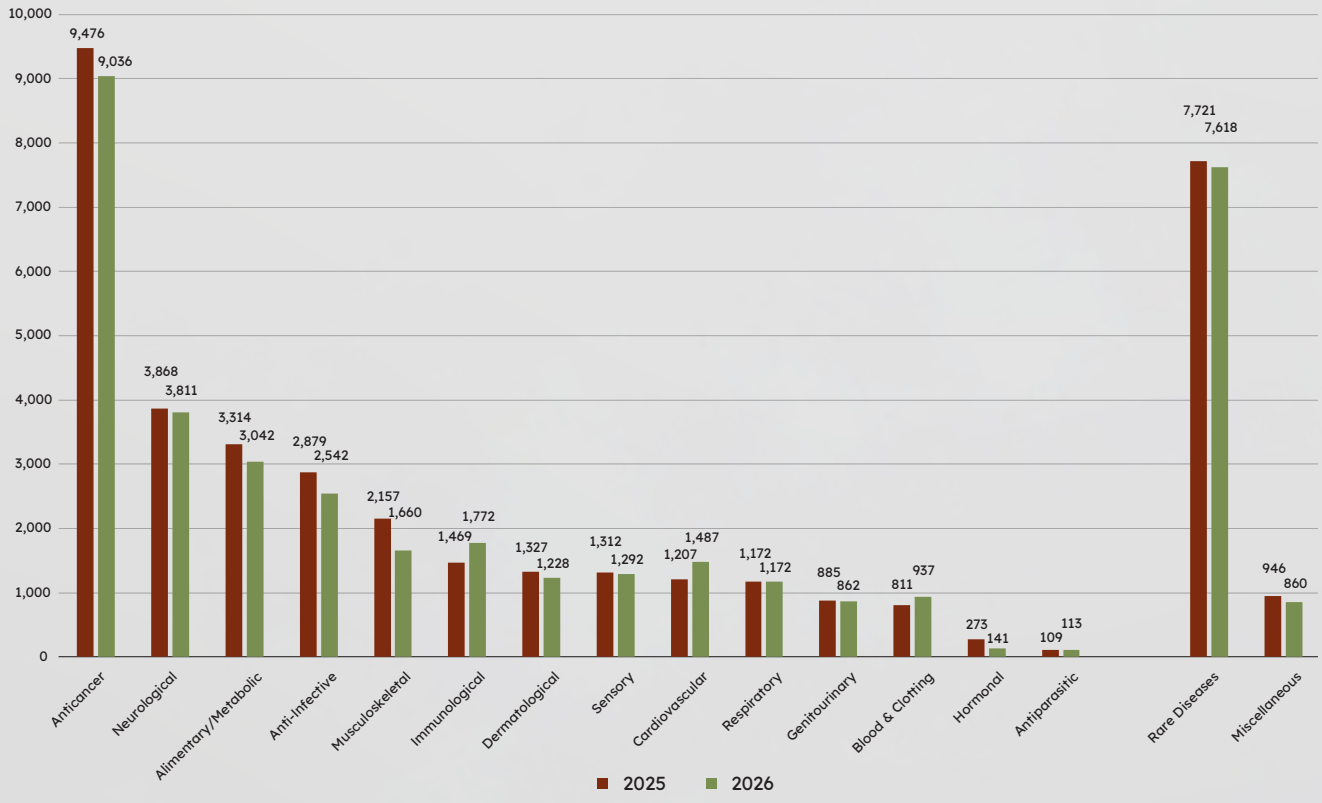
From cash crops to rare blooms

But is oncology starting to suffer from tall poppy syndrome?

What's the focus for your garden? Are you all about spring bulbs, or summer shrubs, or do you prefer a vegetable patch? Lawn or decking? Do you perhaps favor a water feature? Whereas gardens are largely a matter of personal taste, the pharma industry chooses which drugs to plant in its borders based on unmet need, money-making potential, and, let's face it, a certain element of what's in fashion, too. Many companies design their portfolios to be complementary and provide the whole rainbow of colors, while others prefer a monoculture. Some might go for common or garden roses or geraniums, while others focus on a prized rare orchid. In this chapter, we'll be looking at the variety of therapeutic areas and diseases for which drugs are currently being nurtured by green-fingered pharmaceutical science. We'll start broad with therapeutic areas, akin to the major classes of crops (flowers vs. fruit vs. cereals vs. vegetables, etc.), then therapeutic classes (the species we're growing) and then move to individual diseases (the specific varieties or colors), with a special note on those most exotic blooms, the rare diseases.

Figure 7 looks at the 14 broad therapeutic areas in which drug R&D is being undertaken, comparing the numbers in this year's pipeline to last year's. Most therapeutic areas reflect the overall drop in pipeline numbers by reporting small falls in numbers this year, but there are some interesting variations. Cancer continues to be the preeminent focus for pharma, with its pipeline shrinking by 4.6% this year, slightly above the overall rate of 3.9%. In contrast, neurologicals, in second place, only declined by 1.5%. Meanwhile, some therapeutic areas, such as immunologicals, cardiovascular and blood & clotting, bucked the trend by actually growing their portfolios, with immunologicals shooting up like a sunflower and posting a 20.6% increase in drug candidates. Note that drugs can be counted in more than one therapeutic area.

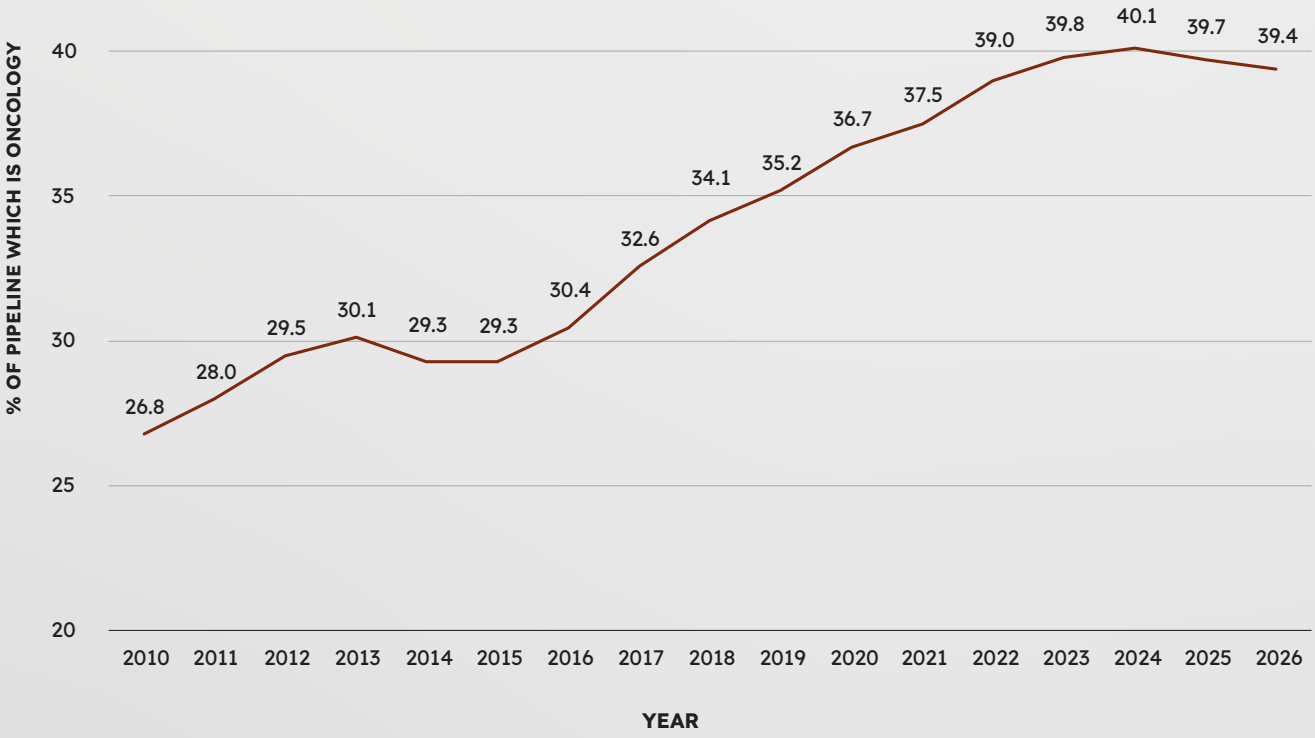
Figure 7: R&D pipeline by therapeutic area, 2025 and 2026



Source: Pharmaprojects, January 2026

We've been tracking for some years now the dominance which cancer has exerted over drug R&D, and wondering whether it could continue to grow, hogging the sunlight and putting the other therapeutic areas in the shade, or whether a version of "tall poppy syndrome," wherein something overly successful is cut down to size, might kick in. Well, this year, the signs are stronger that cancer is beginning to wilt. As Figure 8 illustrates, as of January 2026, the proportion of the overall pipeline grabbed by cancer has fallen for the second year in a row — not dramatically, but the years of constant growth are clearly at an end. We should caveat this finding with the fact that 2013–2015 saw similar declines, after which growth resumed vigorously. Additionally, nearly two out of five drugs in development still have an oncological target, so this therapeutic area is still putting on a showy display.

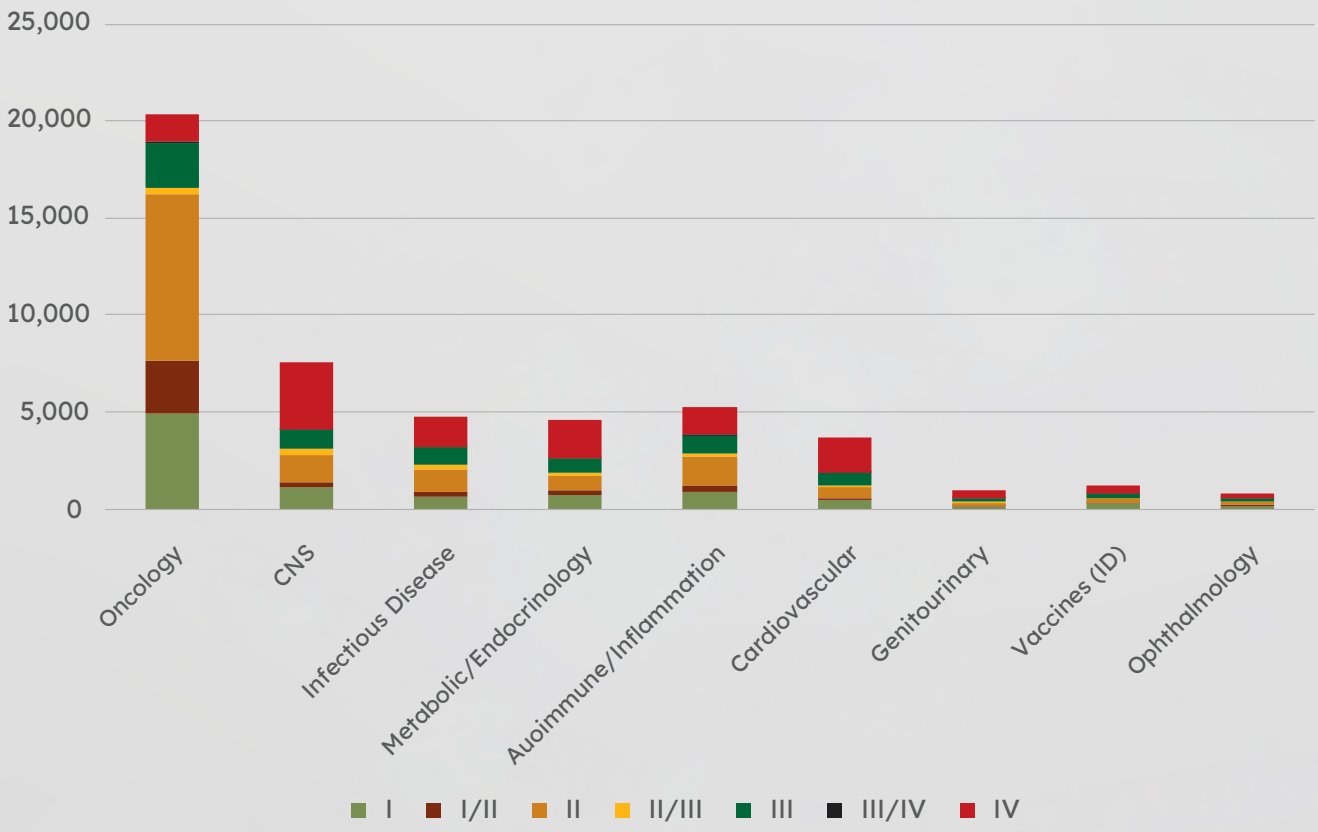
Figure 8: Proportion of the pipeline in development for cancer, 2010–26



Source: Pharmaprojects, January 2026

Signs that the reports of oncology's peaking may be premature can be seen if we examine the clinical trials landscape. For such an analysis, we turn to another part of the Citeline suite of products, Trialtrove. Figure 9 looks at the numbers of ongoing clinical trials reported by Trialtrove at the beginning of 2026. (Note that Trialtrove uses slightly different therapeutic areas to Pharmaprojects, but its oncology group matches Pharmaprojects' anticancer one). There were 20,383 oncology trials underway at the start of this year, up 5.8% from the 19,261 reported last year. Most therapeutic areas reported growth year-on-year, with the notable exception of infectious disease (down 7.9%), vaccines (down 6.6%), and genitourinary (down 11.6%). In the case of the first two of these areas, the drops might be partly explained by the end of the bump the COVID-19 pandemic had given them in recent years.

Figure 9: Ongoing clinical trials, by therapeutic area



Source: Trialtrove, January 2026

Table 6: Top 25 therapeutic categories

POSITION 2026 (2025)	THERAPY	NO. OF ACTIVE COMPOUNDS 2026 (2025)	TREND
1 (1)	Anticancer, immunological	4,852 (4,960)	↔
2 (2)	Anticancer, other	3,852 (4,159)	↓
3 (5)	Ophthalmological, other	1,129 (1,131)	↔
4 (4)	Neurological	1,102 (1,149)	↓
5 (6)	Immunosuppressant	1,084 (972)	↑
6 (3)	Prophylactic vaccine, anti-infective	1,074 (1153)	↓
7 (8)	Antidiabetic	801 (818)	↔
8 (9)	Musculoskeletal	778 (817)	↓
9 (7)	Antiviral, other	731 (853)	↓
10 (10)	Anti-inflammatory	723 (770)	↓
11 (11)	GI inflammatory/ bowel disorders	723 (755)	↔
12 (14)	Neuroprotective	711 (676)	↑
13 (13)	Cardiovascular	710 (717)	↔
14 (12)	Cognition enhancer	708 (737)	↔
15 (15)	Dermatological	690 (659)	↑
16 (16)	Respiratory	643 (652)	↔
17 (18)	Urological	621 (620)	↔
18 (19)	Antiparkinsonian	596 (618)	↔
19 (21)	Antiobesity	588 (450)	↑↑
20 (17)	Hepatoprotective	588 (622)	↔
21 (20)	Analgesic, other	513 (547)	↓
22 (23)	Symptomatic antidiabetic	412 (419)	↔
23 (22)	Metabolic and enzyme disorders	406 (448)	↓
24 (24)	Antiarthritic, other	400 (407)	↔
25 (26)	Antipsoriasis	352 (375)	↔

Source: Pharmaprojects, January 2026

Returning from that excursion into the trials field back to drugs, we turn to Table 6, and the top 25 of the 179 different individual therapeutic categories. There's not a lot of positional change in this table this year, but our early observations are reinforced by declines for the general anticancer category, prophylactic vaccines, and antivirals, and increases for immunosuppressants and neuroprotectives.

There is also another growth spurt for anti-obesity drugs, whose pipeline has swollen by a gut-busting 30.7%, this area being fertilized by the ongoing runaway success of the weight loss drugs Wegovy (Novo Nordisk's semaglutide) and Mounjaro (Eli Lilly's tirzepatide). As the battle for dominance of this colossal market intensifies with the development of oral versions and better follow-ons, there is no sign of the burst of spring growth in this area being pruned back any time soon.

Table 7: Top 25 diseases/indications

POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)	TREND
1 (2)	Cancer, lung, non-small cell	1,176 (1,111)	↑
2 (1)	Cancer, breast	1,154 (1,129)	↔
3 (3)	Cancer, colorectal	912 (882)	↔
4 (4)	Cancer, pancreatic	808 (804)	↔
5 (5)	Cancer, ovarian	674 (654)	↔
6 (6)	Cancer, prostate	630 (609)	↔
7 (7)	Alzheimer's disease	608 (606)	↔
8 (8)	Cancer, brain	604 (586)	↔
9 (10)	Diabetes, type 2	577 (537)	↔
10 (19)	Obesity	576 (430)	↑↑
11 (9)	Cancer, liver	532 (541)	↔
12 (11)	Cancer, leukemia, acute myelogenous	524 (530)	↔
13 (16)	Cancer, head and neck	518 (480)	↑
14 (12)	Cancer, gastrointestinal, stomach	515 (508)	↔
15 (13)	Cancer, melanoma	504 (499)	↔
16 (15)	Parkinson's disease	504 (486)	↔
17 (18)	Arthritis, rheumatoid	454 (450)	↔
18 (17)	Cancer, myeloma	430 (462)	↓
19 (20)	Cancer, lymphoma, non-Hodgkin's	420 (421)	↔
20 (14)	Infection, coronavirus, novel coronavirus	388 (491)	↔
21 (21)	Non-alcoholic steatohepatitis	368 (391)	↔
22 (23)	Psoriasis	351 (360)	↔
23 (24)	Cancer, renal	337 (318)	↔
24 (28)	Cancer, bladder	323 (300)	↑
25 (25)	Colitis, ulcerative	317 (307)	↔

Source: Pharmaprojects, January 2026

This effect also sends obesity surging into the top 10 for the first time in our analysis of the top 25 of the 1,757 individual diseases being actively pursued at the start of 2026. [Note that only specific diseases are listed in this table; non-specific indications such as "Cancer, unspecified" have been removed from this analysis.] There is a change at the top spot in the chart this year, with non-small cell lung cancer finally overtaking breast cancer to reach the summit. Despite the overall declines in cancer R&D we've witnessed and discussed already, the top six diseases in this table remain different types of cancer, and all six have bigger pipelines this year than last. In fact, this is the case for all but four of the 16 cancer indications present in our top 25. Completing the top 10 alongside obesity and the cancer diseases this year are those perennial tough nuts to crack, Alzheimer's disease and type 2 diabetes. The latter is being swept along by the obesity wave, as many classes of drugs are able to treat both syndromes.

Table 8: Top 25 diseases/indications (new methodology)

POSITION 2026	DRUG DISEASE	NO. OF DRUGS 2026
1	Cancer, lung, non-small cell	933
2	Cancer, breast	888
3	Cancer, colorectal	688
4	Cancer, pancreatic	610
5	Obesity	555
6	Alzheimer's disease	528
7	Diabetes, type 2	496
8	Cancer, ovarian	493
9	Cancer, prostate	478
10	Cancer, brain	470
11	Parkinson's disease	444
12	Cancer, leukemia, acute myelogenous	420
13	Cancer, gastrointestinal, stomach	399
14	Cancer, liver	391
15	Cancer, head and neck	367
16	Cancer, melanoma	332
17	Cancer, lymphoma, non-Hodgkin's	329
18	Cancer, myeloma	305
19	Arthritis, rheumatoid	301
20	Infection, coronavirus, novel coronavirus	295
21	Non-alcoholic steatohepatitis	280
22	Eczema, atopic	271
23	Infection, coronavirus, novel coronavirus prophylaxis	266
24	Amyotrophic lateral sclerosis	263
25	Psoriasis	263

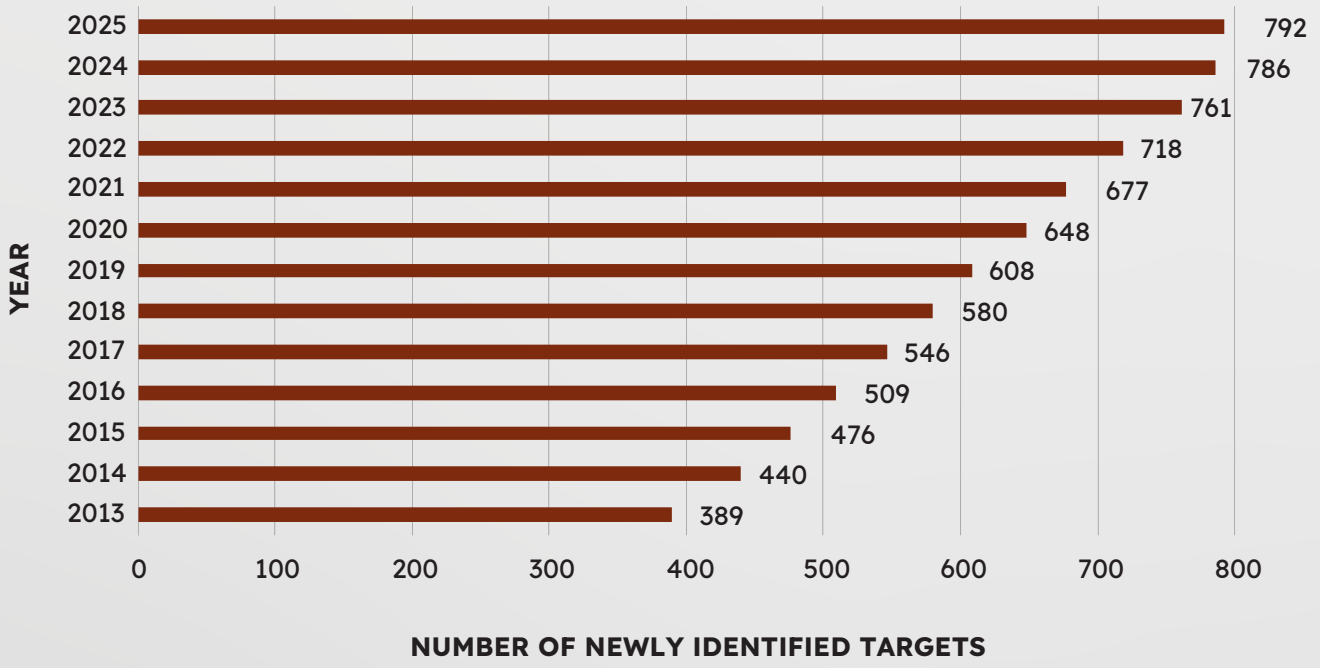
Source: Pharmaprojects, January 2026

Here's another table where we can adopt a better methodology for use in future years. Whereas Table 7 gives us the top 25 diseases attached to active drugs, Table 8 refines that data to give counts where the disease itself is confirmed to be in active development. Again, we will switch to using this method in our comparison next year. The new methodology gives us an unchanged top four, although interestingly, obesity is even higher by this way of counting, at number 5 in the table rather than number 10.

Despite being in our table of the 25 most commonly targeted diseases, nine of the conditions listed in Table 7 are officially categorized as rare. The definition we used to classify a disease as rare is one with a prevalence of one in 2,000 people in the EU, or affecting fewer than 200,000 people in the US (equivalent to around one in 1,600 people). The nine rare diseases in this table are all cancers: pancreatic, ovarian, liver, acute myelogenous leukemia, head and neck, stomach, myeloma, non-Hodgkin's lymphoma, and renal cancer. These diseases are all so devastating that there is a huge incentive for the pharma industry to develop drugs against these conditions, despite the (thankfully) relatively small patient populations. Rare diseases have now long been a focus for drug R&D, partly due to unmet need, and also thanks to the incentives for pharma to target them, ranging from periods of exclusivity afforded by schemes such as orphan drug status, and the fact that pharma can often command high prices for such products. Let's dig into the fertile soil of the diverse and fascinating world of rare diseases a bit more deeply.

