



pni **PHARMA** **SUMMIT** **26**

Transform & Thrive
Thursday 26th March @ Croke Park

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Markus Gores, Vice President, EMEA Thought Leadership



Markus has over 25 years of experience in life sciences, advising clients in all major geographies on a broad range of topics, including real world evidence strategy, launch readiness, go-to-market models, brand and commercial strategies, and building enabling organisational capabilities. He's a frequent speaker on the latest industry trends and regularly engages with senior leadership teams of pharmaceutical companies.

Prior to his current role in Thought Leadership, he has held leadership positions within IQVIA Real World Solutions and QuintilesIMS Consulting Services (formerly the IMS Consulting Group). Before joining IMS, Markus spent six years with McKinsey & Company, Inc., in London, New York and Frankfurt, serving pharmaceutical and biotech companies. He started his career as a project manager in R&D with Hoechst/Aventis. Markus holds a PhD in Pharmaceutical Chemistry from the University of Hanover and has completed post-doctoral research at the University of California.

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Transform & Thrive: The imperative for change in a new reality for pharma

PMI Pharma Summit 2026

Dublin, 26th March 2026

Markus Gores, VP Thought Leadership, IQVIA

The past is a foreign country...



Currently exempted, pharmaceuticals face tariff uncertainty



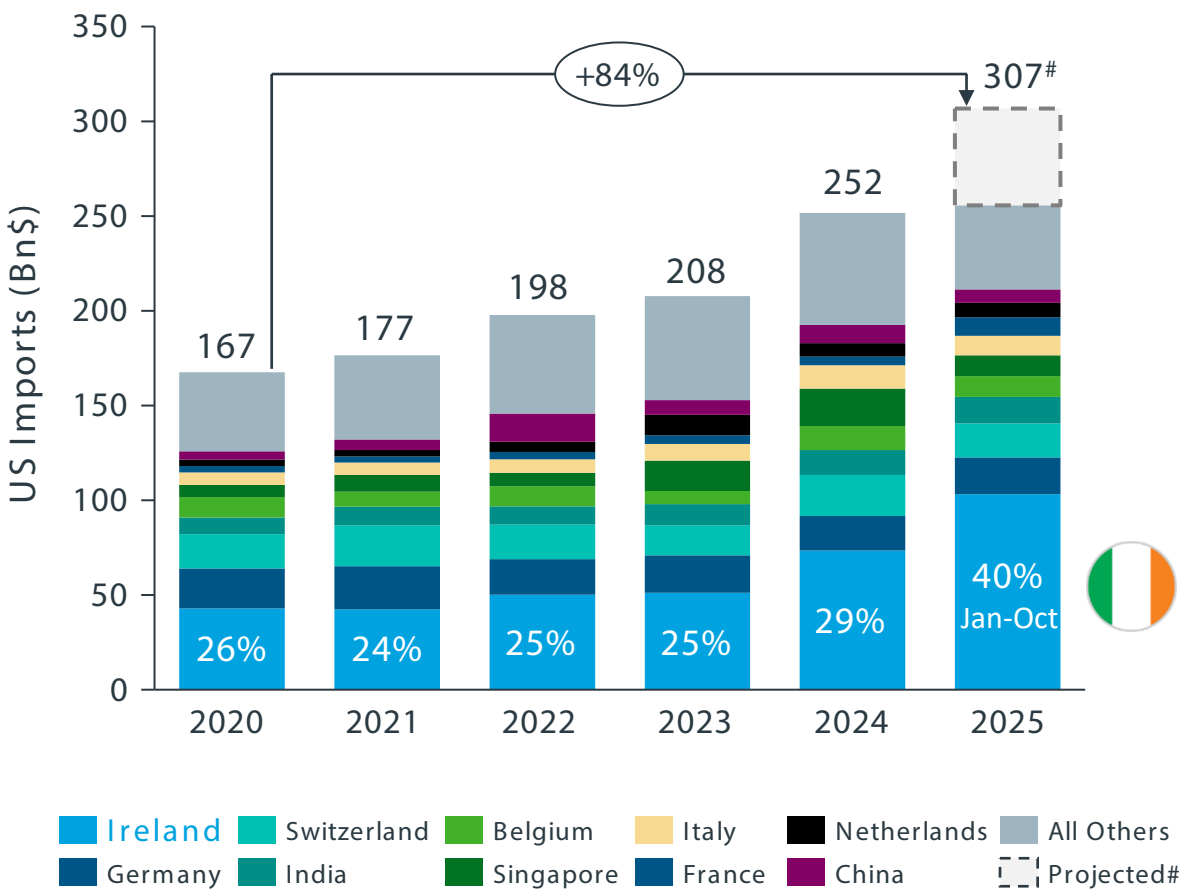
“IEEPA does not authorize the President to impose tariffs.”
– U.S. Supreme Court (20 Feb. 2026)

Exempted from new global tariff, will pharmaceuticals face sector-specific tariffs?