As we saw in Figure 7 earlier, the total number of drugs in development for at least one rare disease this year slipped back slightly, although its decline by 1.3% to 7,618 was less than that of the overall pipeline, and consequently the share of drugs targeting rare diseases still grew, from 32.3% to 33.2%. Meanwhile, the number of different individual rare diseases being targeted edged up slightly, to 792 (Fig. 10).

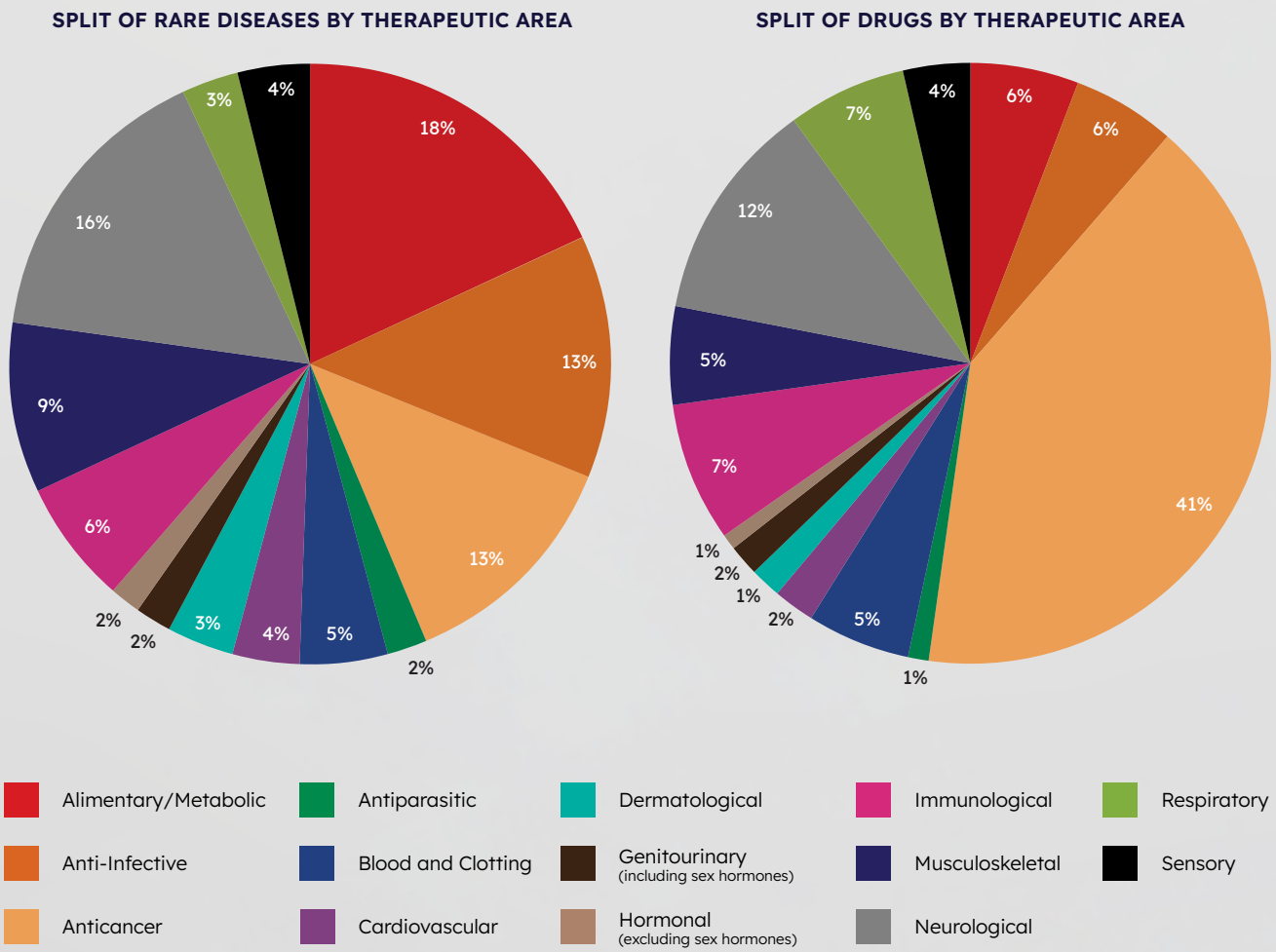
Figure 10: Number of rare diseases being targeted by pharma, 2013–25



Source: Pharmaprojects, January 2026

Breaking these rare diseases down by therapeutic area in Figure 11, we can see the biggest share falls into the alimentary/metabolic bucket. Many rare genetic diseases are inborn errors of metabolism, so it's not surprising that many rare diseases fall into this category. Similarly, a lot of neurological disorders can be accounted for by genetic diseases, which are usually rare diseases. Cancers stay joint third this year, but when we switch to looking at the number of drugs in development for rare diseases by therapeutic area in the second pie chart, oncology is way out in front, with 41% of the rare disease pipeline (again, an unchanged percentage from last year). Neurology does take second place here too, though.

Figure 11: Rare diseases by therapeutic area, by number of diseases and number of drugs



Source: Pharmaprojects, January 2026

The 20 companies with the most drug candidates targeting rare diseases are listed in Table 9. Big pharma dominates, unsurprisingly as it has the biggest pipelines anyway. That's why it is informative to also look at the relative percentages each company has in its pipeline. While Novartis comes out top in terms of numbers, it is Amgen down at number 14 that has the highest percentage of rare disease coverage within the top 20. Bristol Myers Squibb at number 2 is the only firm apart from Amgen that has more than half its drugs targeting at least one rare disease. Of the top 10 companies by pipeline size, Eli Lilly has the smallest percentage, at just 27%. And it's interesting to see the emerging Chinese behemoths spreading their branches into this area, with Jiangsu Hengrui and CSPC climbing up the table, and Sino and BeOne also featuring. Rare disease R&D continues to flower across the world.

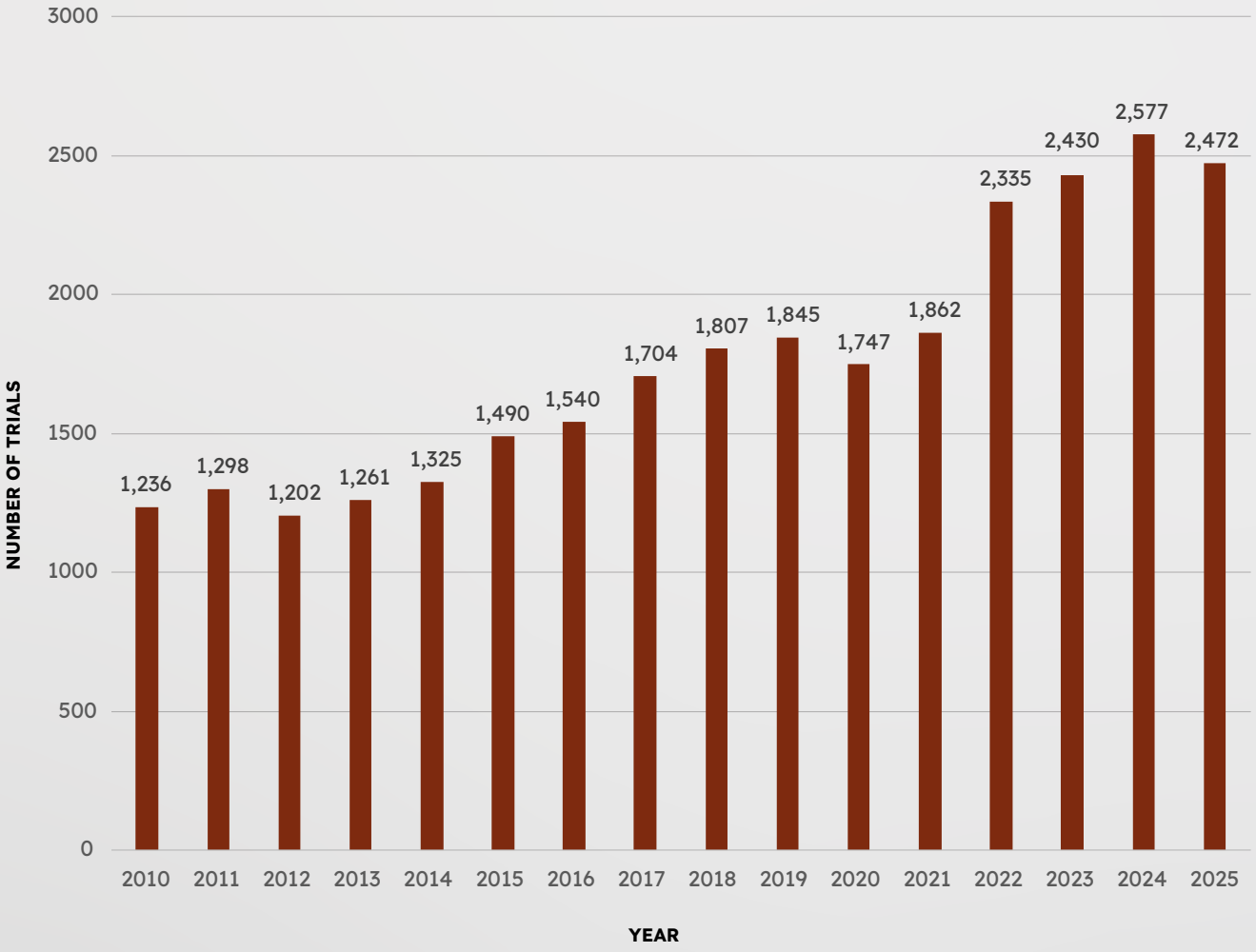
Table 9: Top 20 pharma companies with a rare disease focus

2026	COMPANY	NO. OF DRUGS FOR RARE DISEASES 2026 (2025)	% OF PIPELINE
1	Novartis	116 (132)	47.5
2	Bristol Myers Squibb	109 (115)	50.9
3	Pfizer	104 (110)	40.5
4	Sanofi	103 (94)	41.0
5	Roche	99 (97)	37.8
6	AstraZeneca	97 (98)	37.2
7	Johnson & Johnson	77 (75)	38.9
8	Takeda	75 (87)	44.9
9	AbbVie	73 (70)	36.5
10	Merck & Co.	69 (68)	33.3
11	Eli Lilly	64 (59)	27.5
12	GSK	64 (68)	34.6
13	Jiangsu Hengrui Pharmaceuticals	48 (49)	27.0
14	Amgen	47 (52)	52.2
15	CSPC Pharmaceutical	42 (39)	35.9
16	Sino Biopharmaceutical	41 (50)	34.5
17	Boehringer Ingelheim	39 (-)	27.3
18	Otsuka Holdings	38 (-)	35.5
19	Astellas Pharma	37 (39)	37.8
20	BeOne Medicines	37 (39)	48.7

Source: Pharmaprojects, January 2026

This is confirmed by hopping over the garden wall again to Trialtrove to look at the number of clinical trial starts in studies targeting rare diseases over the years. Down a touch from 2024 by this metric, 2025 was still the second-best year ever.

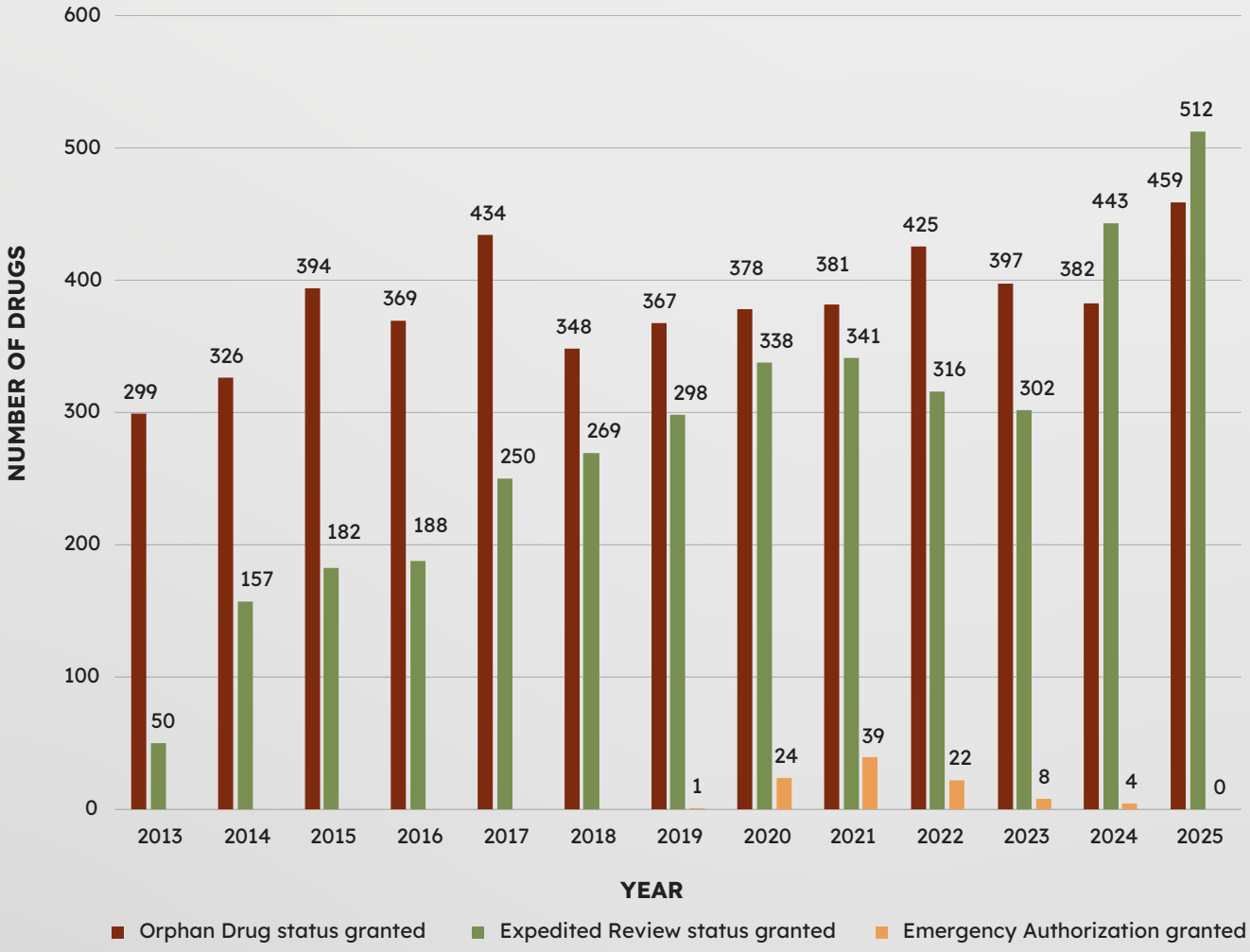
Figure 12: Rare disease trials by start date, 2010–25



Source: Trialtrove, January 2026

I noted earlier the incentives that government regulatory authorities have introduced to encourage drug companies to develop drugs for diseases with small patient populations, in the same way that agriculture might apply fertilizer or compost to coax a seedling to grow big and strong. These include the granting of Orphan Drug status (ODS), a designation that territories such as the US, the EU, Japan, South Korea, Australia, and Canada employ to encourage rare disease R&D by offering benefits like market exclusivity, tax credits, and fee reductions. Similarly, many countries employ different varieties of Expedited Review designations (ERD), such as Sakigake status in Japan, PRIME in the EU, and common or garden-variety fast-track status in the US. It makes perfect sense, then, that the rise in rare disease research is mirrored by an increase in these kinds of designations, which Figure 13 illustrates. Both ODSs and ERDs shot up in 2025. Meanwhile, the use of Emergency Authorizations, employed to speed access to newer therapies during the COVID crisis, fell back to zero last year.

Figure 13: Numbers of drugs receiving Orphan Drug status, Expedited Review designation*, and Emergency Authorization, 2013–25**



*Data for 2013 not complete as we only began systematically recording the dates of these events mid-year
**Emergency Authorizations only tracked from 2019
Source: Pharmaprojects, January 2026

Diseases continue to be a thorn in the side of humanity, but every year, progress is made. Cancer, obesity, and numerous rare diseases continue to be strong focuses of human ingenuity, and while not everything in the garden is rosy, pharma continues to bring hope. Those with diseases need not be plowing a lonely furrow.

MECHANISMS AND TARGETS

How to make pharma's flowers flourish

Industry still rooting for immuno-oncology in spades

Working out how to make your garden put on its best show is a science in itself. Different plants thrive in different conditions: acid soils, alkali soils; wet conditions, dry conditions; full sun or shade. Some grow well with others; some need their own space. For everything to come to fruition, the right biochemistry needs to happen, and the right genes need to fire. Plants are complex life-forms just like people. And, just like people, they can succumb to diseases, both via infection and via innate mechanisms. For our part, we try to make them healthy via pesticides, fertilizers, or just by watering them when they look thirsty.

For us to blossom, our biochemistry and genes similarly need to be in the right balance. Fortunately, we can also affect them if they're not, via medicines. We can do this pretty precisely if we understand the etiology of disease and the mechanisms and targets of our therapeutics. So much has been learned about all these in the last 50 years that we are able to live longer and healthier lives. And science is the key to this. In this section, we get into the science behind how drugs work, looking at the mechanisms and targets of the 2026 pipeline.

Table 10 presents the current most popular mechanisms the pharmaceutical industry is employing in drug development. Do note that the classification system developed by Pharmaprojects for mechanisms, or pharmacological activities, is hierarchical — in other words, it has a tree structure, whereby broad terms sit at the top, and more specific terms sit underneath them, and this can go down to five or six levels. This structure does have the effect of making the broader terms at the top of the hierarchy crop up most commonly. This is because, with over half of the pipeline still at the preclinical phase, where often full mechanistic information is still unknown or undisclosed, there tends to be a lot of drugs to which only a broad mechanistic class can be ascribed. As drugs move up through development stages, these general categorizations are often replaced by something more precise.

There are also a number of “umbrella” terms, created to permit searching across mechanisms in certain broader categories, which have generally been added to the taxonomy based on clients’ searching needs. Table 10 also provides you with a sense of the maturity of each strategy by showing in the rightmost column the percentage of drugs with that mechanism that have reached the later stages of development — i.e., are in pre-registration, are registered, or are launched.

Topping the table is one of the aforementioned broad umbrella terms, immuno-oncology. Such drugs train the immune system to recognize cancer cells as foreign and therefore a target to be killed. They include a wide range of drug types, some of which, like immune checkpoint inhibitors, have their own categories in the table, too. The number of immuno-oncology drugs in development takes a dip this year, with its 4.1% decline slightly exceeding the overall rate of pipeline shrinkage. It’s still a relatively new approach, only coming to the fore over the last two decades. Despite its enormous pipeline, only 3.5% of its drugs have made it to the later stages of development, although this has crept up from 3.0% last year (for comparison, the percentage across all active drugs is 10.2%).

In second place is another broad mechanism, but one with a maturer-than-average pipeline, immunostimulant. This is applied to a wide variety of types of therapeutics, including vaccines. But then we’re back in the world of immuno-oncology, with T cell stimulant at number 3, and immune checkpoint inhibitor at number 4. Entering the top 10 for the first time is the mechanism most associated with the bumper harvest of anti-obesity agents, glucagon-like peptide 1 receptor agonist. But this field has more than one crop growing in it: incretin mimetic jumps up to join it, as most of the drugs hitting GLP-1 are also incretin mimetics. Another big riser is topoisomerase I inhibitor, a popular non-immuno-oncology anticancer strategy.

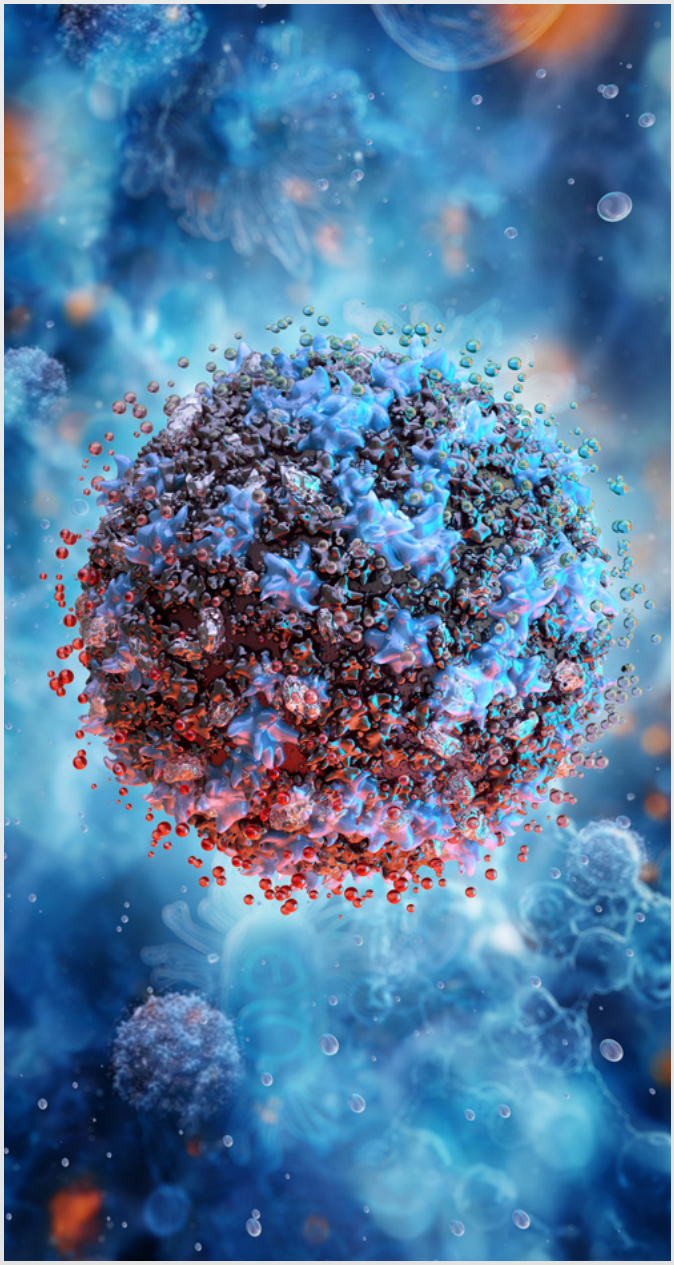


Table 10: Top 25 mechanisms of action (pharmacologies)

POSITION 2026 (2025)	MECHANISM OF ACTION	NO. OF DRUGS 2026 (2025)	% at PR, R, or L	TREND
1 (1)	Immuno-oncology therapy	3,954 (4,125)	3.5	↓
2 (2)	Immunostimulant	1,775 (1,847)	13.1	↔
3 (3)	T cell stimulant	1,369 (1,236)	6.6	↑
4 (4)	Immune checkpoint inhibitor	929 (978)	4.7	↓
5 (5)	Gene expression inhibitor	468 (410)	3	↑
6 (6)	Protein degrader	377 (348)	1.6	↔
7 (11)	Glucagon-like peptide 1 receptor agonist	287 (208)	10.5	↑↑
8 (37)	Incretin mimetic	284 (67)	9.2	↑↑
9 (7)	Immune checkpoint stimulant	275 (300)	2.2	↔
10 (20)	DNA topoisomerase I inhibitor	235 (152)	3.4	↑
11 (10)	CD3 agonist	226 (209)	4.9	↔
12 (15)	PD-1 antagonist	225 (179)	12.0	↑
13 (16)	Vascular endothelial growth factor receptor antagonist	224 (177)	31.6	↑
14 (15)	PD-L1 antagonist	214 (179)	7.0	↑
15 (22)	Radioemitter	207 (128)	13.0	↑
16 (8)	Genome editing	202 (287)	0.5	↓
17 (9)	Natural killer cell stimulant	191 (225)	1.0	↓
18 (12)	Angiogenesis inhibitor	189 (192)	36.5	↔
19 (14)	Immunosuppressant	179 (182)	39.7	↔
20 (18)	Radioemitter, beta	174 (167)	12.1	↔
21 (19)	Ubiquitin ligase E3 stimulant	156 (157)	0	↔
22 (21)	K-Ras inhibitor	151 (130)	3.3	↔
23 (23)	ErbB-2 antagonist	148 (114)	26.4	↑
24 (26)	EGFR antagonist	135 (99)	14.1	↑
25 (17)	Microbiome modulator, live microorganisms	135 (172)	2.2	↓

Abbreviations used in table: PR = pre-registration; R = registered; L = launched
Source: Pharmaprojects, January 2026

If you want to look at the precise individual proteins drugs are hitting, our top 25 table of drug protein targets (Table 11) should be where you head. Here, the top 10 are almost entirely cancer targets, but there is a new number 1 this year, with the epidermal growth factor receptor becoming the most popular target. The aforementioned GLP-1 rises to become the second-most popular protein target. Meanwhile, last year's number 1, CD3e, a common target for CAR-T cell therapies, slips to number 3 despite a small rise in the number of therapeutics utilizing this approach. DNA topoisomerase I grows a lot here — this is partly thanks to the introduction of our new immunoconjugate payload classification, as many of the active moieties in the payloads of immunoconjugates, such as antibody-drug conjugates, employ this mechanism.

Table 11: Top 25 mechanisms of action (pharmacologies)

POSITION 2026 (2025)	TARGET	NO. OF DRUGS 2026 (2025)	TREND
1 (2)	epidermal growth factor receptor	307 (248)	↑
2 (4)	glucagon like peptide 1 receptor *[GLP-1]*	297 (223)	↑
3 (1)	CD3 epsilon subunit of T-cell receptor complex	268 (254)	↔
4 (3)	erb-b2 receptor tyrosine kinase 2 *[Her2]*	259 (230)	↑
5 (5)	programmed cell death 1 *[PD-1]*	259 (222)	↑
6 (7)	CD19 molecule	257 (201)	↑↑
7 (8)	vascular endothelial growth factor A	220 (182)	↑
8 (39)	DNA topoisomerase I	209 (56)	↑↑
9 (6)	CD274 molecule *[PD-L1]*	195 (203)	↑
10 (9)	KRAS proto-oncogene, GTPase	157 (169)	↔
11 (10)	5-hydroxytryptamine receptor 2A	125 (114)	↔
12 (12)	TNF receptor superfamily member 17 *[BCMA]*	113 (104)	↔
13 (11)	membrane spanning 4-domains A1 *[CD20]*	110 (104)	↔
14 (20)	tumor necrosis factor	104 (83)	↑
15 (14)	insulin receptor	102 (97)	↔
16 (13)	cannabinoid receptor 1	100 (98)	↔
17 (17)	MET proto-oncogene, receptor tyrosine kinase	97 (88)	↔
18 (19)	folate hydrolase 1	96 (83)	↔
19 (16)	nuclear receptor subfamily 3 group C member 1 *[glucocorticoid receptor]*	95 (96)	↔
20 (27)	dopamine receptor D2	86 (68)	↑
21 (59)	cannabinoid receptor 2	85 (44)	↑↑
22 (21)	claudin 18	83 (78)	↔
23 (23)	androgen receptor	82 (71)	↔
24 (18)	TNF receptor superfamily member 9 *[CD137]*	80 (86)	↓
25 (35)	interleukin 2	79 (63)	↑

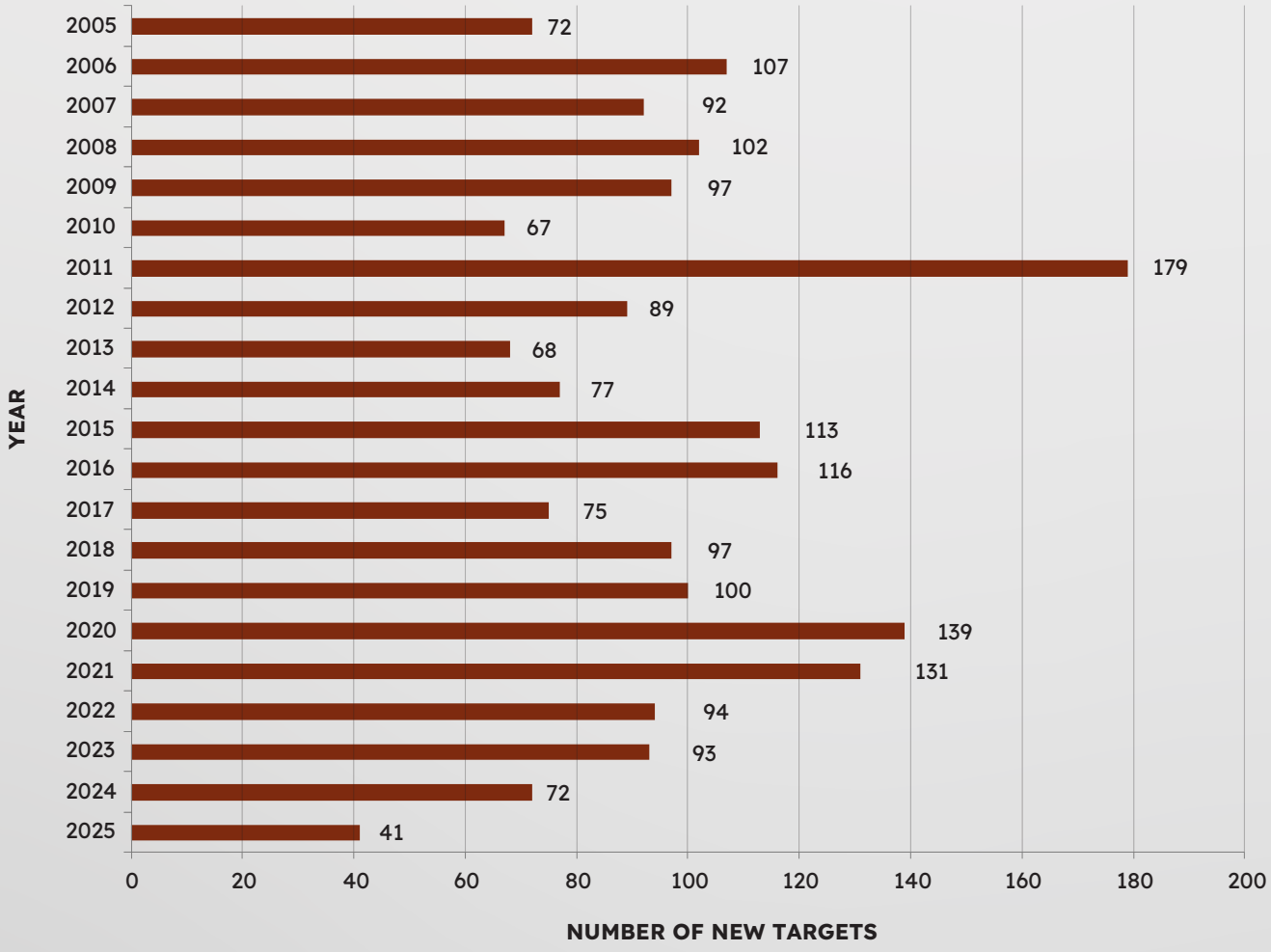
Note: NCBI names are used, except for additions in italics made by us for clarity
Source: Pharmaprojects, January 2026

This is an inherently more dynamic table and probably the best way to zoom in on emerging trends, something that's emphasized by the fact that the target that was number 1 a decade ago, the opioid mu receptor, isn't even in the top 25 anymore.

Gardening might seem to the outsider quite a stable pursuit; although fashions might evolve over time, our little bits of outdoor space largely contain the same varieties of plants as ever, right? In fact, that's not necessarily so, as there is a whole industry built around developing and breeding new varieties of flowers, or cultivars. At the UK's annual Chelsea Flower Show in 2025, among the debutantes were a new variety of striped shrub rose, The King's Rose; three new cultivars of clematis; and the world's first ground-covering hydrangea. Innovation is as prized in horticulture as it is in medicine.

However, if we measure innovation by the number of new drug protein targets added, 2025 was a disappointing year for pharma, with just 41 new targets being a historically low number (see Fig. 14). However, the number of individual targets being actively worked on has again hit a new all-time high, with 2,117 this year, up from 2,093 last year. And there are certainly more targets to validate and work on, as it's estimated that there are around 10,000 druggable targets in the human proteome.

Figure 14: Number of new drug protein targets identified by Pharmaprojects, 2005–2025



Source: Pharmaprojects, January 2026

Having spent some time seeing what makes our pharma garden grow, it's now time to look at the different types of drugs in it.

TYPES OF PIPELINE DRUGS

All the shades of biotech

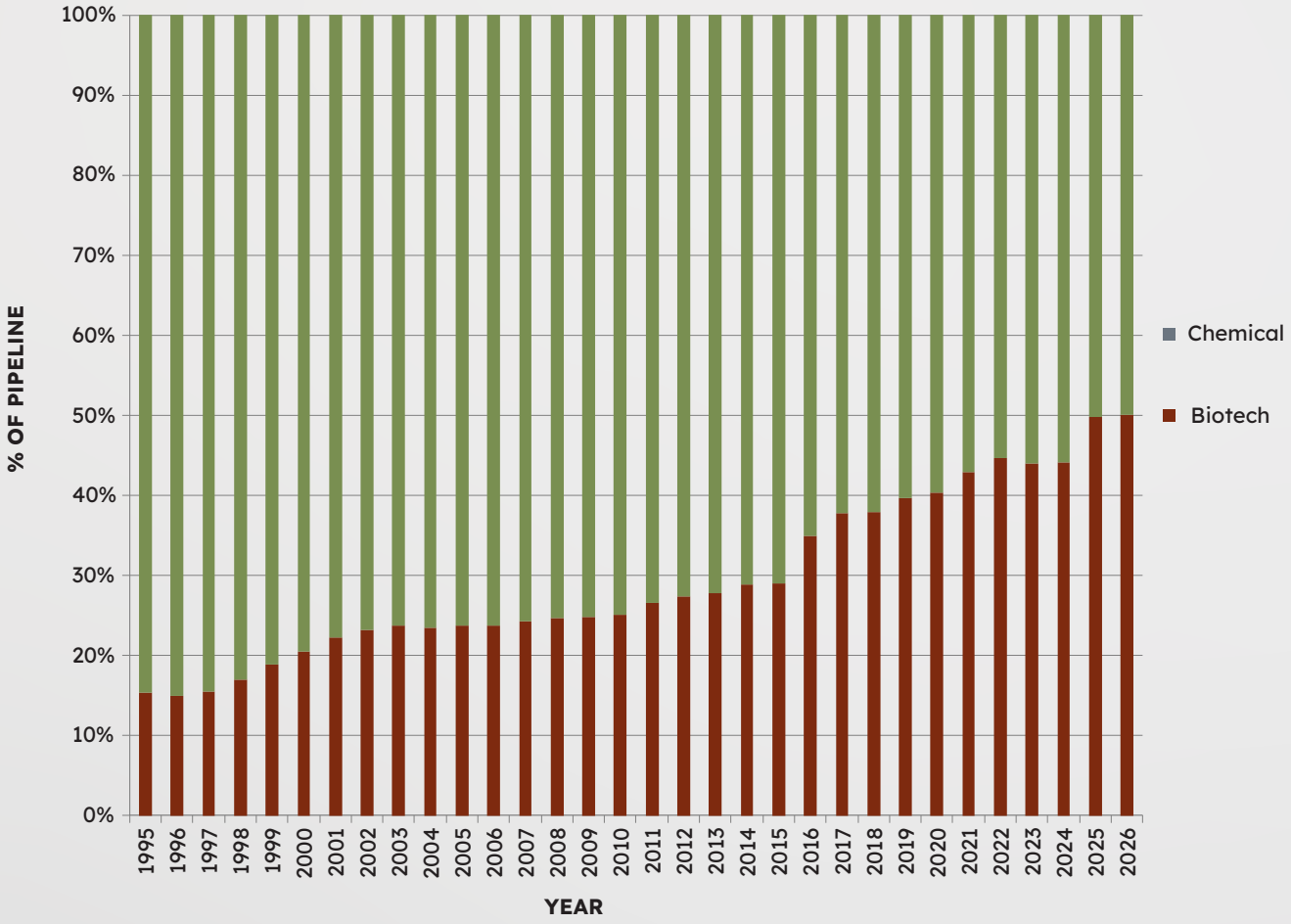
MAbs, immunoconjugates, cell therapies, and gene therapies make for a showy biotech border

A well-designed garden should have a variety of plants. Evergreens to provide winter greenery, shrubs at the back of a border to provide height and structure, bulbs for spring, and bedding plants for summer color. In the farming world crops are often rotated, and there is the concept of mixed agriculture, whereby crops and animals are integrated, producing a self-sustaining system where animal manure fertilizes crops and crop residues feed animals. Variety is the spice of life. It also makes scientific sense not just to have a monoculture — growing the same crop year after year in the same field will deplete the soil's nutrients, and a garden with just one type of plant in it would look distinctly odd.

Similarly, most pharma companies rely on a mixed portfolio of different types of drugs, viewing this a healthy balance, although naturally this isn't always the case with small companies relying on a single proprietary technology. The two major classes are the small molecule drugs vs. those produced by biotechnological techniques. In this section, we will break down the different types of drugs under development and focus in a bit more detail on some of the most popular and important biotech drug types.

Taking a look at that split between small molecule and biotech first, this year's data reveals something of a momentous landmark has been reached. For the first time ever, there are more biotech drugs than small molecules in this year's pipeline. As Figure 15 shows, this change has been coming for a long time: 30 years ago, traditional synthetic chemicals dominated with an 85:15 split vs. biologicals, but there has been a steady march of biotech since then, and this is the year in which it finally becomes the dominant force, with 50.1% of the drugs in development. Quite a moment.

Figure 15: Biological vs. non-biological drugs as a percentage of the pipeline, 1995–2026



Source: Pharmaprojects, January 2026

Last year, we introduced our new enhanced Drug Type ontology, so this is the first year we are able to compare year-on-year data. Like our Mechanism of Action classification, this has a hierarchical structure, which tends to mean that broader terms are used when more specific details have not yet been disclosed, which is particularly likely for early stage drugs.

Table 12 shows this year's top 25, with the terms themselves being highlighted in bold, and how each sits in the hierarchy being delineated to the left. The five main branches of the tree in this new classification are small molecule, biological, natural product, reformulation, and diagnostic.

Table 12: Top 25 drug types of pipeline drugs

POSITION 2026 (2025)	DRUG TYPE	NO. OF DRUGS 2026 (2025)	TREND
1 (1)	Small molecule > **Synthetic small molecule**	9,064 (10,581)	↓
2 (2)	Biological > Protein > Antibody > **Monoclonal antibody, other**	2,511 (2,229)	↑
3 (3)	Biological > **Gene therapy**	2,115 (2,178)	↔
4 (6)	Biological > Nucleic acid > **Nucleic acid, vector type**	997 (1,107)	↓
5 (12)	Biological > Protein > Antibody > **Antibody-drug conjugate**	892 (678)	↑
6 (7)	Biological > Cellular > Cell type > Blood cell > Leukocyte > Lymphocyte > **T cell**	854 (844)	↔
7 (5)	Biological > Vaccine > **Prophylactic vaccine, anti-infective**	844 (1,148)	↓
8 (15)	Biological > Protein > Antibody > **Humanized monoclonal antibody**	802 (559)	↑
9 (10)	Biological > Cellular > Cell origin > **Autologous**	727 (704)	↔
10 (9)	Biological > Cellular > Cell origin > **Allogeneic**	705 (730)	↔
11 (13)	Biological > Cellular > Cell technology type > Chimaeric antigen receptor > **CAR-T cell**	641 (594)	↔
12 (15)	Biological > Protein > Antibody > **Human monoclonal antibody**	615 (559)	↑
13 (14)	Biological > Nucleic acid > Nucleic acid, vector type > Viral vector > **Adeno-associated virus**	593 (579)	↔
14 (16)	Biological > Protein > Antibody > **Bispecific antibody**	560 (535)	↔
15 (18)	Biological > Biological, other > **Biosimilar**	532 (504)	↔
16 (23)	Reformulation > **Fixed-dose combination**	456 (427)	↔
17 (21)	Biological > Nucleic acid > Nucleic acid technology type > RNA > **Messenger RNA**	428 (466)	↓
18 (29)	Small molecule > Synthetic small molecule > Synthetic nucleic acid > **RNA interference**	428 (371)	↑
19 (20)	Biological > Protein > **Recombinant protein**	400 (481)	↓
20 (24)	Biological > Protein > Recombinant protein > **Fusion protein**	390 (407)	↔
21 (17)	Reformulation > **Other reformulation**	380 (508)	↓
22 (22)	Biological > Cellular > **Cell origin**	361 (436)	↓
23 (28)	Biological > Vaccine > **Recombinant vaccine**	340 (377)	↓
24 (32)	Biological > Protein > Antibody > **Cell engager, bispecific**	322 (303)	↑
25 (31)	Biological > Cellular > Cell type > **Bacterial cell**	310 (353)	↓

Source: Pharmaprojects, January 2026

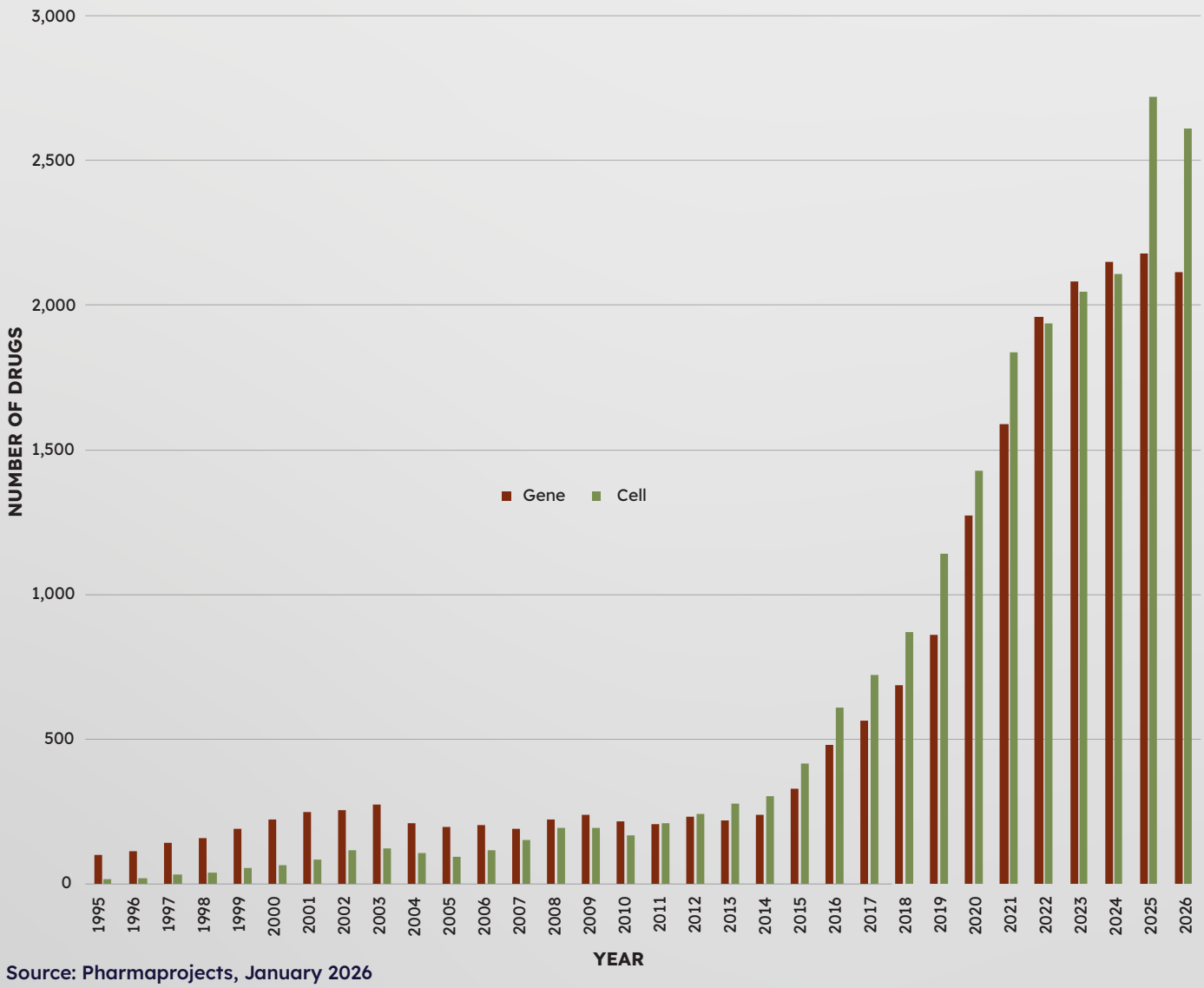
Many of the interesting moves in this table affect antibody types, immunoconjugates, and cell and gene therapies — we'll be looking at these in more detail shortly.

Apart from these areas, one thing to call out from this table is a significant jump for RNA interference therapeutics. There are now eight examples of this kind of drug on the market, treating diseases as diverse as amyloidosis, hypercholesterolemia, and hemophilia.

The ability to manipulate genomes is a powerful tool we have developed over the past 50 years. It has been used extensively in agriculture as well as medicine, with the use of genetically modified (GM) foods becoming prevalent since they were first used over 30 years ago. Many crops have been engineered to be resistant to pathogens or herbicides, but some have been modified to improve their nutritional value or taste. While GM foods have undoubtedly contributed significantly to helping feed the world, there has been the occasional tabloid-inspired moral panic, such as one earlier this century which coined the crazy but catchy term "Frankenstein foods."

Genetically modifying people strangely seems to have caused less concern, and indeed holds great potential. For starters, there are over 10,000 human diseases caused by a single genetic defect, many of which are ultra-rare, but gene therapy for such conditions can be curative. The path of gene therapies to patients hasn't always been smooth, however, and some that made it to the market were then subsequently withdrawn. Famously, the first gene therapy to be approved, uniQure's Glybera (alipogene tiparvovec) for lipoprotein lipase deficiency was removed from the market, partly because health systems were not prepared to foot the bill for the €1.1 million-per-patient price tag. Nevertheless, 18 gene therapies are currently marketed, and the area continues to boom, as we'll see in Figure 16.