Multiple statutes remain available, eg Section 232, Special 301, Section 301

- How will the administration proceed?
- What will happen to already negotiated trade deals, eg US-EU, US-UK?

US pharmaceutical & medicines imports by origin^(*)



IEEPA: International Emergency Economic Powers Act

* Top 10 countries by 2025 import value represented. Includes veterinary products; #Data available only until Oct 2025, projected to 12 months

Source: census.gov; CSO; IQVIA Thought Leadership analysis. Copyright © 2026 IQVIA. All rights reserved

US policy disrupts global pricing, and more...



United States: Price reduction

- Trend: Pharma companies agree to rebalance prices:
 - Existing products e.g. via Medicaid, DTC/TrumpRx
 - New launches
- Reform: MFN pricing in Medicare, IRA

'Most Favoured Nation' pricing - Rebalancing US pricing with the developed world



Outside the US: Price increases

- Trend: Upward pressure from US gov and companies
- E.g. UK-US trade deal
- To what extent will we see other countries following suit?
- EU in focus

2026
Impacts

Altered global
launch strategies?

Private markets
grow?

Referenced markets
see reduced access
for some products?

Intergovernmental competition ramps up – strategies differ

The battle of policies



EU

Science to medicines



- Negotiations on billions new biotech R&D and translational funding
- Simplify clinical trials via EU Biotech Act



- Biotech Act and Pharma Package to accelerate access 2-4 months
- Potential for mandatory EU-wide launches



UK

Agility and attractiveness



- Faster clinical trials (150 days to start)
- First ILAP products



- 10-year plan improves innovative access
- Pricing/access reforms driven by US/UK deal (VPAG, NICE thresholds)



China

Moving centre stage



- Government-backed R&D surge, catching US citations
- Fast-track clinical trial review for innovative drugs: 30 days



- Accelerated market access pathways
- Data protection and exclusivity (up to 6 years)



US

America First



- NIH funding cuts deepen
- BIOSECURE Act restricting foreign-linked partnerships
- Agencies shake-up



- Licensing restrictions on Chinese collaboration
- Tariffs impacting supply chains; Mnf. reshoring

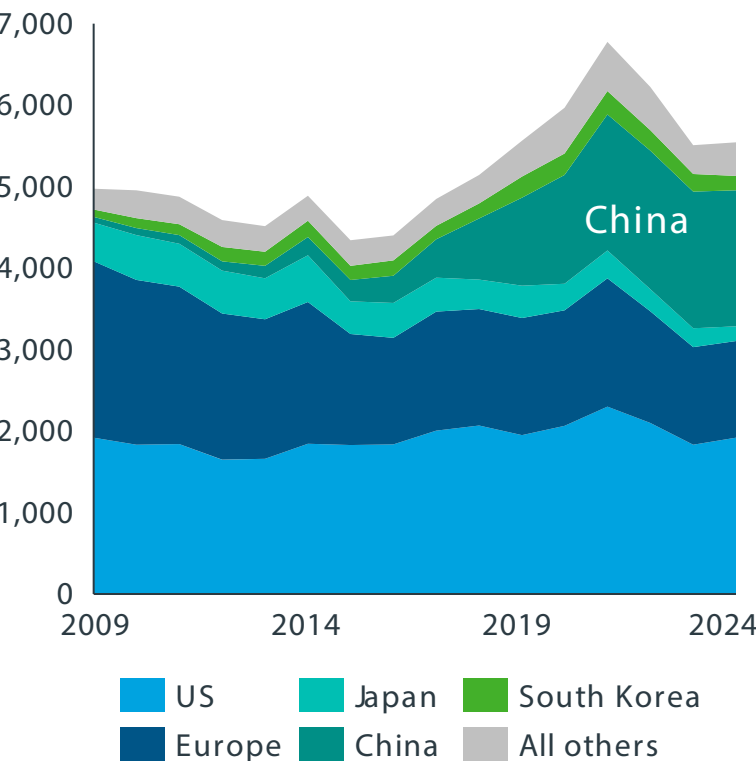


China emerges as a world-class biopharma innovation hub

Can Western multinationals keep up with Chinese speed and ambition?