Figure 16: The rise of cell and gene therapies

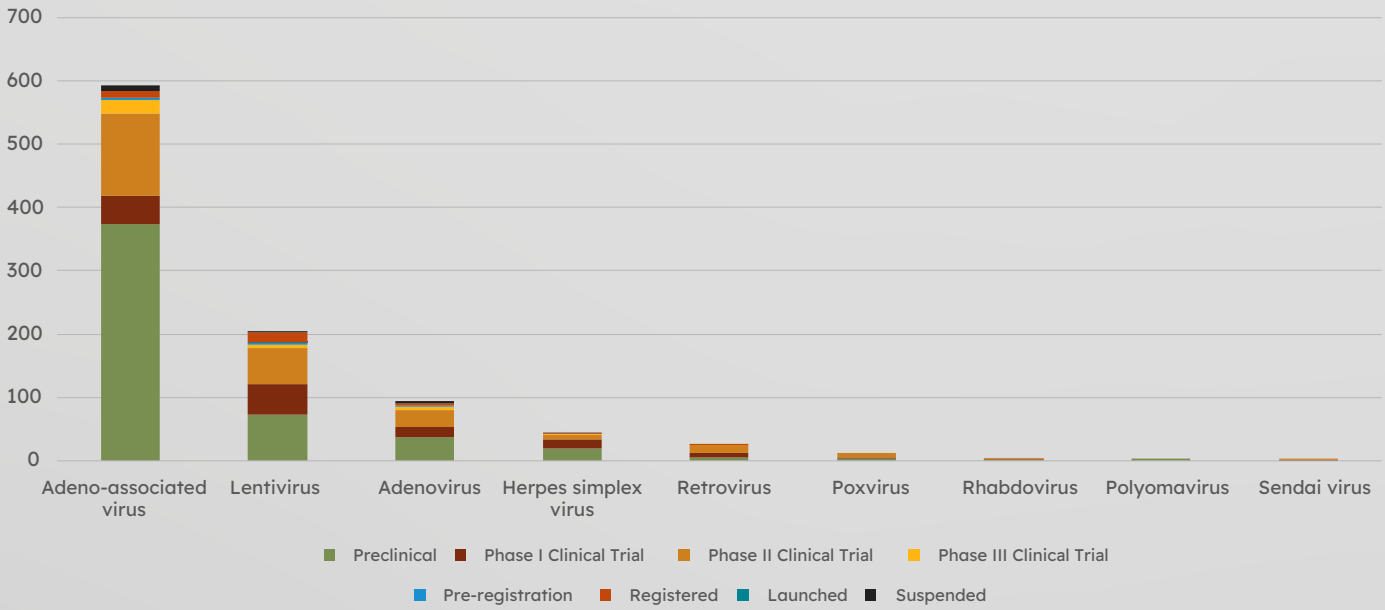


Source: Pharmaprojects, January 2026

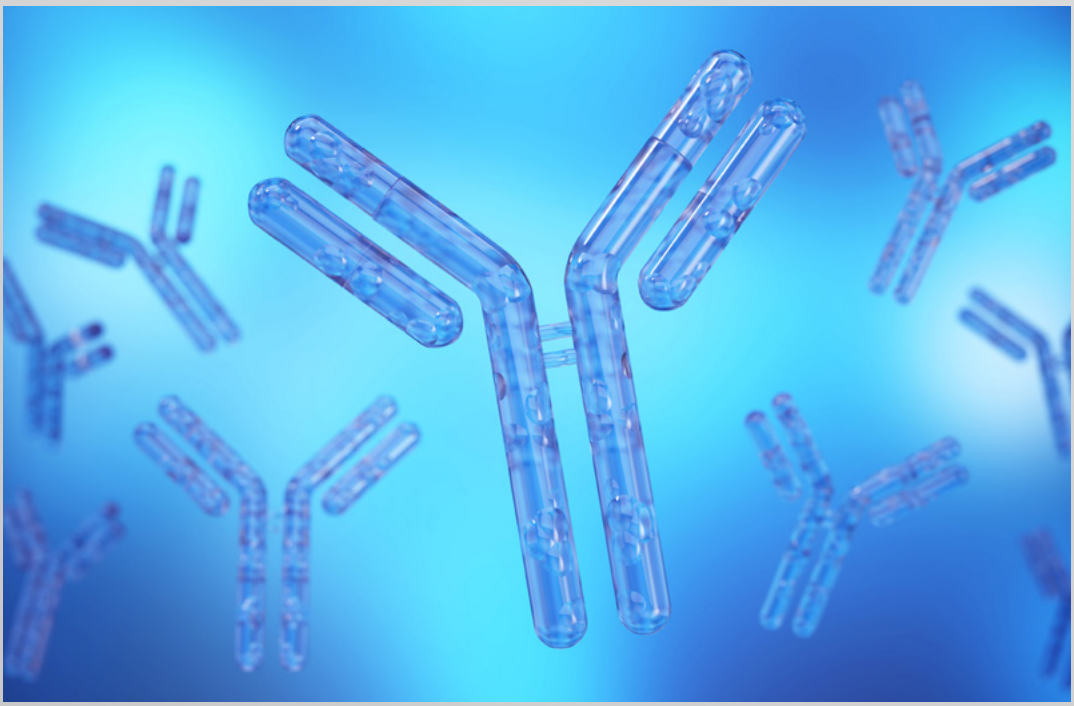
As this graph shows, gene therapy's rise has gone hand in hand with cell therapies. Indeed, there are a further 24 cell therapies on the market that also involve some kind of genetic manipulation, as the two categories are not mutually exclusive — cell therapies such as CAR-T cells are genetically modified ex vivo before being reintroduced to the patient. This year, the number of gene therapies in development is 2,115, down just 2.9%, whereas the number of cell therapies is down 4.0% to 2,610. There are 1,199 agents which are classified as both – down slightly from last year.

Many of the gene therapies not involving cells use viral vectors to deliver genes directly in vivo to their target cells. Data in Figure 17 confirms that adeno-associated viruses remain the most popular of these viral vectors, with slightly more being employed this year than last (593 vs. 579). Most other vector types slipped back a bit, herpes simplex virus being a notable exception, up from 40 to 45.

Figure 17: Viral vectors used in gene therapies

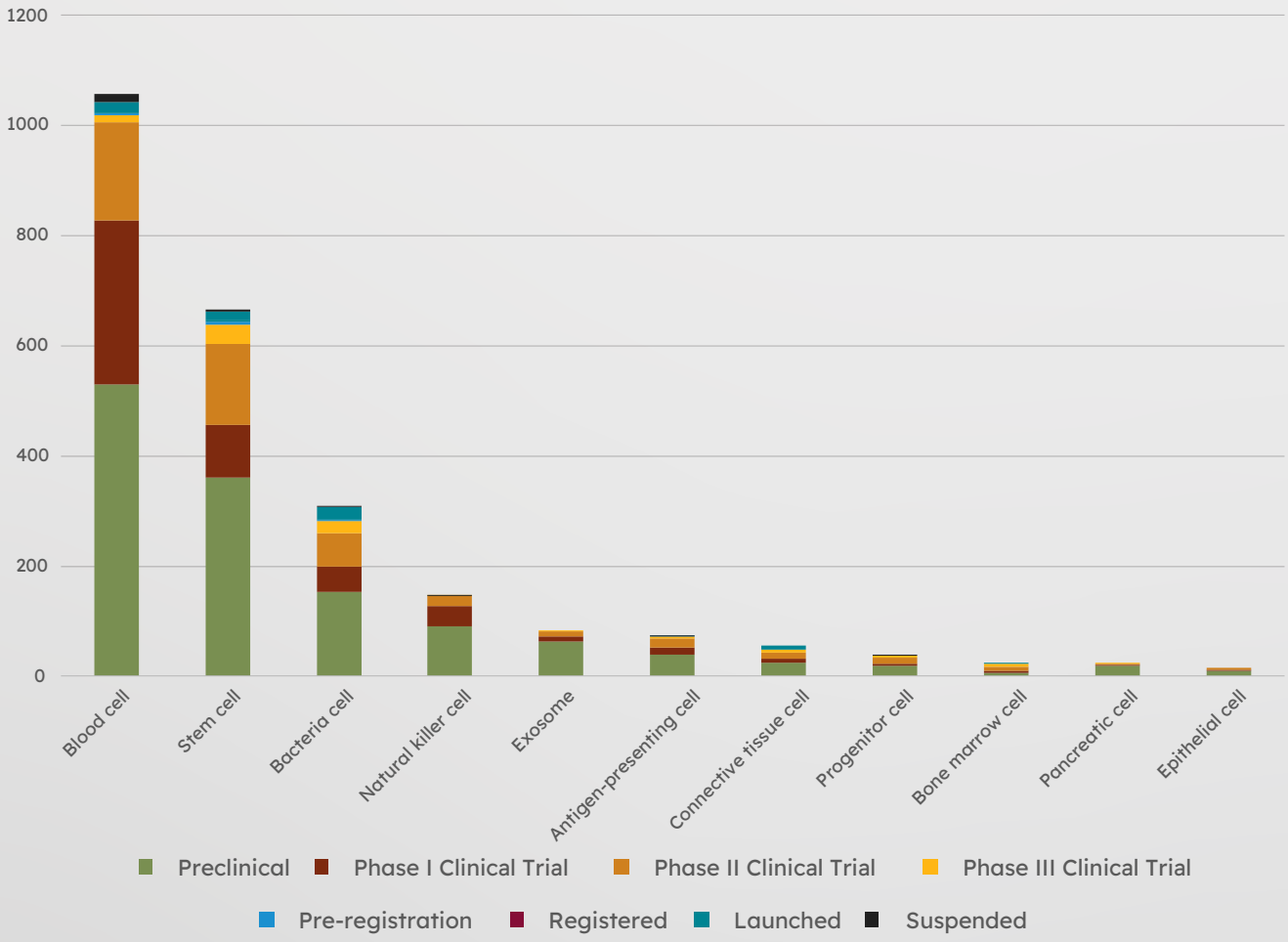


Source: Pharmaprojects, January 2026



The choices available for cellular therapies of different cell types are considerably more diverse, with the granular ontology we use to classify cell types having over 90 subtypes, arranged into 26 broader categories. The 11 most popular of these broader categories and their stage of development are shown in Figure 18. Blood cells come out top, containing as it does T cells and their various subtypes, although this year's total is down by 6.5%. Stem cells come in second, with almost the same number of therapeutics using them as last year. Bacterial cells are down, but the remaining classes shown are relatively stable.

Figure 18: Cell types used in cell therapies

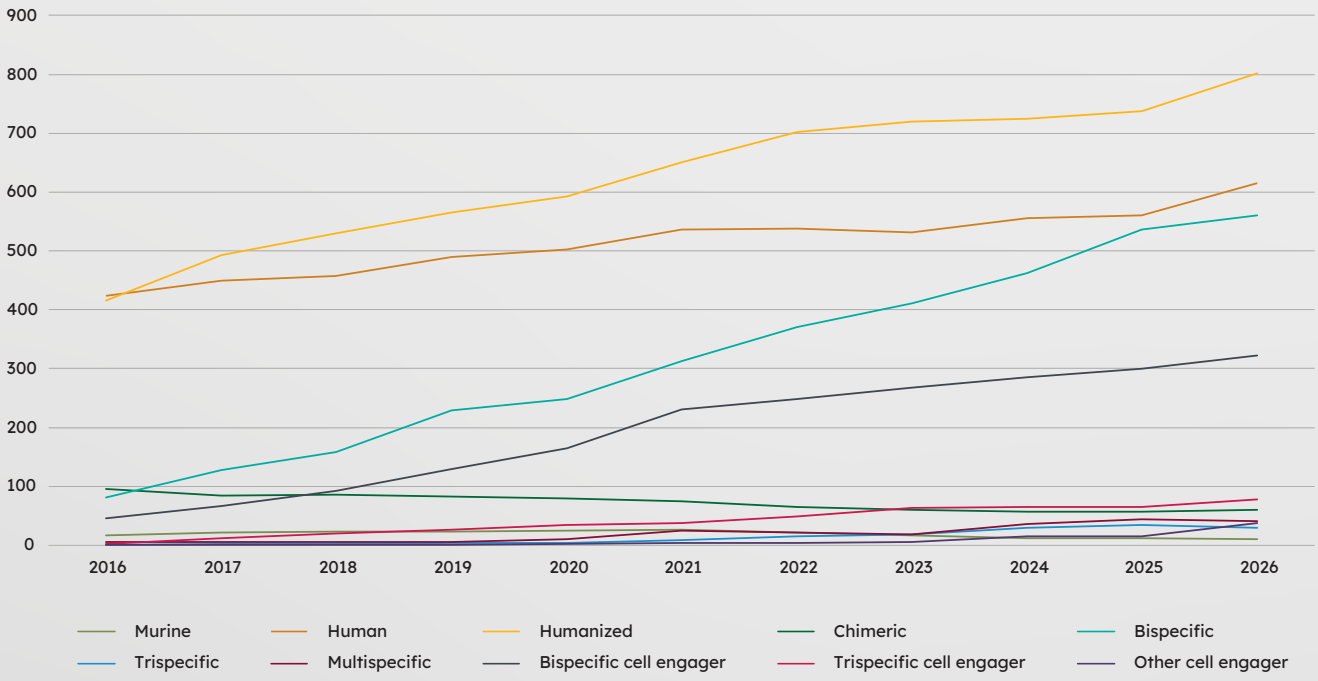


Source: Pharmaprojects, January 2026

While cell and gene therapies are often considered the “sexy” new kids on the block — like blousy dahlias or rare orchids — a more workmanlike and now thoroughly accepted class of therapeutics is the monoclonal antibodies (MAbs). The technologies employed to develop these agents continue to evolve; in the 1990s, murine and chimeric monoclonals were popular choices, but as Figure 19 shows, these have largely faded from view as newer, better MAb-producing technologies have come to the fore. There are some clear winners evidenced in the graph.

Pipeline size has increased in 2026 for humanized MAbs, human MAbs, bispecific MAbs, and bispecific cell engagers, with the rate of expansion increasing for each of these except bispecific MAbs. Other strategies remain relatively dwarf varieties, but keep an eye on other forms of multi-specific targeting agents, which we expect to see grow further in the coming years.

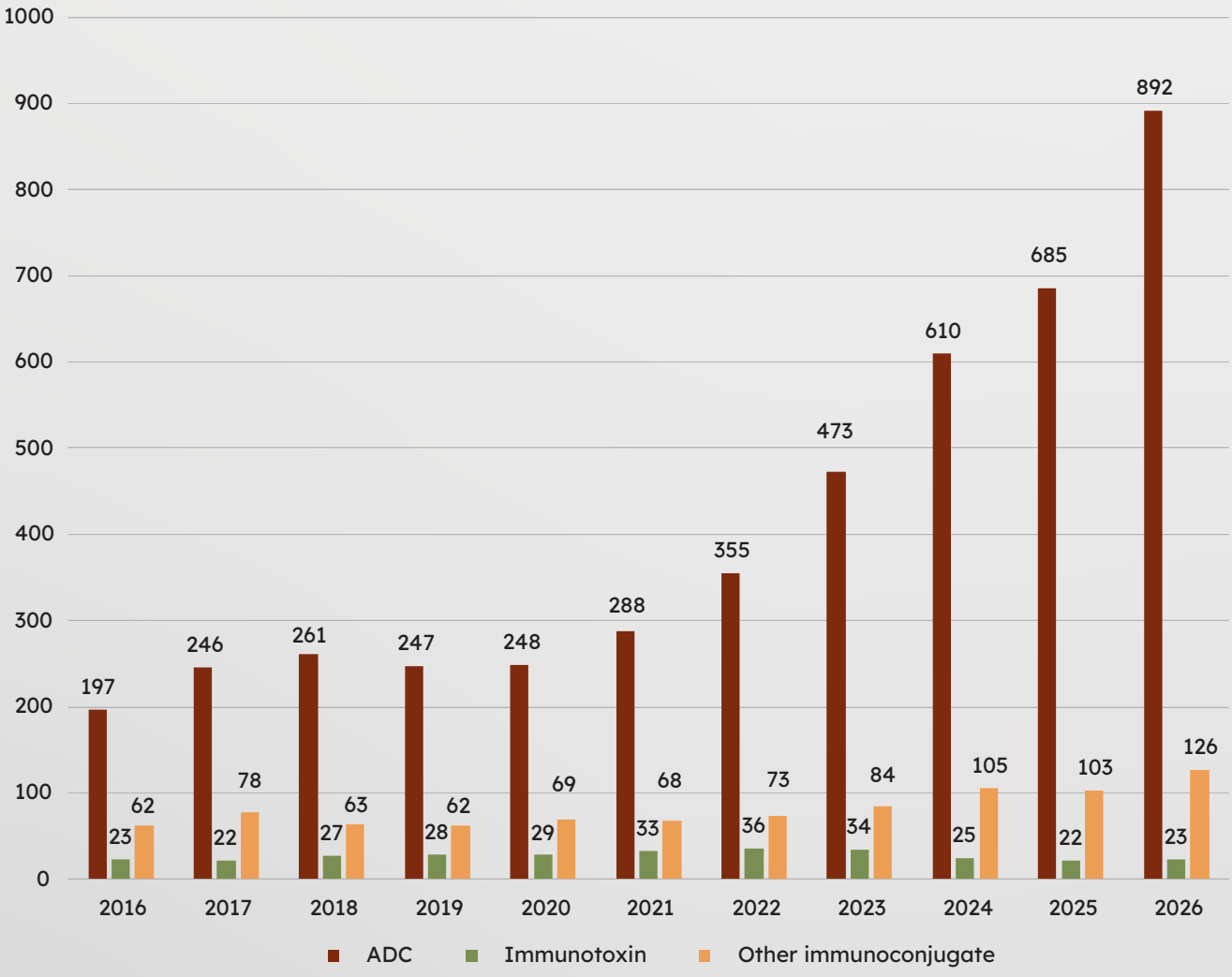
Figure 19: Types of monoclonal antibodies, 2016–2026



Source: Pharmaprojects, January 2026

Allied to monoclonal antibody R&D is the development of immunoconjugates, where antibodies are conjugated to cytotoxic agents, the antibody ensuring that these payloads are delivered directly only to the cells we want to destroy — usually cancer cells. These broadly break down into three classes: antibody-drug conjugates, immunotoxins, and other types of immunoconjugates. As Figure 20 illustrates, the past 12 months have seen a surge in the numbers of antibody-drug conjugates, whose numbers rose by just over 30% over the 2025–2026 period — simply staggering in the face of a 3.9% overall decline in the size of the pipeline. Immunotoxin R&D has stagnated and is largely moribund, but other types of immunoconjugates also posted an uptick.

Figure 20: Types of immunoconjugates, 2016–2026



Source: Pharmaprojects, January 2026

Another new introduction for last year's Pharma R&D Report was an analysis of our new immunoconjugate payload classification to see what were the most popular bullet parts of these so-called "magic bullet" drugs. Last year, we published the top 20 across all drugs, whereas this year's analysis, in keeping with the rest of this report, focuses solely on those used in drugs in active development. Thus, in Table 13, the 2026 vs. 2025 data is not really comparing apples to apples, but is included for interest anyway. While monomethyl auristatin E remains out in front, it's interesting to see two payloads that target topoisomerase I, exatecan and camptothecin, climbing, reflecting the rise for this enzyme seen in our mechanism of action and target top 25 lists. Meanwhile, lutetium-177 is the most popular radioisotope used in immunoconjugate radiopharmaceuticals.

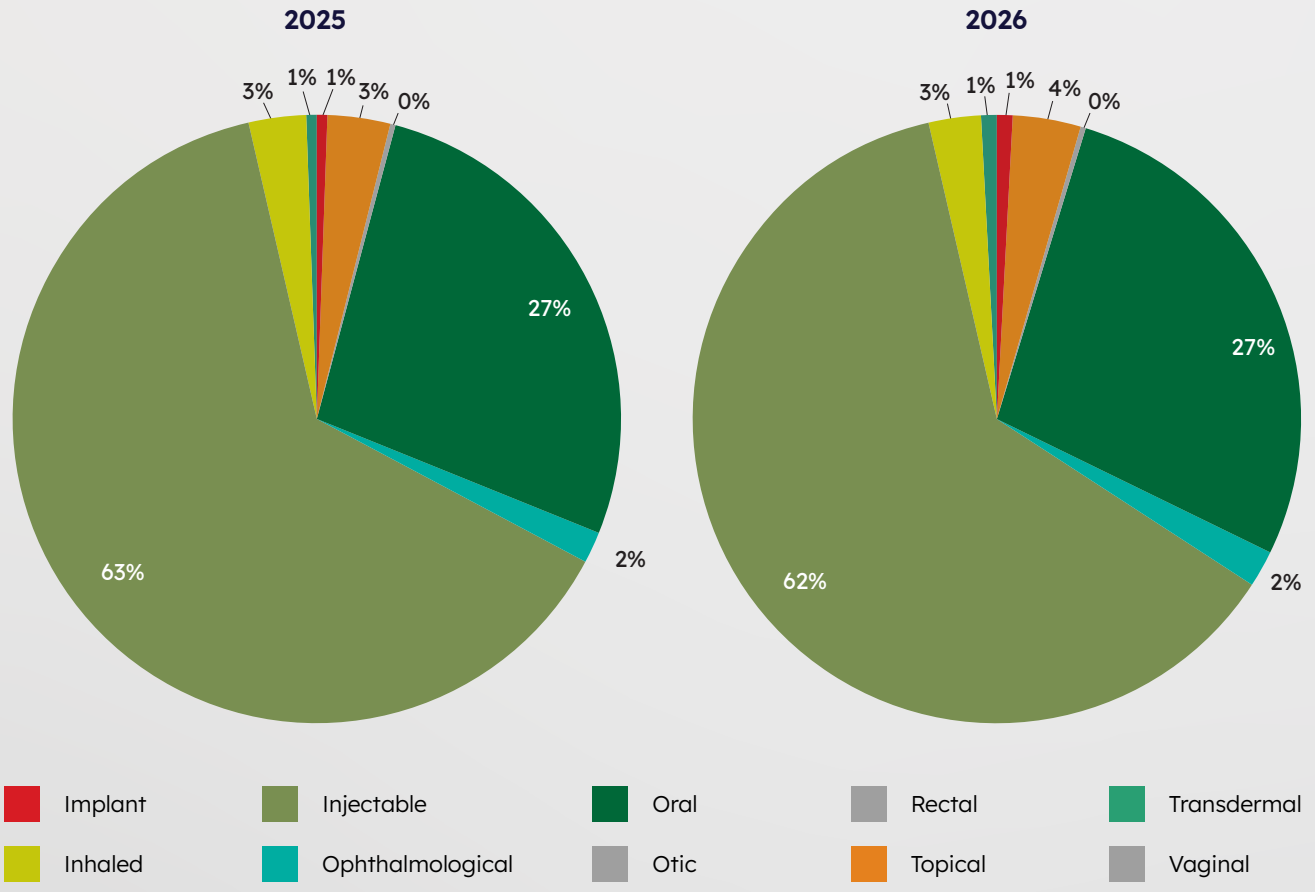
Table 13: Top 10 payloads for active immunoconjugate drugs

POSITION 2026 (ALL DRUGS 2025)	IMMUNOCONJUGATE PAYLOAD	NO. OF ACTIVE DRUGS 2026 (ALL DRUGS 2025)
1 (1)	monomethyl auristatin E	81 (104)
2 (5)	exatecan	57 (25)
3 (7)	lutetium-177	20 (24)
4 (15)	camptothecin	19 (16)
5 (9)	actinium-225	18 (22)
6 (30)	eribulin	10 (6)
7 (22)	gallium-68	9 (10)
8 (2)	pyrrolobenzodiazepine	9 (48)
9 (26)	SN38	6 (8)
10 (44)	lead-212	5 (4)

Source: Pharmaprojects, January 2026

The drug type also strongly influences how the drug can be delivered to the patient, with large molecules such as biologicals vastly more likely to need to be delivered by injection, rather than by the more palatable oral route. The breakdown of the pipeline by route of administration is shown in Figure 21. This analysis shows very little change from 2025 to 2026. Injectables have a sizeable majority, but decline by 1%, with topical drugs advancing by 1%.

Figure 21: Pipeline by delivery route, 2025 and 2026



Source: Pharmaprojects, January 2026

This completes our analysis of the 2026 pipeline as a whole. We will shortly move to geographical sub-analyses of 12 of the most important countries where pharma R&D is taking place. But first, in a completely new section for 2026, come with us as we tiptoe through the tulips of the top 10 pharma companies.

DIGGING DEEPER 1

Top 10 Companies

As you've probably noticed by now, we do love a top 10 in the Pharma R&D Report.

According to Google's now ubiquitous AI overview (and I'm not necessarily suggesting that this is universally true, but it sounds reasonable for UK gardens at least), the top 10 garden flowers are as follows:

1. Roses
2. Lavender
3. Peonies
4. Dahlias
5. Hydrangeas
6. Echinacea
7. Delphiniums
8. Clematis
9. Sages/Salvias
10. Cosmos

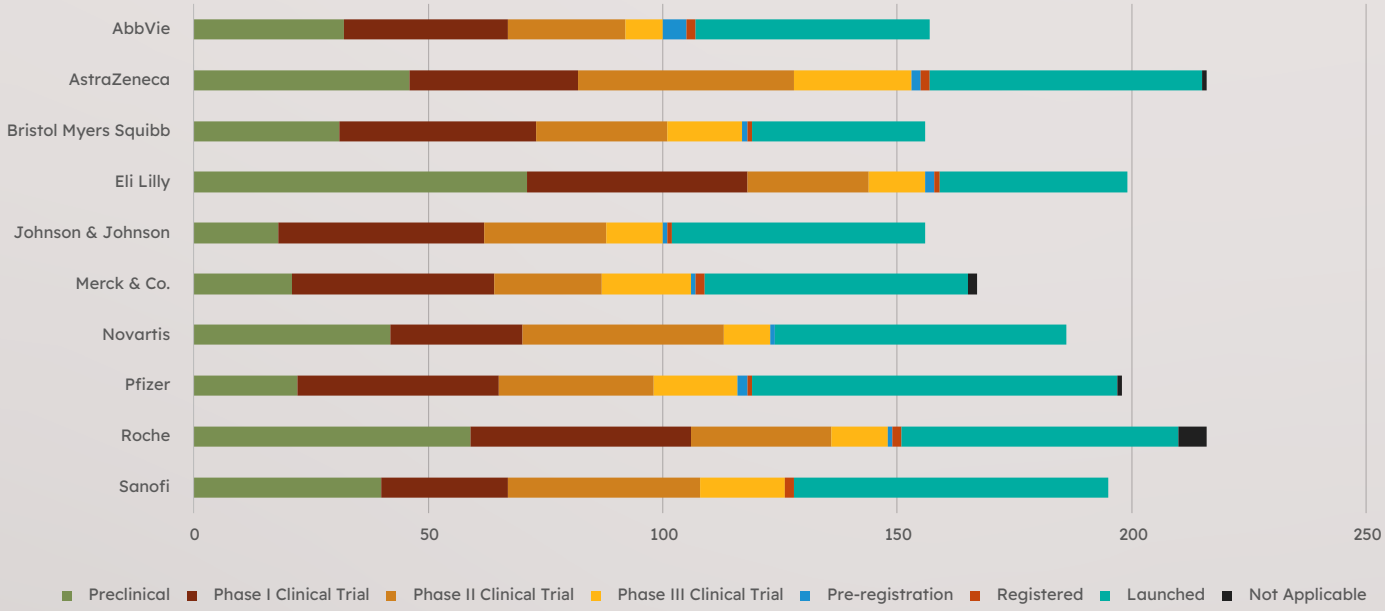
I can count seven out of these 10 in my own modest plot. Within this group, there is a huge degree of variability, between each of them (from shrubs to climbers to annuals), and within each (think of the wide variety of colors and bloom shapes of dahlias).

Does the same heterogeneity apply across the top 10 pharma companies?

Without gilding the lily too much, times have been pretty good for the top 10 pharma companies. A period of stability after the mega-merger mania of the 1990s is allowing them to make hay while the sun shines. While the invasive species of patent expirations always threaten to suck the nutrients from the fertile soils these companies operate in, there generally have been sufficient new green shoots to keep them flowering each season. While they certainly reap what they sow, these pharma titans are certainly no shrinking violets or wallflowers. But like their botanical brethren, within the top 10, there is variety and color. In this brand-new section digging deeper into the green giants of pharma, we include a number of analyses brand new to this report, taken from the new Analytics bolt-on to Pharmaprojects, Pharmaprojects⁺, and its Company Compare feature. [Note that data in this section are calculated using the new methodology outlined for Table 3 earlier. The analyses here restrict the numbers to active drugs where the companies currently report active development.]

Firstly, let's look at the phase of development split for the 10 companies (top 10 according to Table 2) with the largest pharmaceutical R&D pipelines at the start of 2026 (Fig. 22). There is great variability in the numbers of preclinical drugs — from Johnson & Johnson's lowly 18 to Eli Lilly's sunflower-like lofty 71 — but it is not a metric to set much stock by, since it can be hugely affected by different companies' degrees of disclosure of their early-stage assets. So let's instead focus on a better indicator of shorter-term performance, the number of drugs each company has in Phase III trials. Again, there are quite significant differences, with AstraZeneca looking best placed with 25, followed by Merck & Co. with 19 and Pfizer and Sanofi both with 18. Against this, AbbVie might look to be withering somewhat with a paltry eight, but it does compensate by having the most drugs awaiting registration of any of the companies in the top 10.

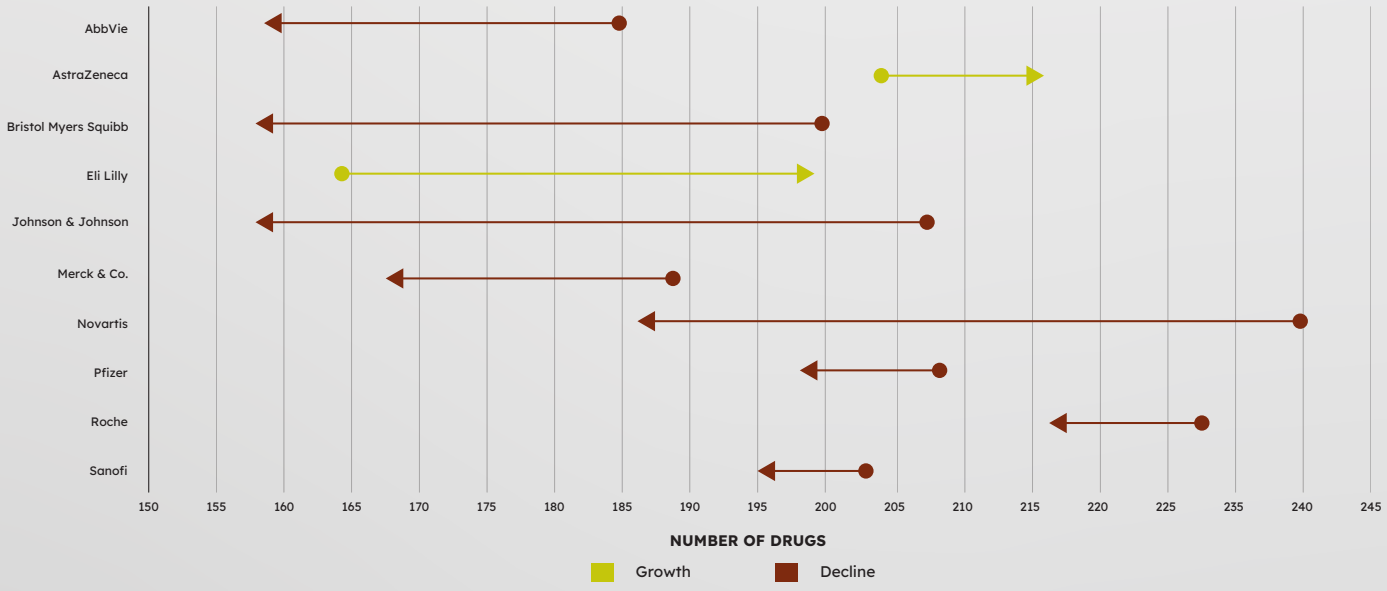
Figure 22: Top 10 companies by phase of development



Source: Pharmaprojects⁺, January 2026

Another informative new analysis appears in Figure 23. This chart looks at the growth, or decline, in the top 10 companies' pipeline sizes over the past five years. There are many reasons why a company's pipeline size might shift dramatically: acquisitions and spin-offs, changes in therapeutic focus, or companies just pruning away some of their dead wood. But some might find the chart rather startling. Eight of our top 10 show declines, some of which are rather dramatic — Novartis has dropped by 54 (23%), Johnson & Johnson by 51 (25%), and Bristol Myers Squibb by 44 (22%) Even allowing for the aforementioned big changes a company can undergo, it's worth remembering that fewer might not necessarily equate to worse. These companies might simply be leaner and fitter — in the same way that "thinning out" a flowerbed packed with seedlings allows the remaining plants to thrive more rigorously. Bucking the trend though were AstraZeneca and Eli Lilly, both of which have larger pipelines now than they did five years ago. Both companies have achieved this not only through organic growth but by sending tendrils into neighboring gardens. Eli Lilly, which has grown its pipeline size by a whopping 35 assets (21% growth), has been highly acquisitive over the past five years, with the number of smaller pharma companies it has absorbed reaching double figures, including DICE Therapeutics in 2023, Verve Therapeutics in 2024, and, most recently, Ventyx Biosciences. AstraZeneca, too, has been snapping up entities like a Venus flytrap during this period, swallowing firms such as Neogene Therapeutics, Icosavax, and Fusion Pharmaceuticals.

Figure 23: Growth/decline in pipeline size for top 10 companies over the past five years

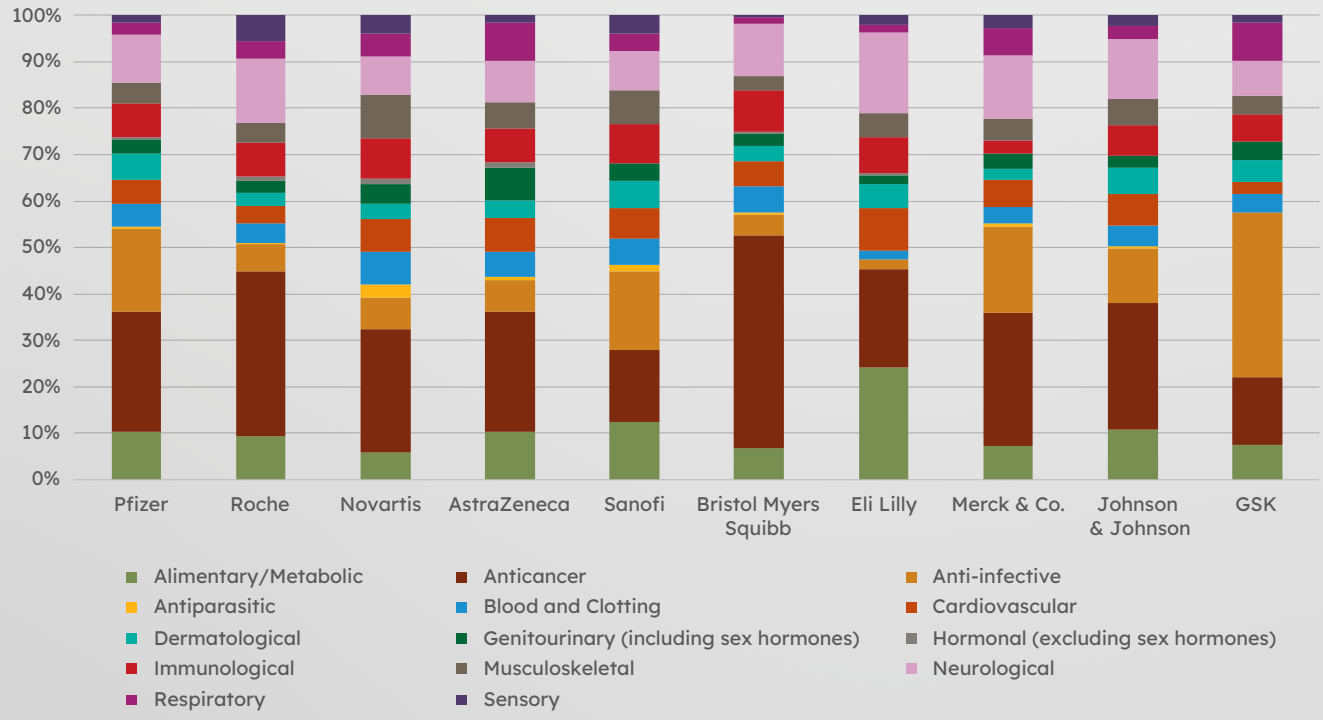


Source: Pharmaprojects⁺, January 2026

Figure 24 returns to the 2026 pipeline and analyzes the top 10 companies' portfolios by the broad therapeutic areas in which they are working. Here, we have seen subtle shifts over recent years. As of now, five of the top 10 still have R&D activity in all 14 therapeutic areas, with gaps only appearing in the two very smallest groups, hormonal (Sanofi and Johnson & Johnson), and antiparasitic (Roche, Eli Lilly, and AbbVie). But that doesn't quite tell the whole story. We are increasingly seeing clearly defined disease area focuses for pharma's big players, and the era of having similar-sized fingers in every pie seems destined for the compost heap. This graph shows this more than ever this year. Bristol Myers Squibb is the company with a pipeline most heavily weighted in a single area, with over 60% of its drugs in the single bucket of oncology. Compare that to Sanofi, which has only 16% of its drugs targeting cancer. The latter company is the only one in the top 10 from which cancer no longer takes the greatest share of its attention, instead having around 25% of its R&D in the anti-infective area. Meanwhile, Eli Lilly is dividing its attention roughly equally between oncology and the alimentary/metabolic arena.

We expect to see this differentiation between the disease area focuses of the top 10 companies intensify in the coming years, as firms seek to concentrate their pipeline efforts in fewer areas of strategic strength. For instance, Pfizer, a company staring at potential big revenue losses by the end of the decade, recently stated its intention to narrow its therapeutic area focus even more tightly, zooming in on obesity and cancer. This aim was emphasized in January when the company announced it was selling its share of the anti-HIV joint-venture Viiv Healthcare to fellow shareholder Shionogi, thus exiting this part of its anti-infective franchise. Meanwhile, it has affirmed its commitment to obesity by winning the very public bidding war with its rival Novo Nordisk to acquire Metsera. However, sticking to just a few therapeutic areas may not be the goal of all big pharmas — Merck & Co. has declared that it "takes a science-first approach to dealmaking that is agnostic to therapeutic area" and that it might go into areas that it hasn't traditionally been in.

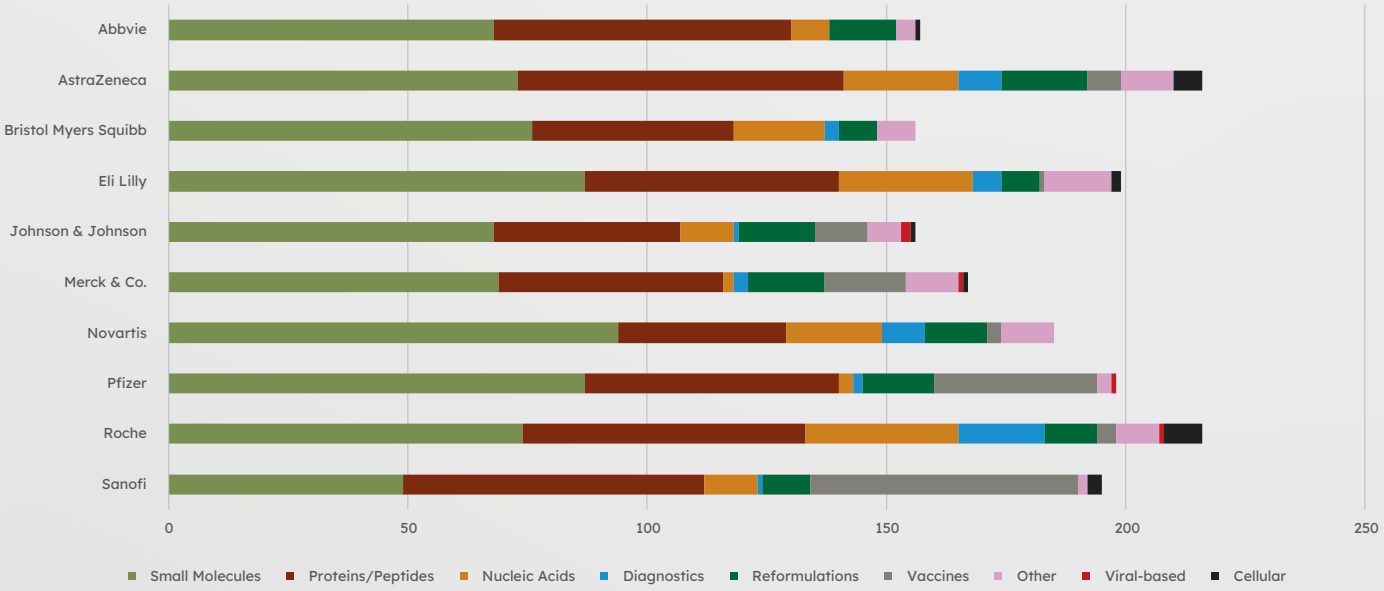
Figure 24: Disease focus areas of the top 10 pharma companies



Source: Pharmaprojects⁺, January 2026

There are some even more striking differences between our top 10 if we break down their pipelines by the types of drugs they are developing, which Figure 25 does. Novartis reveals itself to be the only remaining member of pharma's elite that still has the majority of its R&D effort in small molecules, although both Pfizer and Eli Lilly still have extremely strong presences there. Roche, Eli Lilly, and AstraZeneca each have sizable chunks of nucleic acid-based drugs in their R&D portfolios. Sanofi is the company with the strongest vaccine focus, with almost a third of its candidates belonging to this classification; AbbVie and Bristol Myers Squibb have nothing going on in this domain at all. Sanofi is also unique in that it's the only company to have proteins/peptides as the drug type taking the largest slice of its drug type pie.

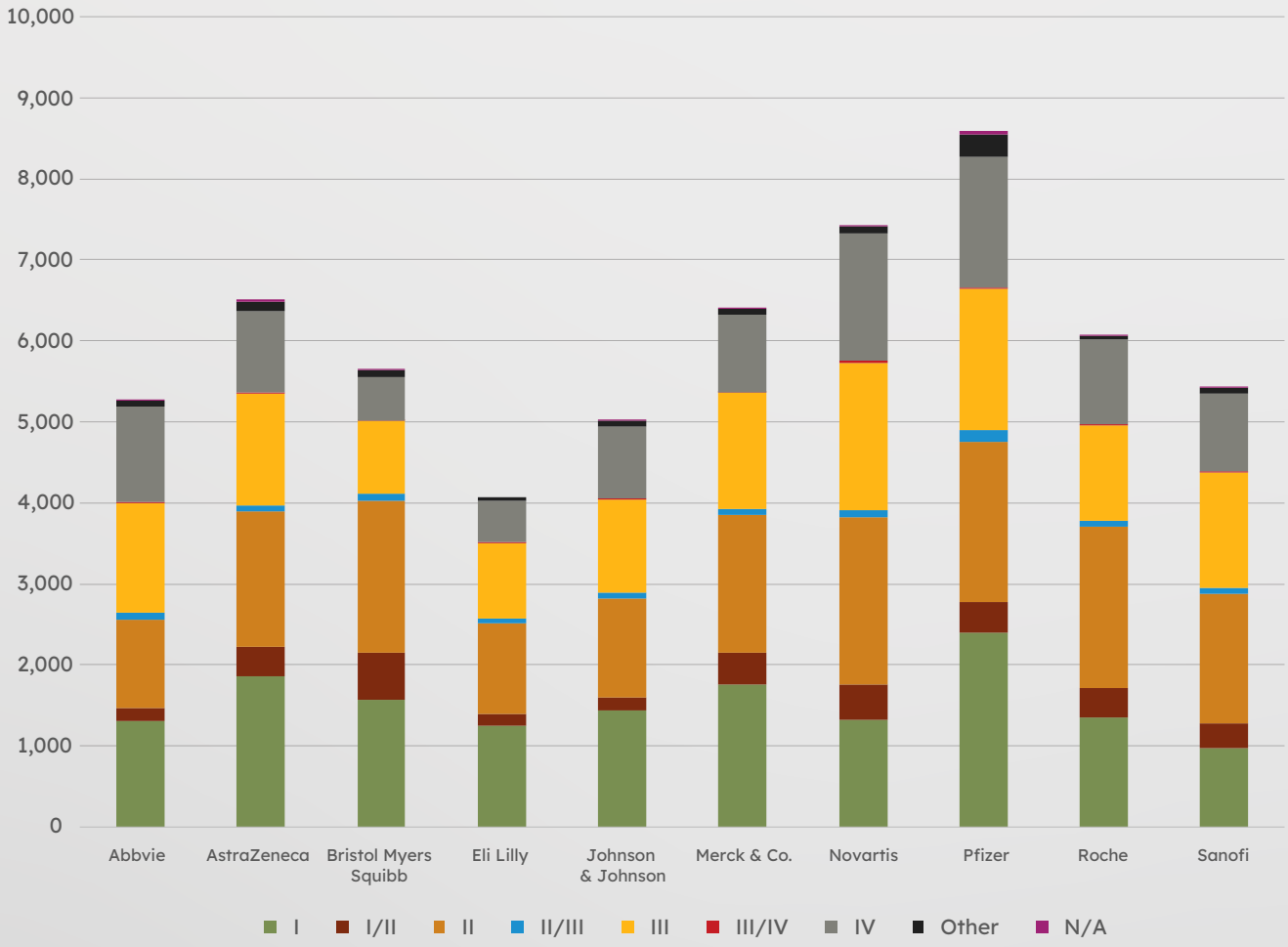
Figure 25: Drug types in development by top 10 pharma companies



Source: Pharmaprojects[+], January 2026

Peeking through the hedge again into our neighbor Trialtrove's garden, we round out this section with two analyses assessing the relative historic clinical trial performances for 2026's top 10. In Figure 26, you can observe the cumulative numbers of clinical trials underway or ran as of January 2026 for each company and their phase breakdowns, and see that today's pipeline size doesn't necessarily correlate with the size of a company's historic clinical trial landscape [note that this graph represents all trials, not just those underway today]. By this measure, Pfizer has been the biggest runner of clinical trials by some distance. More details on each company's current trial landscape can of course be found in Trialtrove itself.

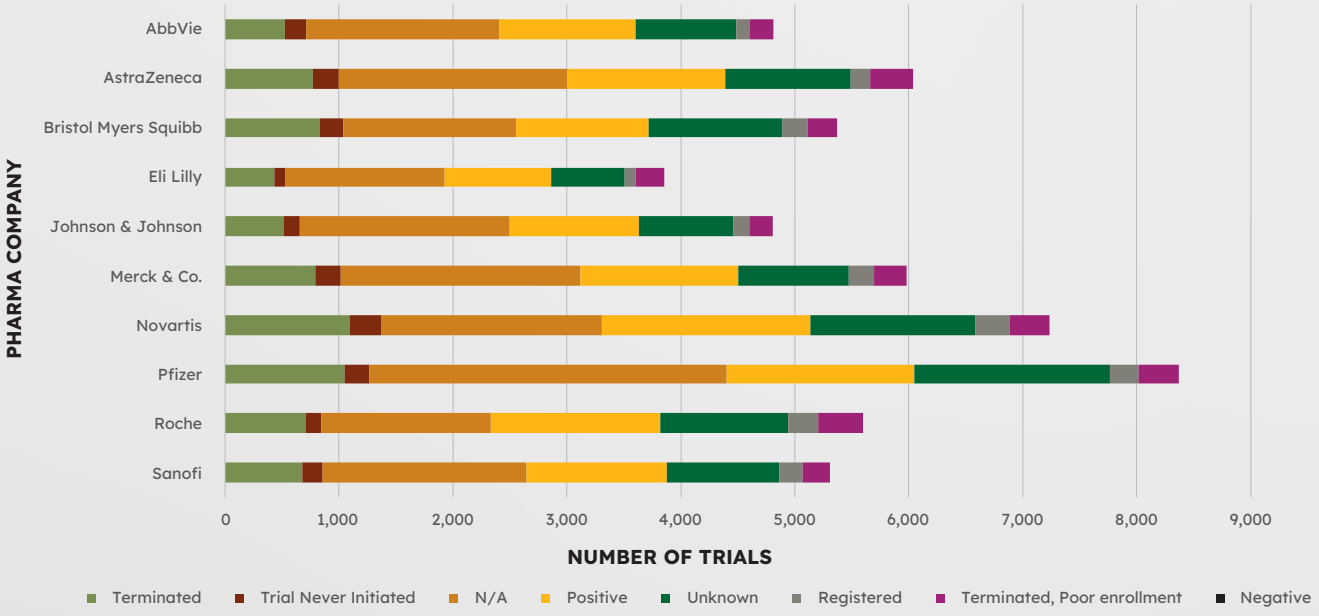
Figure 26: Clinical trials by phase for top 10 pharma companies



Source: Pharmaprojects⁺, January 2026

How successful a record has each company had with those trials it completed — something that could be a key indicator of potential future success? Pfizer may have completed the most trials, but its nearest competitor Novartis seems to have the better positive vs. negative outcomes ratio, although it also terminated slightly more studies than its rival. By this measure, Eli Lilly is the dwarf variety, having completed fewer than half the number of trials Pfizer has.

Figure 27: Historic trial outcomes for top 10 pharma companies



Source: Pharmaprojects⁺, January 2026

What do the near-term prospects look like for our top 10 companies for the remainder of the decade? Not everything in the garden is rosy. It is not just Pfizer that is being forced to look across the hedgerows and out to sea over a patent cliff; it is estimated that big pharma is facing its biggest loss of exclusivity ever, with sales of roughly $300 billion expected to vanish on the wind by 2030. But many think that the industry is in a strong position to mitigate the risks.

Respected industry veteran and new Executive Chair of Norstella (which owns Citeline) Fred Hassan noted in a recent interview with *Scrip* that, "As far as large pharma is concerned, they have very strong balance sheets. They have the ability to invest over half a trillion dollars." If some of big pharma's money-spinners go to seed in the next few years, there is a good chance they can be weeded out and replaced with sturdy new plants which can bear juicy new fruits.

DIGGING DEEPER 2

Regional variations

How the cash crops and leading growers of pharma R&D vary across the world

It's tempting to think that today's world is so globalized that large industries such as food production and pharmaceuticals have become rather homogenized. While there's some element of truth to this, there are still significant regional variations. Even so-called "staple" cash crops that constitute the most farmed items vary by country to country: In the US, maize/corn leads the way; in China and many other Asian countries, it's rice; Brazil leads with sugarcane; in Nigeria, it's cassava; in Russia, they prefer wheat. Whereas pharma may be less beholden to the cultural traditions informing farming, there are still some variations in what's in the pipeline around the world. Here, we highlight variations in growth or otherwise of the overall pipeline, and differing disease focuses across 12 of the significant pharma markets across the world (South Korea has been added this year at the request of a reader). We also check out each country's leading homegrown companies.

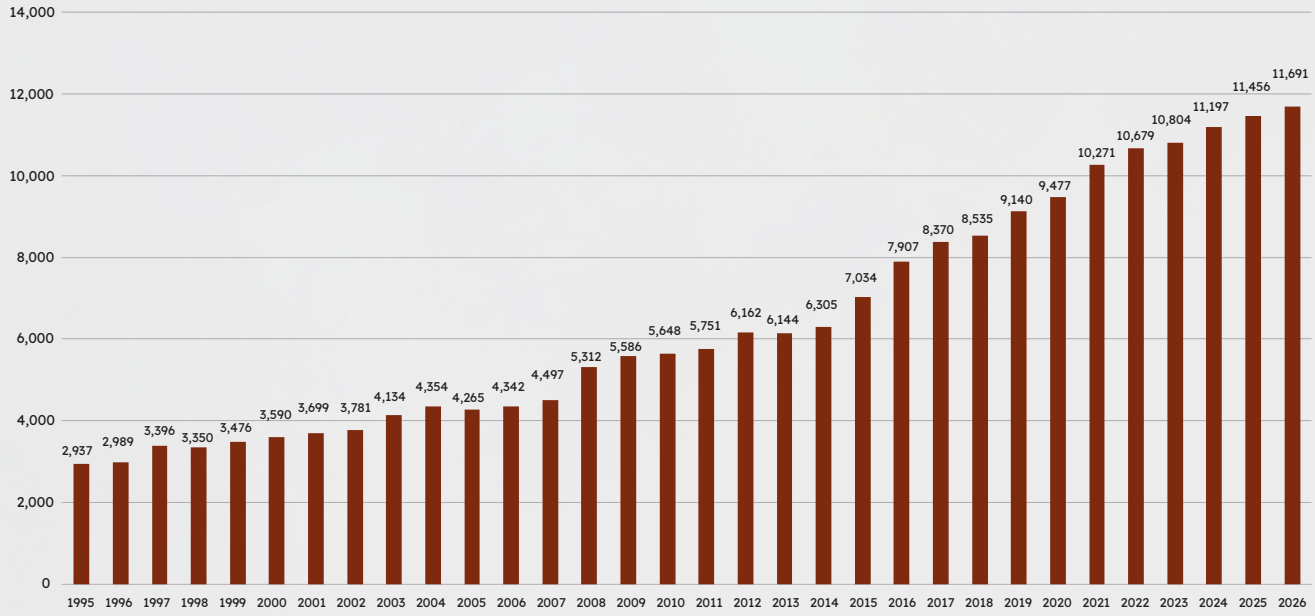
[Note: Data in this chapter were pulled at a slightly later date than the data used for Table 1, hence there may be minor differences in numbers.]

Americas

USA

We start our tour of the pharm in the expansive plains of the United States. As we've seen, the territory remains at the head of the table, despite a concerted challenge from China. And as Figure 28 shows, even with the slight global decline in the pipeline size, there was growth in the US, with the pharma R&D pipeline there growing by a further 2.1%.

Figure 28: Total US R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

The country had a total of 2,741 US-headquartered companies actively involved in drug development as of January 2026; this figure posts a small decline, however, down from 2,803 last year. The domestic companies with the biggest pipelines are listed in Table 14. The country's leading 10 disease targets are listed in Table 15, with the same top six as the global listings, but top 10 placings for two diseases just outside the global top 10, acute myelogenous leukemia and head and neck cancer.

Table 14: Top 10 US-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	Pfizer	260 (271)
2 (3)	Eli Lilly	238 (224)
3 (2)	Bristol Myers Squibb	215 (227)
4 (4)	Merck & Co.	208 (216)
5 (6)	AbbVie	201 (190)
6 (5)	Johnson & Johnson	200 (200)
7 (7)	Gilead Sciences	107 (106)
8 (8)	Amgen	90 (100)
9 (9)	Regeneron	74 (76)
10 (10)	Biogen	68 (66)

Source: Pharmaprojects, January 2026

Table 15: Top 10 diseases for US pipeline drugs

POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, lung, non-small cell	687 (632)
2 (2)	Cancer, breast	617 (573)
3 (3)	Cancer, colorectal	471 (433)
4 (4)	Cancer, pancreatic	432 (421)
5 (5)	Cancer, ovarian	406 (384)
6 (6)	Cancer, prostate	375 (356)
7 (7)	Cancer, brain	354 (334)
8 (9)	Alzheimer's disease	336 (322)
9 (-)	Cancer, leukemia, acute myelogenous	329 (-)
10 (-)	Cancer, head and neck	323 (-)

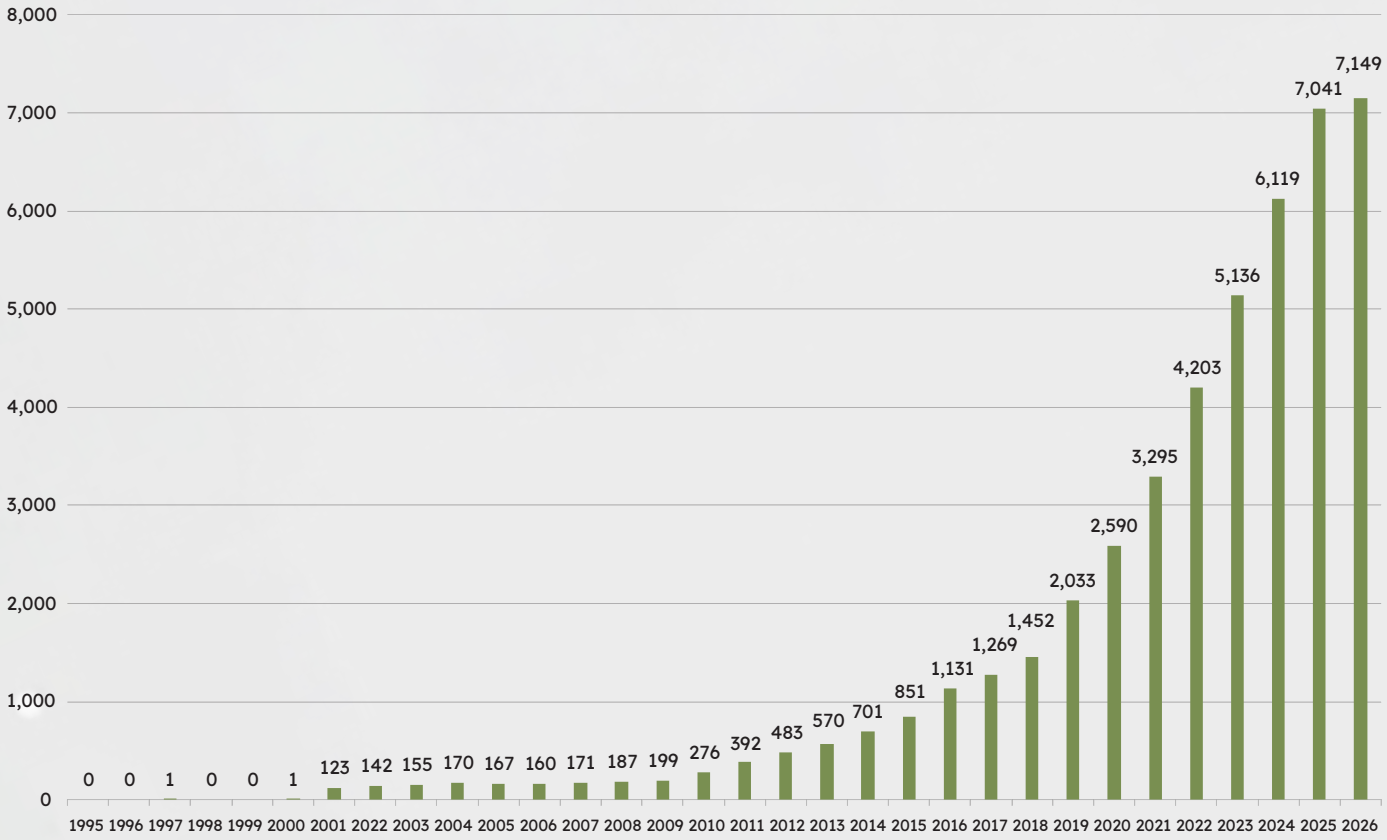
Source: Pharmaprojects, January 2026

Asia

CHINA

Like a genetically engineered super-crop, China has forced itself into global prominence at lightning speed. But will it take over as the dominant pharma force with its latest crop of novel drugs? The picture is less clear this year, with Figure 29 suggesting the boom in pharma R&D might be coming to an end — albeit in the context of a global dip in pipeline numbers. The number of drugs in R&D in China did rise again — by 1.5% — but this represents a dramatic slowdown compared with last year's 15.1% growth and the even larger gap from the previous year's 19.1%. Is this a sign that China's relentless march is ending as the industry there reaches a level of maturity? It's probably too early to say definitively, but it's an interesting trend to observe.

Figure 29: Total China R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

While Jiangsu Hengrui remains the Chinese company with the largest pipeline by some margin, CSPC Pharmaceutical takes over at number 2 from Sino Biopharmaceutical. There's a jump up the table for Qilu Biopharmaceutical, while the sole new entrant is Simcere at number 9.

Table 16: Top 10 China-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	Jiangsu Hengrui Pharmaceuticals	178 (173)
2 (3)	CSPC Pharmaceutical	116 (102)
3 (2)	Sino Biopharmaceutical	116 (125)
4 (8)	Qilu Pharmaceutical	73 (56)
5 (5)	Huadong Medicine	69 (61)
6 (7)	Innovent Biologics	68 (56)
7 (10)	3SBio	55 (50)
8 (9)	Shanghai Junshi Biosciences	55 (55)
9 (-)	Simcere Pharmaceutical Group	50 (-)
10 (6)	Shanghai Fosun Pharmaceutical (Group)	49 (59)

Source: Pharmaprojects, January 2026

Table 17: Top 10 diseases for China pipeline drugs

POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, lung, non-small cell	484 (447)
2 (2)	Cancer, breast	384 (371)
3 (3)	Cancer, colorectal	280 (252)
4 (4)	Cancer, gastrointestinal, stomach	263 (250)
5 (5)	Cancer, liver	232 (224)
6 (6)	Diabetes, type 2	219 (216)
7 (7)	Cancer, pancreatic	209 (203)
8 (8)	Cancer, lymphoma, non-Hodgkin's	183 (183)
9 (9)	Cancer, myeloma	165 (175)
10 (-)	Cancer, prostate	158 (-)

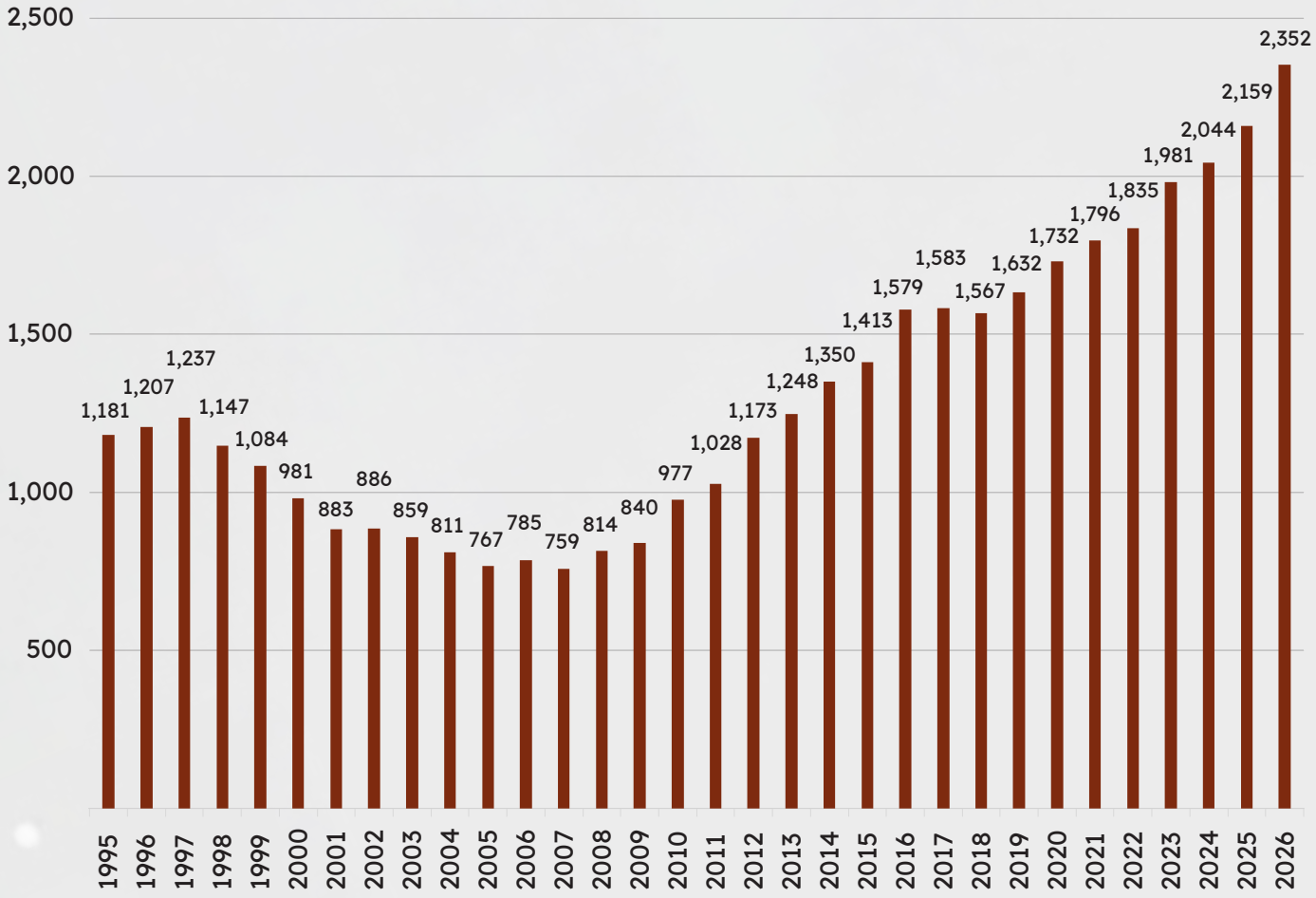
Source: Pharmaprojects, January 2026

There are 1,230 companies headquartered in mainland China, a figure which is also on the rise. There are also a further 31 in Hong Kong, and 143 in Taiwan (none are currently based in Macau). The top 10 diseases in China are almost entirely unchanged, with just prostate cancer taking over from acute myelogenous lung cancer at number 10.

JAPAN

Contrastingly, the growth in the size of the Japanese pipeline this year has considerably outperformed the preceding two global titans. Japan may now have an R&D effort less than a third than that of its neighbor China, but the number of drugs it is developing this year grew by 8.9%, and seems to be on an upward curve.

Figure 30: Total Japan R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

Given this sizable uptick, it's unsurprising that the number of Japan-based companies also grew significantly, from 205 to 235. Takeda remains preeminent, although with a slightly reduced pipeline size. The top 10 is unchanged this year, with plenty of familiar and venerable names there. Disease-wise, the top 10 in Japan are almost all cancers now, with prostate cancer rising up the chart and head and neck cancer being a new entry.

Table 18: Top 10 Japan-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	Takeda	170 (187)
2 (2)	Otsuka Holdings	108 (114)
3 (3)	Astellas Pharma	99 (100)
4 (4)	Daiichi Sankyo	92 (88)
5 (5)	Eisai	75 (86)
6 (6)	Ono Pharmaceutical	69 (74)
7 (7)	Shionogi	63 (60)
8 (8)	Sumitomo Pharma	53 (57)
9 (9)	Kyowa Kirin	52 (50)
10 (10)	Tanabe Pharma	51 (45)

Source: Pharmaprojects, January 2026

Table 19: Top 10 diseases for Japan pipeline drugs

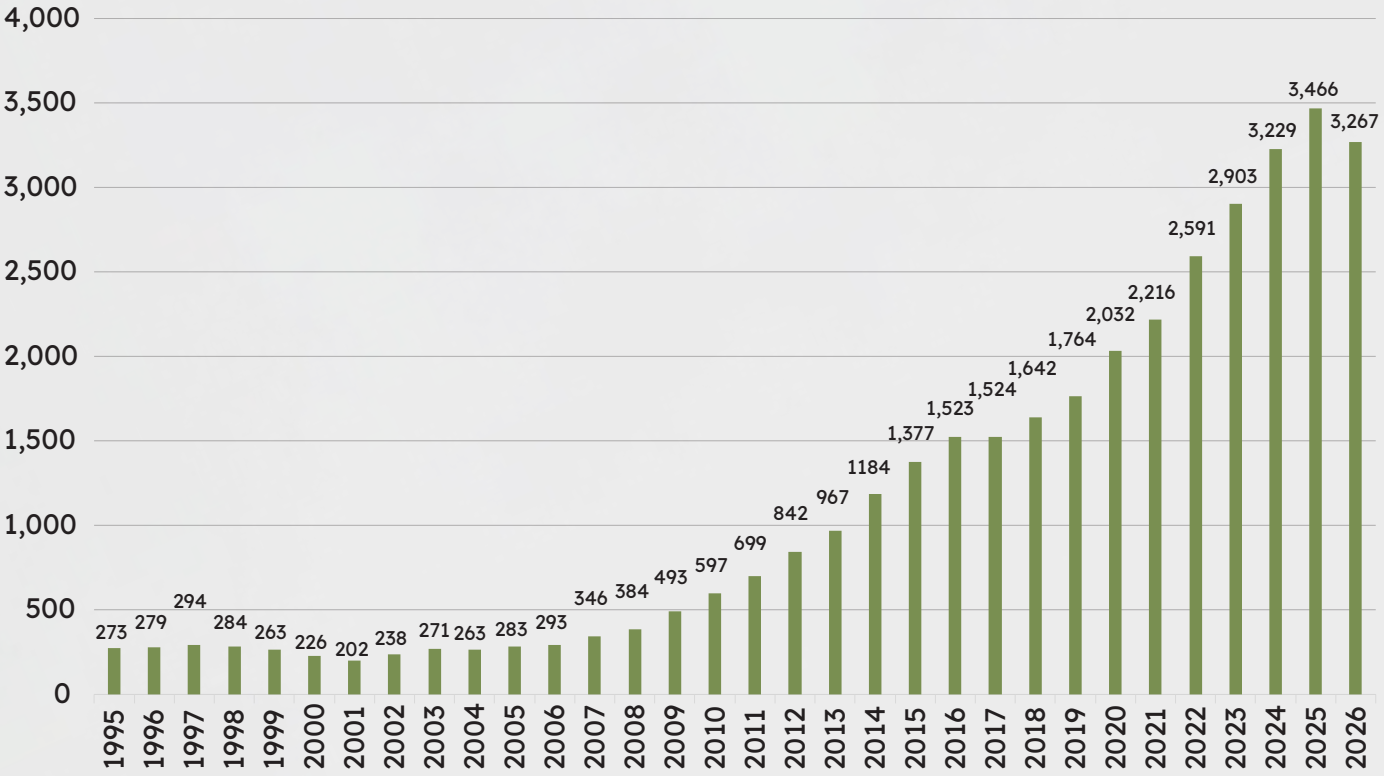
POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, lung, non-small cell	154 (152)
2 (2)	Cancer, breast	103 (98)
3 (3)	Cancer, colorectal	87 (82)
4 (4)	Cancer, gastrointestinal, stomach	76 (70)
5 (5)	Cancer, pancreatic	70 (63)
6 (6)	Cancer, ovarian	63 (59)
7 (10)	Cancer, prostate	58 (51)
8 (7)	Cancer, lymphoma, non-Hodgkin's	57 (57)
9 (-)	Cancer, head and neck	56 (-)
10 (9)	Diabetes, type 2	55 (54)

Source: Pharmaprojects, January 2026

SOUTH KOREA

We've added South Korea to our regional runaround this year, and it fully deserves the spotlight, having a bigger pipeline than Japan, although one that shrank by 5.7% this year. It has 426 headquartered companies. While the country has a reputation for developing generics and the related incrementally modified drugs, there is clearly considerable R&D of novel molecules taking place there, too.

Figure 31: Total South Korea R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

Daewoong Pharmaceutical currently has the largest pipeline of South Korean companies. In diseases, type 2 diabetes is particularly favored there, while pancreatic cancer fares less well than it does globally.

Table 20: Top 10 S Korea-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1	Daewoong Pharmaceutical	58
2	Dong-A ST	51
3	Hanmi Pharmaceutical	45
4	Celltrion	44
5	Chong Kun Dang Pharmaceutical	44
6	Addpharma	43
7	GC Biopharma	41
8	JW Pharmaceutical	39
9	SK	39
10	Kolmar Korea	37

Source: Pharmaprojects, January 2026

Table 21: Top 10 diseases for S Korea pipeline drugs

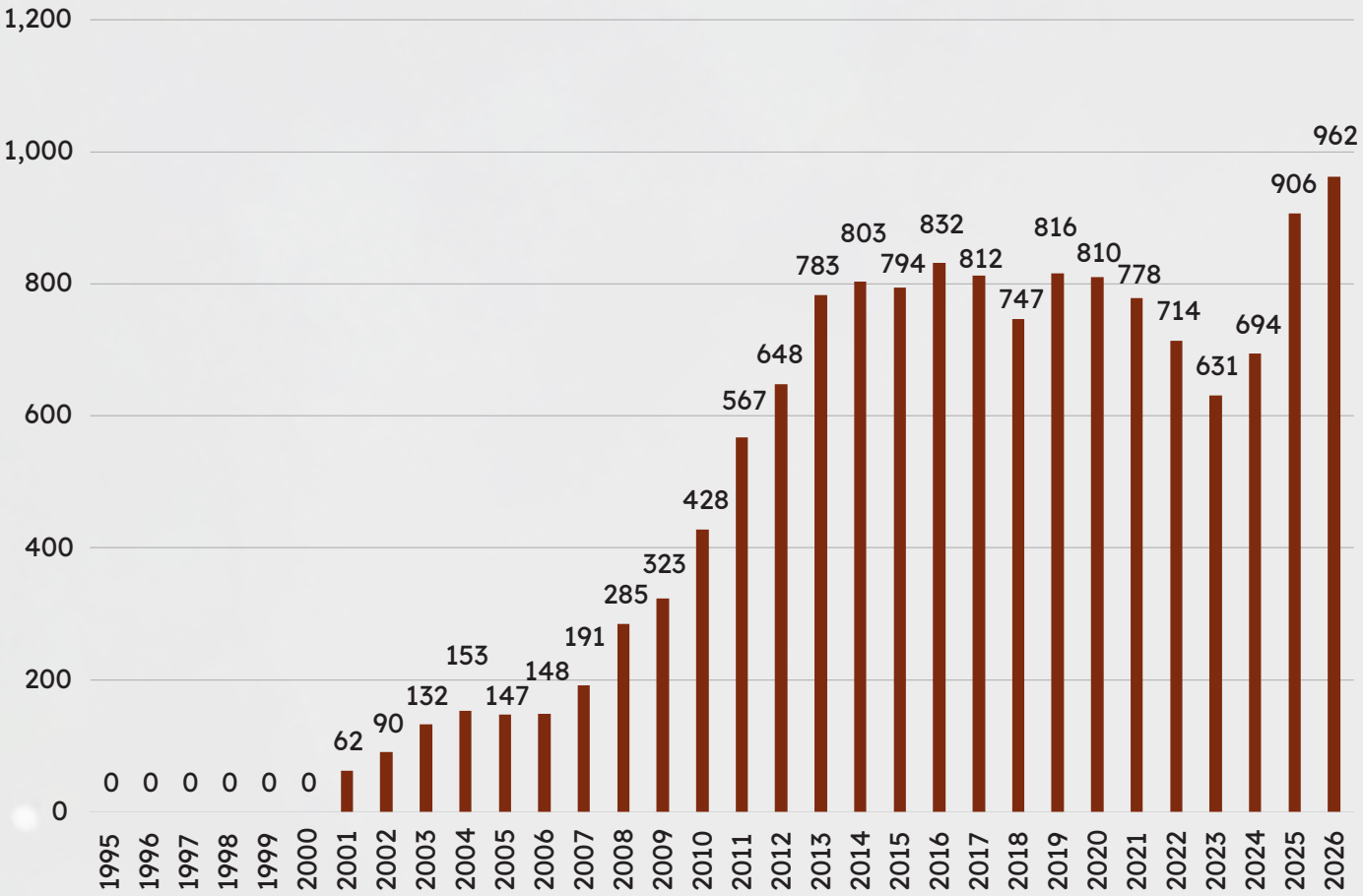
POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1	Cancer, lung, non-small cell	220
2	Cancer, breast	161
3	Cancer, colorectal	130
4	Diabetes, type 2	125
5	Cancer, gastrointestinal, stomach	114
6	Alzheimer's disease	85
7	Cancer, pancreatic	85
8	Cancer, ovarian	76
9	Cancer, liver	75
10	Cancer, prostate	75

Source: Pharmaprojects, January 2026

INDIA

The Indian pharmaceutical industry is ranked third globally, but its complexion is somewhat different. While supplying over 50% of the world's vaccines, having a huge generics sector, and being a key producer of pharmaceutical intermediates as part of the global supply chain, its development of novel pharmaceuticals is far more modest. This number did increase in 2026 for the second year in a row, though.

Figure 32: Total India R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

Many of the country's top 10 companies developing novel drugs are also big players in the generics industry, such as the top two, Dr Reddy's and Lupin. In terms of disease focus, the country is less cancer-focused than many, with not only type 2 diabetes at number 3, but a number of autoimmune/inflammatory diseases also featuring: rheumatoid arthritis, ulcerative colitis, and chronic obstructive pulmonary disease. It is also the last of our featured countries where COVID-19 still hangs on in the top 10, having drifted away elsewhere post-pandemic like the seeds of a dandelion.

Table 22: Top 10 India-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	Dr. Reddy's Laboratories	51 (36)
2 (2)	Lupin	35 (34)
3 (3)	Sun Pharmaceutical Industries	35 (25)
4 (-)	Zydus Lifesciences	32 (-)
5 (4)	Serum Institute of India	26 (20)
6 (8)	Intas Pharmaceuticals	23 (14)
7 (5)	Biocon	20 (19)
8 (6)	Cipla	18 (16)
9 (7)	Glenmark Pharmaceuticals	17 (15)
10 (10)	Suven Life Sciences	15 (13)

Source: Pharmaprojects, January 2026

Table 23: Top 10 diseases for India pipeline drugs

POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, breast	73 (68)
2 (2)	Cancer, lung, non-small cell	65 (59)
3 (3)	Diabetes, type 2	64 (56)
4 (5)	Arthritis, rheumatoid	32 (31)
5 (4)	Infection, coronavirus, novel coronavirus	31 (34)
6 (6)	Cancer, colorectal	28 (24)
7 (7)	Cancer, prostate	27 (24)
8 (8)	Colitis, ulcerative	25 (21)
9 (-)	Cancer, head and neck	24 (-)
10 (-)	Chronic obstructive pulmonary disease	24 (-)

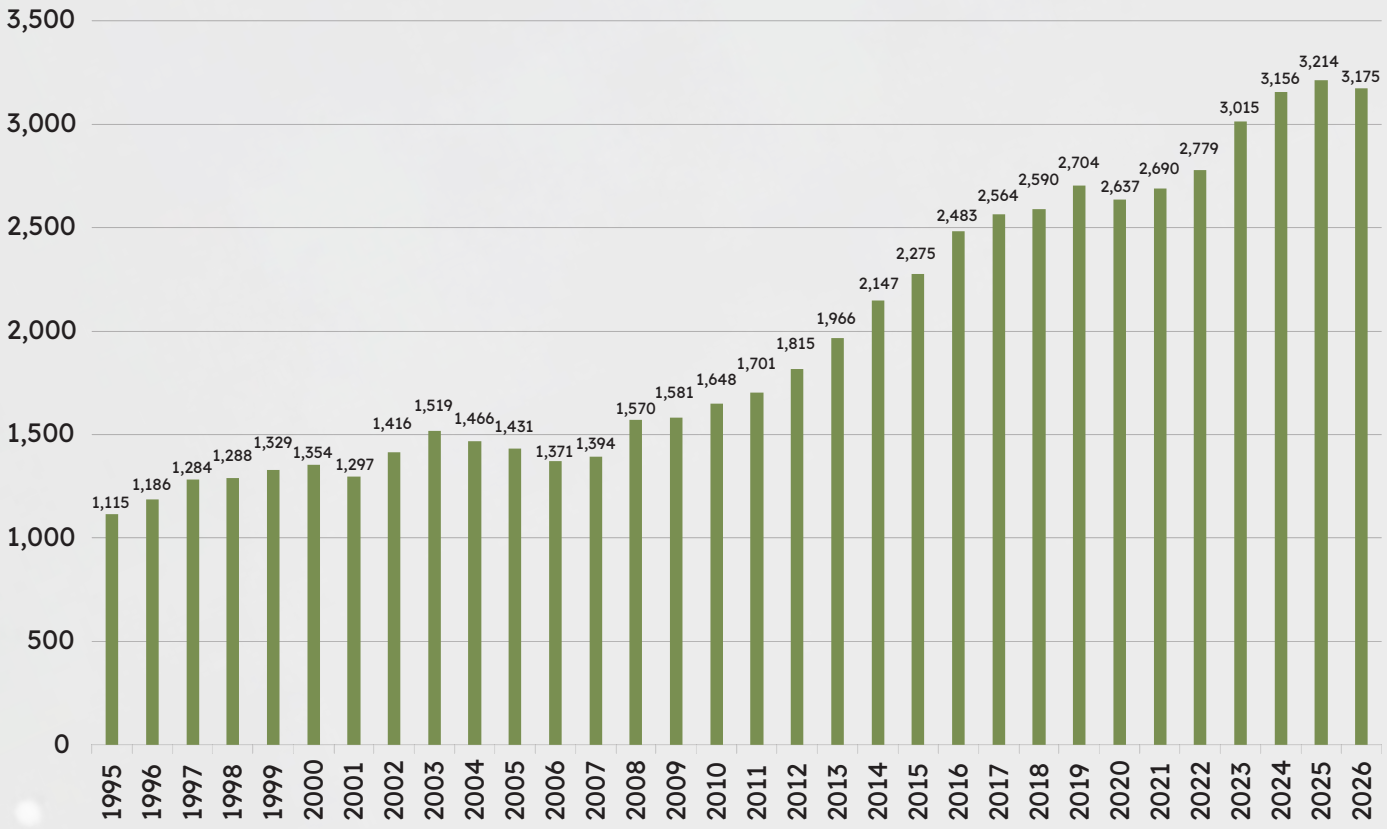
Source: Pharmaprojects, January 2026

Europe

THE UK

Leaving Asia behind for Europe, we land at the country that left its fellow Europeans in the EU to go it alone. The UK still has the biggest of the continent's pharma R&D industry, with the number of drugs in development only falling by 1.2% this year.

Figure 33: Total UK R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

As we saw earlier, the UK is home to what is now the world's second-largest pharma company in terms of drugs in development, AstraZeneca. The other giant of UK pharma, GSK, this year lost its place in the global top 10, slipping to number 11. These two firms have pipelines an order of magnitude bigger than any of the country's other contenders, with UK-headquartered but Jordan-originated Hikma this year grabbing third place. We only have to get to eighth in the table before we see companies with only 10 drugs in their portfolios. New entries this year are particle formulation specialist CrystecPharma and the immunomodulating firm Immunocore. However, the country has many smaller companies, with 307 developing drugs, up slightly from 301 last year.

Its therapeutic area focus shows some variance from the global norm, though. Pancreatic cancer is much lower down in its priorities, whereas melanoma is much higher; perhaps ironically for a country noted for dreary weather. Like India, though, it has a much higher than normal placing for the alimentary autoimmune diseases rheumatoid arthritis and ulcerative colitis.

Table 24: Top 10 UK-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	AstraZeneca	262 (241)
2 (2)	GSK	187 (194)
3 (4)	Hikma Pharmaceuticals	24 (24)
4 (5)	Oxford BioTherapeutics	21 (18)
5 (3)	Mundipharma Biologics	18 (25)
6 (7)	Cancer Research Horizons	16 (15)
7 (8)	Bicycle Therapeutics	12 (13)
8 (10)	Adaptimmune	10 (12)
9 (-)	CrystecPharma	10 (-)
10 (-)	Immunocore	10 (-)

Source: Pharmaprojects, January 2026

Table 25: Top 10 diseases for UK pipeline drugs

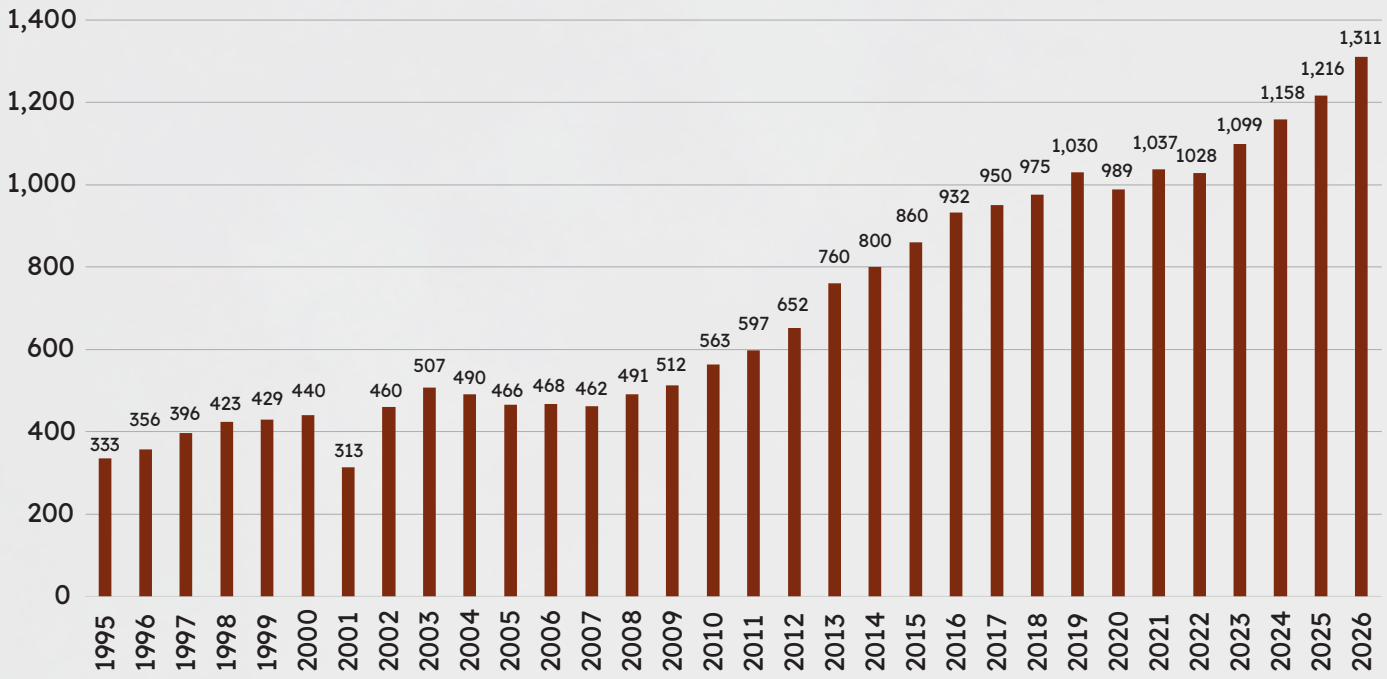
POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, lung, non-small cell	185 (178)
2 (2)	Cancer, breast	156 (154)
3 (3)	Cancer, colorectal	122 (126)
4 (4)	Cancer, prostate	103 (99)
5 (6)	Cancer, ovarian	91 (88)
6 (5)	Cancer, melanoma	90 (94)
7 (9)	Arthritis, rheumatoid	84 (75)
8 (7)	Cancer, head and neck	83 (81)
9 (8)	Cancer, pancreatic	79 (76)
10 (10)	Colitis, ulcerative	71 (71)

Source: Pharmaprojects, January 2026

IRELAND

Ireland, long considered primarily a manufacturing site base, is now finding its original R&D booming in comparison to many countries. As Figure 34 shows, the number of drugs in development in Ireland rose by 7.8% and is accelerating.

Figure 34: Total Ireland R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

The evidence suggests that most of this uptick is the result of international companies developing their drugs in Ireland, as the country only has 32 homegrown firms, and ATXA Therapeutics can make the country's top 10 despite having only three drugs.

Table 26: Top 10 Ireland-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	Jazz Pharmaceuticals	29 (26)
2 (3)	Keenova Therapeutics	23 (10)
3 (2)	Perrigo	11 (12)
4 (4)	Alkermes	10 (9)
5 (5)	Prothena	6 (9)
6 (-)	OmniSpirant Therapeutics	5 (-)
7 (7)	ONK Therapeutics	4 (5)
8 (-)	Shorla Oncology	4 (-)
9 (-)	Vaxxinity	4 (-)
10 (8)	ATXA Therapeutics	3 (4)

Source: Pharmaprojects, January 2026

Table 27: Ireland's Top 10 diseases for pipeline drugs

POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, lung, non-small cell	71 (67)
2 (2)	Cancer, breast	66 (63)
3 (3)	Arthritis, rheumatoid	44 (43)
4 (4)	Psoriasis	43 (39)
5 (5)	Arthritis, psoriatic	41 (38)
6 (6)	Colitis, ulcerative	40 (36)
7 (7)	Crohn's disease	37 (34)
8 (8)	Diabetes, type 2	36 (34)
9 (9)	Arthritis, juvenile	32 (29)
10 (10)	Cancer, colorectal	29 (27)

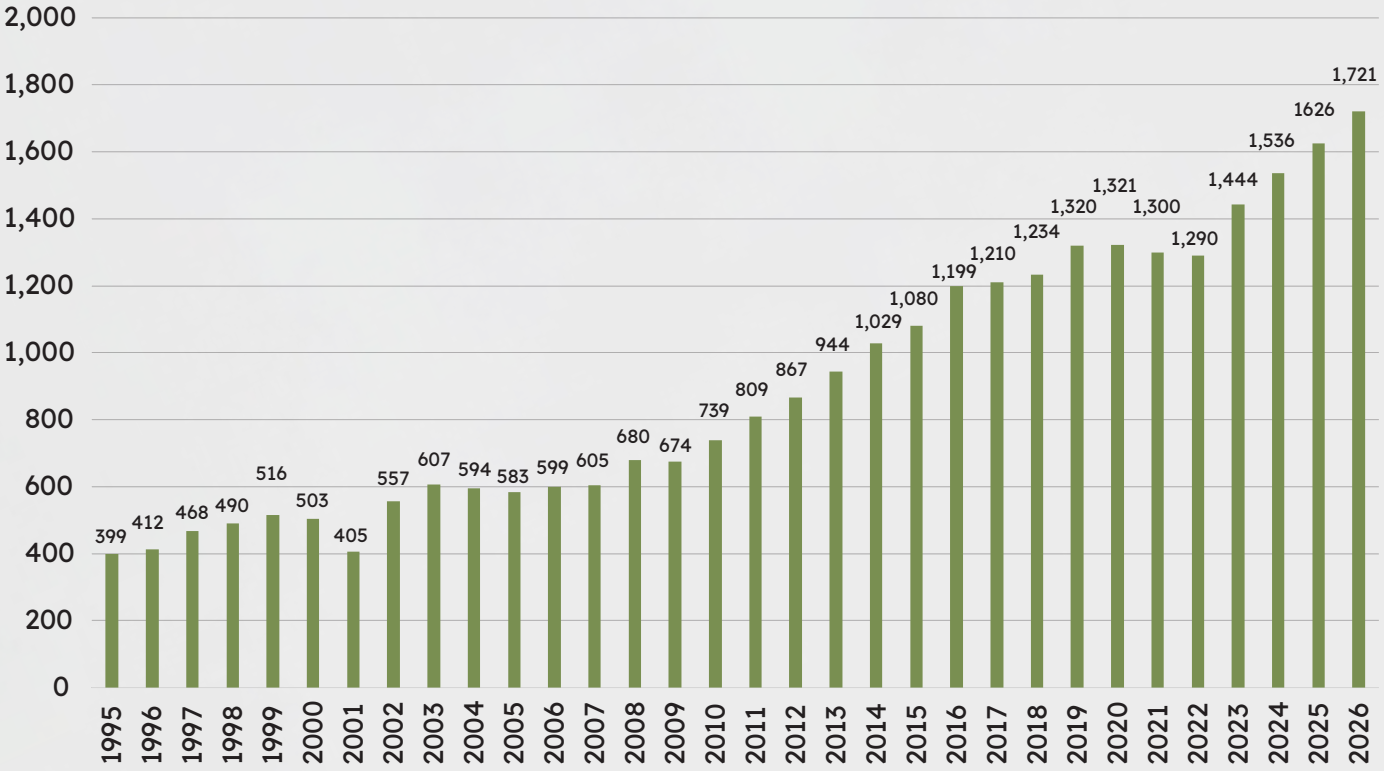
Source: Pharmaprojects, January 2026

Ireland has the least oncology-focused pipeline of any major country, with only three of its top 10 diseases being cancer indications. Instead, Table 27 is packed with autoimmune and inflammatory conditions, with no fewer than six listed, all of which have slight increases in their numbers.

DENMARK

Similar to Ireland, Denmark outperformed the global average with a 5.8% portfolio expansion, consistent with what it reported last year. Despite a not dissimilar overall pipeline size, it has much more in the way of indigenous R&D companies, with 71, among which are some sizable concerns. The country's biggest company, Novo Nordisk, saw its own decent hike in project numbers, while this top 10 boasts two new entries, Evaxion Biotech at number 6 and Saniona at number 9.

Figure 35: Total Denmark R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

Another way Denmark is similar to Ireland is that it is also less cancer-focused than many countries. Given Novo Nordisk's area of specialty, it is unsurprising to see one of its traditional areas of interest, type 2 diabetes, so high. Seeing psoriasis at number 3 might be less intuitive, though, considering it is at a lowly number 22 in the global list. Both new entries into Denmark's disease top 10 this year are autoimmune diseases, psoriatic arthritis, and ulcerative colitis.

Table 28: Top 10 Denmark-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	Novo Nordisk	111 (97)
2 (2)	Genmab	37 (38)
3 (3)	Lundbeck	28 (26)
4 (4)	Leo Pharma	17 (13)
5 (5)	Bavarian Nordic	13 (12)
6 (-)	Evaxion Biotech	12 (-)
7 (6)	Tetra Pharm Technologies	12 (12)
8 (7)	Zealand Pharma	12 (12)
9 (-)	Saniona	11 (-)
10 (9)	ALK-Abello	10 (9)

Source: Pharmaprojects, January 2026

Table 29: Top 10 diseases for Denmark pipeline drugs

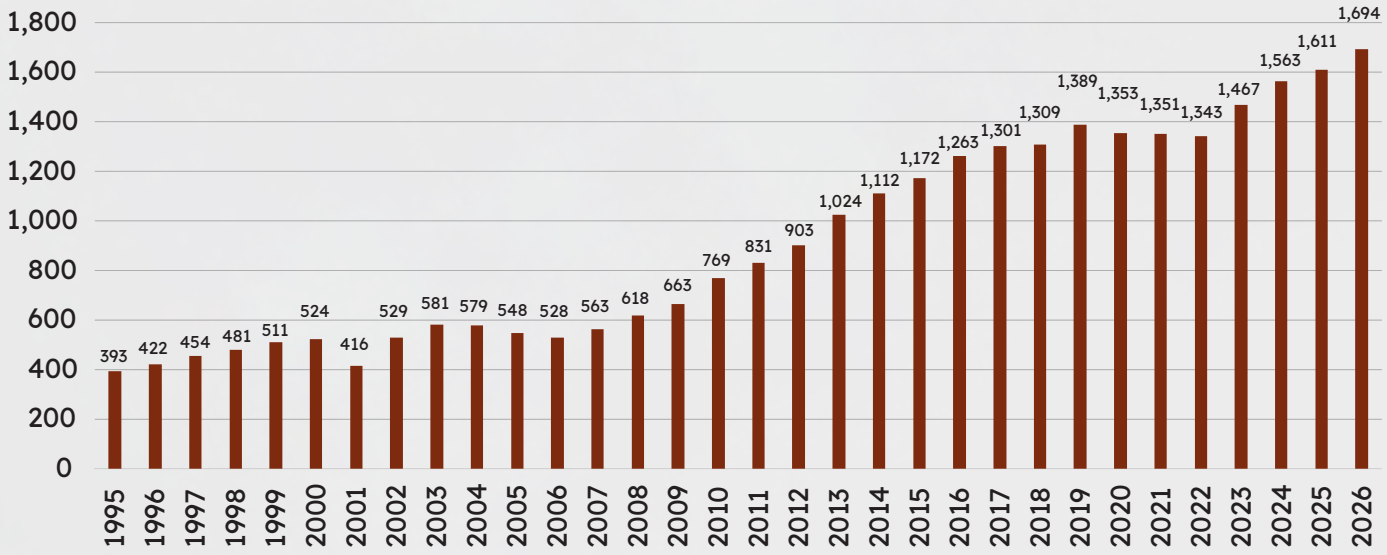
POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, lung, non-small cell	80 (80)
2 (2)	Cancer, breast	69 (69)
3 (3)	Psoriasis	54 (48)
4 (5)	Cancer, colorectal	50 (46)
5 (6)	Diabetes, type 2	48 (44)
6 (4)	Arthritis, rheumatoid	47 (46)
7 (8)	Crohn's disease	45 (42)
8 (-)	Arthritis, psoriatic	42 (-)
9 (10)	Cancer, ovarian	42 (38)
10 (-)	Colitis, ulcerative	42 (-)

Source: Pharmaprojects, January 2026

SWEDEN

Sweden has a very similar overall R&D effort to its neighbor across the Øresund Bridge, but lacks any domestically headquartered companies of scale. Like Denmark, type 2 diabetes and psoriasis feature prominently, and only five cancer indications appear.

Figure 36: Total Sweden R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

Table 30: Top 10 Sweden-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	Sobi	19 (22)
2 (2)	BioArctic Neuroscience	9 (13)
3 (6)	Camurus	9 (7)
4 (9)	Anocca	8 (6)
5 (4)	Medivir	8 (9)
6 (-)	Abera Bioscience	7 (-)
7 (3)	Alligator Bioscience	7 (9)
8 (5)	BioInvent	7 (8)
9 (-)	Orexo	7 (-)
10 (8)	AlzeCure Pharma	6 (6)

Source: Pharmaprojects, January 2026

Table 31: Top 10 diseases for Sweden pipeline drugs

POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, lung, non-small cell	82 (78)
2 (2)	Cancer, breast	70 (62)
3 (3)	Diabetes, type 2	51 (48)
4 (4)	Arthritis, rheumatoid	50 (47)
5 (7)	Psoriasis	47 (42)
6 (9)	Arthritis, psoriatic	45 (40)
7 (5)	Cancer, colorectal	45 (45)
8 (10)	Crohn's disease	42 (39)
9 (6)	Cancer, prostate	41 (42)
10 (8)	Cancer, myeloma	40 (41)

Source: Pharmaprojects, January 2026

FRANCE

France has the third biggest pipeline in Europe behind the UK and Germany, and this year reports a modest 3.1% expansion (Fig. 37).

Figure 37: Total France's R&D pipeline size, 1995–2026

Source: Pharmaprojects, January 2026

It is dominated by Sanofi, with the fourth biggest pipeline in the world. Its second-placed company Servier has only a fifth of the drugs and is at number 52 globally. In contrast to its Nordic cousins, it is extremely focused on cancer. With the entry of head and neck cancer into the top 10 this year, oncology completes a clean sweep in France's top 10 diseases targeted by pharma.

Table 32: Top 10 France-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	Sanofi	252 (233)
2 (2)	Servier	48 (48)
3 (3)	Ipsen	39 (39)
4 (5)	Pierre Fabre	21 (21)
5 (4)	TheraVectys	19 (22)
6 (6)	Innate Pharma	13 (13)
7 (8)	Valneva	12 (12)
8 (7)	Cellectis	10 (12)
9 (-)	Laboratoires Thea	10 (-)
10 (-)	Orano Med	10 (-)

Source: Pharmaprojects, January 2026

Table 33: Top 10 diseases for France pipeline drugs

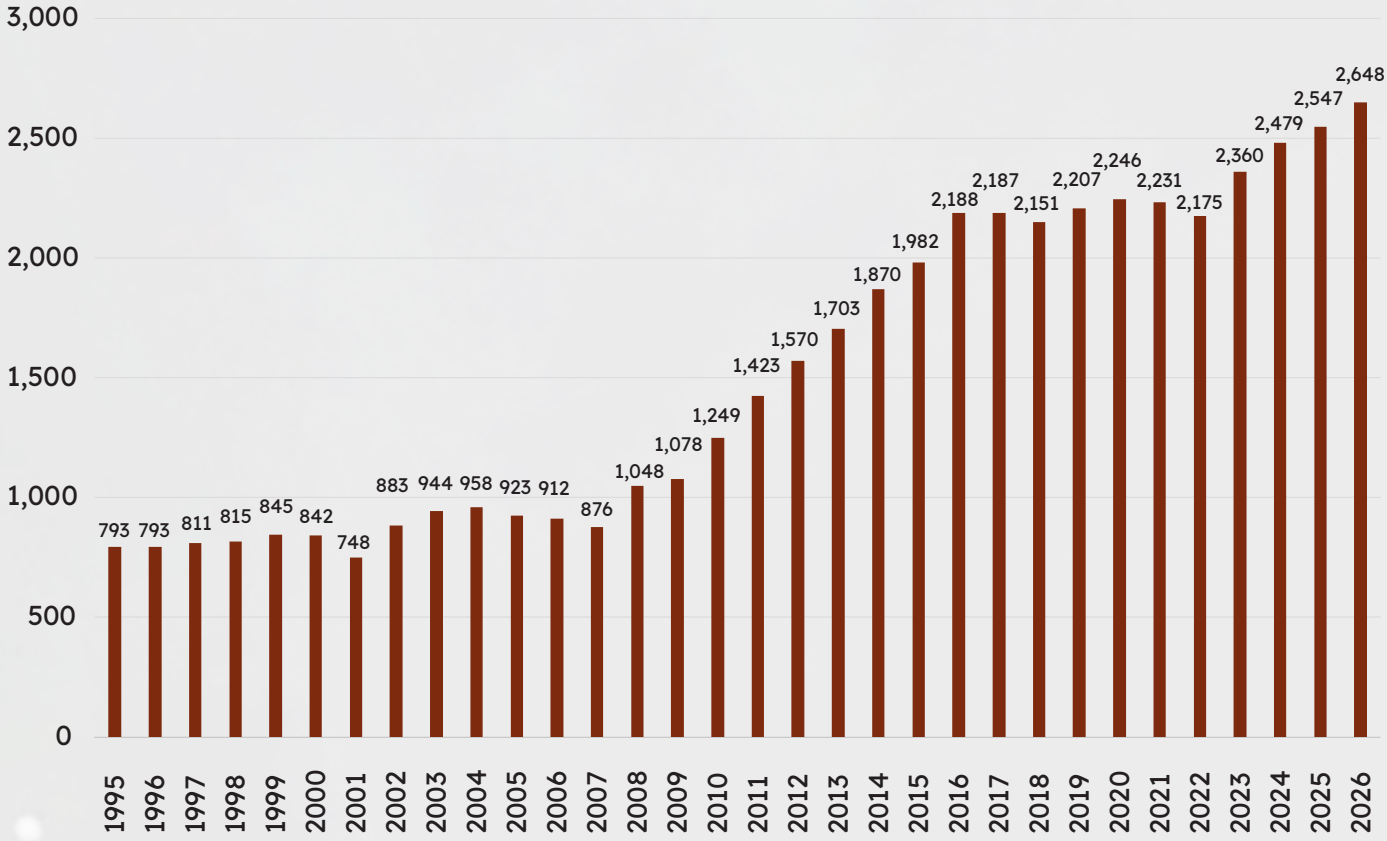
POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, lung, non-small cell	191 (187)
2 (2)	Cancer, breast	149 (149)
3 (3)	Cancer, colorectal	111 (105)
4 (4)	Cancer, melanoma	85 (87)
5 (8)	Cancer, prostate	76 (71)
6 (6)	Cancer, leukemia, acute myelogenous	72 (73)
7 (7)	Cancer, lymphoma, non-Hodgkin's	71 (71)
8 (5)	Cancer, myeloma	69 (75)
9 (9)	Cancer, ovarian	68 (65)
10 (-)	Cancer, head and neck	65 (-)

Source: Pharmaprojects, January 2026

GERMANY

Germany has a marginally bigger pipeline than its neighbor France to the west, and a slightly bigger rate of expansion this year, coming in at 4.0%. Its big two, the private firms Boehringer Ingelheim and Bayer, both have pipeline sizes of over 100 drugs. The big story this year is the rise of mRNA specialist BioNTech, on the back of its acquisition late in the year of CureVac, which had a similar focus. This has pushed the company into the global top 25 for the first time.

Figure 38: Total Germany's R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

Table 34: Top 10 Germany-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	Boehringer Ingelheim	145 (133)
2 (2)	Bayer	102 (104)
3 (4)	BioNTech	80 (50)
4 (3)	Merck KGaA	69 (65)
5 (5)	Evotec	34 (37)
6 (-)	AtaiBeckley	17 (-)
7 (8)	Stada	17 (15)
8 (10)	Grunenthal	16 (14)
9 (9)	Fresenius Kabi	15 (14)
10 (7)	Medigene	15 (15)

Source: Pharmaprojects, January 2026

Table 35: Top 10 diseases for Germany pipeline drugs

POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, lung, non-small cell	166 (165)
2 (2)	Cancer, breast	115 (111)
3 (3)	Cancer, colorectal	98 (97)
4 (4)	Arthritis, rheumatoid	83 (77)
5 (5)	Diabetes, type 2	81 (76)
6 (8)	Colitis, ulcerative	74 (67)
7 (6)	Cancer, melanoma	73 (69)
8 (7)	Psoriasis	72 (69)
9 (-)	Crohn's disease	66 (-)
10 (10)	Cancer, leukemia, acute myelogenous	64 (62)

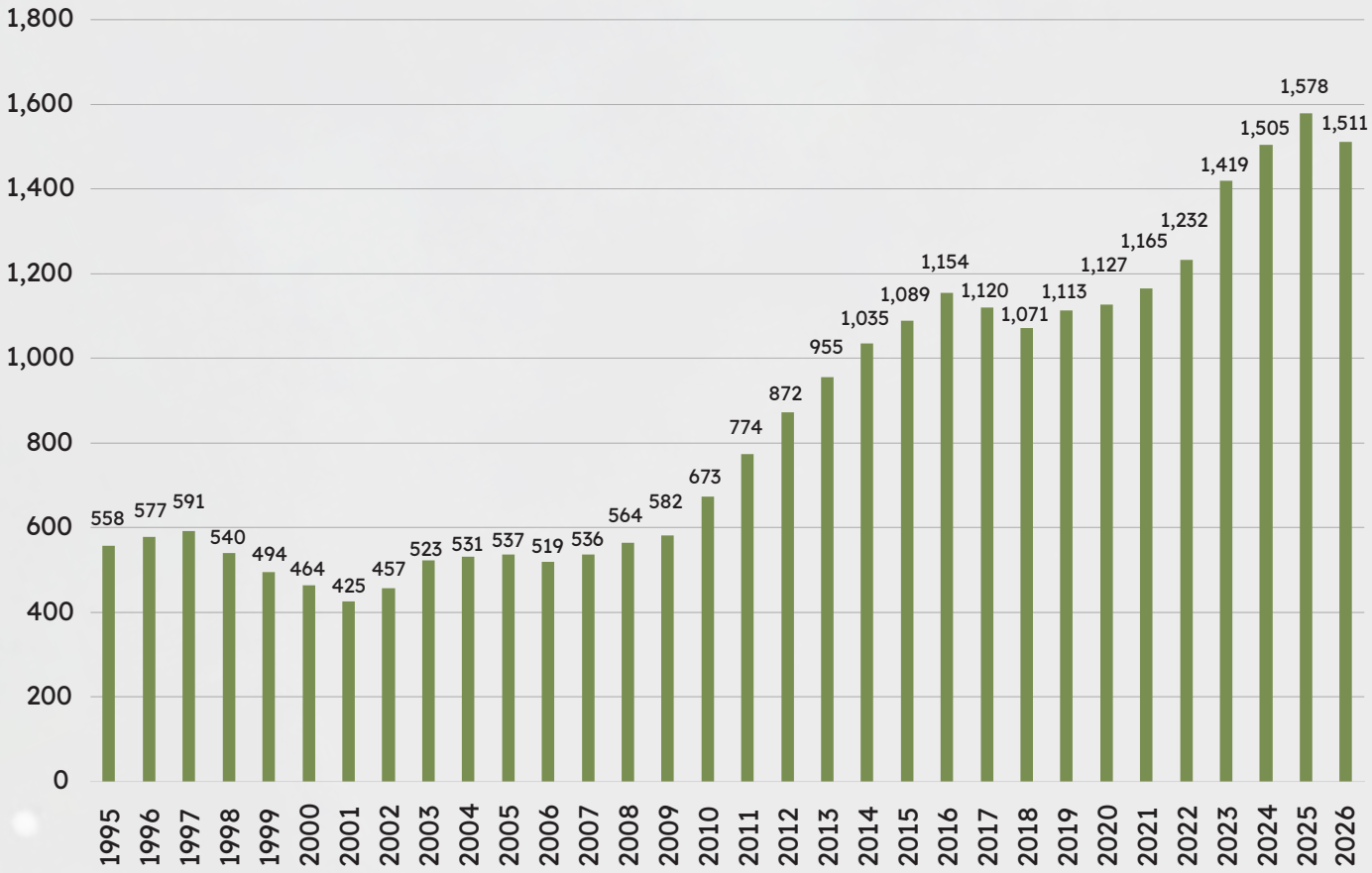
Source: Pharmaprojects, January 2026

The country's top 10 diseases resemble those of the majority of other European countries we've covered, split between cancers, autoimmune/inflammatory disorders, and diabetes.

SWITZERLAND

Our last small holding on our tour of pharming territories is Switzerland, a country strongly associated with the development of new medicines. This is one territory, however, that mirrors the global trend of a slight decline in pipeline size. Its 1,511 drugs this year is down 4.2%, very much in line with the worldwide percentage.

Figure 39: Total Switzerland's R&D pipeline size, 1995–2026



Source: Pharmaprojects, January 2026

The country is of course best known for its two top 10 fixtures, Roche and Novartis, both of which have enormous pipelines — Roche's is up a bit this year, Novartis's is down a bit. Climbing up the table is generics specialist Sandoz, which Novartis spun off in 2023 to focus on novel medicines. While generics are not covered by Pharmaprojects, the company comes under our purview by dint of its considerable pipeline of biosimilars and some reformulations, both of which we do cover.

We generally don't cover nonprofit organizations either, but make exceptions for those with considerable pipelines of drugs for commercialization, which explains why both Medicines for Malaria Venture and the Drugs for Neglected Diseases Initiative both appear in Switzerland's top 10. Unusually, this country has three new entries in its top 10 this year: Idorsia, Ferring, and CRISPR Therapeutics. Disease-wise, melanoma and rheumatoid arthritis are eye-catchingly high in this country's top 10.

Table 36: Top 10 Switzerland-HQed companies by size of pipeline

POSITION 2026 (2025)	COMPANY	NO. OF DRUGS 2026 (2025)
1 (1)	Roche	265 (261)
2 (2)	Novartis	245 (254)
3 (3)	Medicines for Malaria Venture	31 (34)
4 (5)	Sandoz	27 (22)
5 (4)	Drugs for Neglected Diseases Initiative (DNDi)	24 (27)
6 (7)	Debiopharm	21 (20)
7 (-)	Idorsia Pharmaceuticals	19 (-)
8 (-)	Ferring Pharmaceuticals	17 (19)
9 (-)	CRISPR Therapeutics	16 (21)
10 (9)	AC Immune	14 (15)

Source: Pharmaprojects, January 2026

Table 37: Top 10 diseases for Switzerland pipeline drugs

POSITION 2026 (2025)	DRUG DISEASE	NO. OF DRUGS 2026 (2025)
1 (1)	Cancer, lung, non-small cell	81 (78)
2 (2)	Cancer, breast	72 (69)
3 (3)	Cancer, colorectal	57 (58)
4 (4)	Cancer, melanoma	48 (52)
5 (6)	Cancer, pancreatic	41 (39)
6 (5)	Cancer, brain	39 (41)
7 (10)	Cancer, ovarian	38 (35)
8 (8)	Arthritis, rheumatoid	37 (35)
9 (-)	Cancer, prostate	37 (-)
10 (7)	Diabetes, type 2	37 (38)

Source: Pharmaprojects, January 2026

We've now covered the 2026 pipeline in more detail than ever before. What can we conclude from this grain silo full of data? It's time to take stock with a final summary of how does our garden grow this time around.

WHAT'S THE FORECAST FOR PHARMA?

Is the pharma industry due another bountiful harvest, or might the weeds of global events suffocate its ability to bear fruit?

The pharma industry may well be affected by current regional and global events outside of its control. The unpredictable US President Donald Trump continues to threaten the use of the blunt tool of tariffs.

Meanwhile, a fragile peace exists at least for now in Gaza, but the Russian invasion of Ukraine shows little sign of ending as it grinds into a fourth year. An escalation of any one of these events, or something else less predictable, could send global markets into freefall and economies into turmoil, leaving even the relatively stable pharma industry raking through the fallen leaves.

The current US administration is also disrupting healthcare directly. US health secretary Robert F. Kennedy Jr. rather politely termed a "vaccine skeptic," fired everyone on the US Advisory Committee on Immunization Practices, replacing them with individuals like-minded to his beliefs. As a scientist, I find some of the antivaccine moves beyond mere "skepticism." The latest move has been to remove hepatitis-B vaccination from the infant schedule, despite the fact that this vaccine has demonstrably saved countless lives. The anti-science rhetoric is causing some pharma companies to reconsider their investments in vaccine R&D. Meanwhile, potentially fatal diseases we thought we had eliminated are making a comeback as vaccination rates plummet. And when the US sneezes, the world catches a cold: The UK has just lost its World Health Organization (WHO) measles-free status again. Another US administration move with negative impact on pharma is the slashing of academic funding, including that of the National Institutes of Health (NIH), and the termination of many already existing research grants. The pharmaceutical industry gets its lifeblood from academic research — many of today's innovative medicines might not exist if it were not for basic science discoveries funded out of the public purse. Cutbacks here could have far-reaching and unforeseen consequences for US pharma R&D, just when it needs to strengthen its efforts if it doesn't wish to lose its global crown to the advancing China.

We've noted in this report how Chinese novel pharma R&D continues to grow, but here's a tasty tidbit we will cover in more detail in our forthcoming New Active Substances Launched in 2025 supplement. In the year just completed, for the first time ever, more drugs made their market debut in China than anywhere else. That's right, China has actually overtaken the US in delivering first-time new drugs. This is pretty momentous news.

Industry experts are all aflutter over China's continuing revolution. Speaking to our sister publication *Scrip* in one of its annual "Scrip Asks" annual surveys of sentiment within the biopharma community, Fangning Zhang, partner at McKinsey, said, "China is emerging as a force in the next chapter of global biopharma innovation. China, now Asia's pacesetter, combines next-generation modality leadership and R&D velocity that runs faster and at lower cost than industry norms. China is expanding beyond oncology into immunology, metabolism, and neurology, while scaling pathways such as out-licensing deals, strategic partnership, and newco formation at unprecedented levels to realize global potential. As China's momentum converges with rising hubs from South Korea to India, Asia is not just catching up, it is biopharma's emerging epicenter and a force redefining how and where innovation happens."

Another commentator, Jon Roffman, head of global biopharma at ZS, stated in the same article that "the rules of competition will be rewritten by China's ability to innovate at speed and cost. China's benchmarks won't just influence pricing; the combination of faster innovation cycles, accelerated commercialization, and lower structural costs will reset the global bar for value and speed. Companies that treat this as incremental change will fall behind, while those that adapt operating models, supply chains, and go to market to match China's pace will find new growth. This is a structural shift, not a passing trend, and it demands agility, learning velocity, and bold strategic reallocation."

A key question is how much China will reach out to the West for dealmaking to internationalize its new drugs, something which is still in its infancy, but on the rise. This area is covered in the "Scrip Asks" article, too. Lance Han, chief innovation officer of Cyagen Biosciences, explained to our journalist why. "China's unmatched R&D velocity, enabled by AI, vast patient pools, and a 30-day fast-track clinical approval channel will solidify its role as the world's premier source of novel assets. Outbound BD licensing deals will continue their surge, with Chinese-originated assets projected to account for nearly 50% of global licensing deals in 2025. This momentum is driven by global pharma's need to replenish pipelines cheaply and quickly, and Chinese firms' focus on next-gen modalities like bi/tri/multi-specifics, *in vivo* CAR therapy and targeted protein degradation," he stated.

There was generally positive sentiment about the prospects for dealmaking around the world, with commentators highlighting the burgeoning biotech hubs in the US, and the fact that some European markets, such as Italy and Scandinavia, are showing signs of recovery. Despite this, another of our sister products, Biomedtracker, reported slightly fewer deals during 2025 than 2024, with the respective totals being 2,168 vs. 2,341. These included 1,298 financing deals and 202 acquisitions deals. Nevertheless, the feeling is that there is significant capital out there, very much the fertilizer which can supercharge the growth of pharma's crops.

The 2025 acquisition deal numbers were in fact slightly up on 2024's, and in the broader mergers and acquisitions field, again, there is felt to be abundant opportunity. Pierre Jacquet, vice chairman of L.E.K. Consulting's global healthcare practice, noted "with pharma companies holding up to $1.2 trillion in acquisition capacity, pressure to rebuild pipelines is intensifying, 2026 is likely to see a major acceleration in dealmaking, including 20+ acquisitions over $1 billion." Other industry leaders saw particular signs of sun after the rain germinating in the biotech industry. "I am of the mindset that 2026 will be the year when we see the biotech industry begin to bounce back," said Cary Claiborne, CEO of Adial Pharmaceuticals. "As large pharmaceutical companies continue to navigate the looming patent cliff, we will see an uptick in mergers and acquisitions. This will provide early stage investors with the opportunity to successfully exit and will free up capital for the next round of early stage development."

The other topic likely to impact pharma in the coming years, as it likely will many aspects of our lives, is AI. Most industry experts interviewed by *Scrip* saw only positives here. "In 2026, AI-powered strategies will help pharma companies set smarter drug prices, speed up patient access, and personalize support for healthcare professionals," said Gro Blindheim, managing director and global life science commercial lead at Accenture. "Companies will move beyond fragmented systems, using real-time data to anticipate market needs and personalize commercial approaches. Patients can expect more affordable medicines and faster approvals, while doctors will benefit from tailored, real-time insights to guide treatment choices."
A big question remains as to how much AI might be employed to better find or design drug candidates in the first place. Many tech start-ups have raised a lot of money with some pretty outlandish claims, but thus far, there is scant evidence that it can as yet replace or fast-forward through the basic chemical and biological techniques currently used to identify targets, design drugs, and screen and derivatize them until the ideal candidate is found. But maybe one day AI might provide a turbocharge to our currently flatlining innovation metric.

Largely speaking, our stroll around pharma's garden at the beginning of 2026 sees plants looking varied, healthy, and innovative. As noted, it is bearing fruit as never before, more details of which we will go into if you check back in March/April to download our report's supplement on new active substances launched during 2025, the definitive authority on this subject. Sure, the perfect balance of sunshine, rain, and fertilizer will as always be needed to keep our borders flourishing, but there's no reason why the industry shouldn't continue to blossom. As with a garden, though, regular attention must always be paid to nurture our tender young plants. The best way to do this is to check back next year for another Pharma R&D Report, and to not plow a lonely furrow: Use the Citeline databases regularly to help you to see the forest for the trees. Seasons may come and seasons may go, but the Citeline Pharma R&D Review is a hardy perennial you can rely on to help you to reap what you sow.

About the Author

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Ian Lloyd is the Senior Director of Content Strategy at Norstella, working to help ensure that Norstella's drug-related data solutions (Pharmaprojects, Biomedtracker, and Evaluate Pharma) continue to develop new content in order to meet the pharmaceutical industry's evolving needs, helping it to speed new drugs from bench to patient. Prior to taking on this new role in 2025, he worked on Citeline's drug pipeline information service Pharmaprojects, supporting clients in their drug pipeline data requirements and inquiries, providing insight into the best search strategies to answer their drug-related business questions and also identifying and analyzing trends in pharma R&D. For the past 34 years, he has authored the Pharma R&D Annual Review and its new active substance (NAS) launches supplement. This has become a must-have industry report for those seeking to identify the changing fortunes of drug R&D. Ian joined Pharmaprojects in 1987, when it was part of PJB Publications. It was acquired by Informa in 2003, and spun out to form Citeline Pharma Intelligence, now part of the Norstella group, in 2022. He previously worked in molecular biology as a research assistant at the University of Bristol, UK.

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