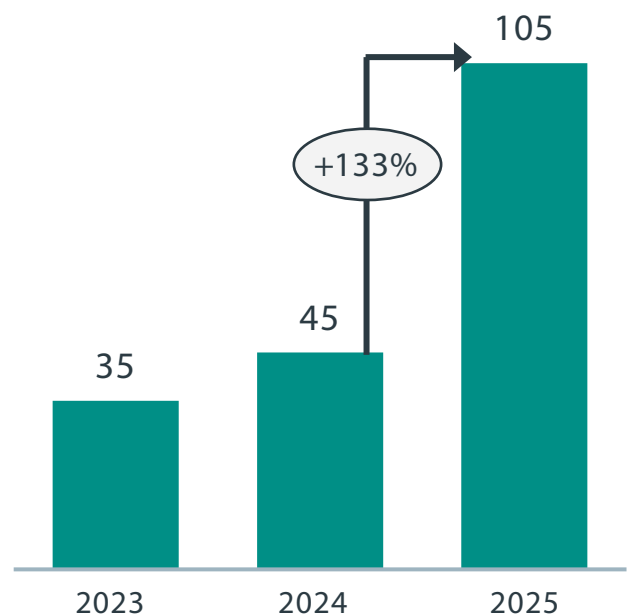
China closing in on US in trial activity

Number of Phase I to III trial starts based on company headquarters location



Rise of China as source of innovation

China-to-international partnering deals (Total deal value, \$Bn)



40% of all assets in-licensed by big pharma had a Chinese licensor

Future disruption: What if...

...globalisation was to become the default ambition for Chinese biotechs?



Strategy



Precedent

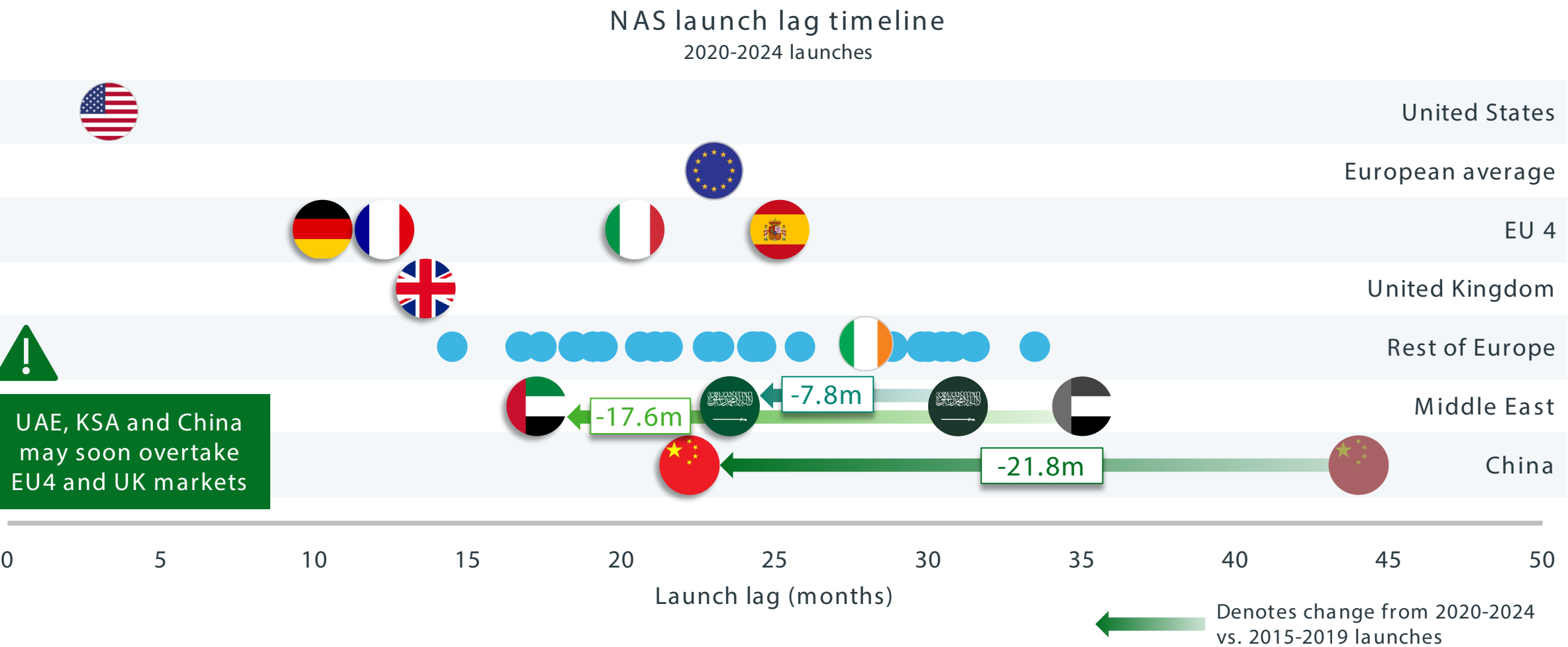
FIC/BIC assets



Competing on price?



The traditional launch sequence is being challenged –
new priority markets emerge; MFN impact has yet to play out
Policy reform is key to boost Europe’s competitiveness, prepare for MFN impact

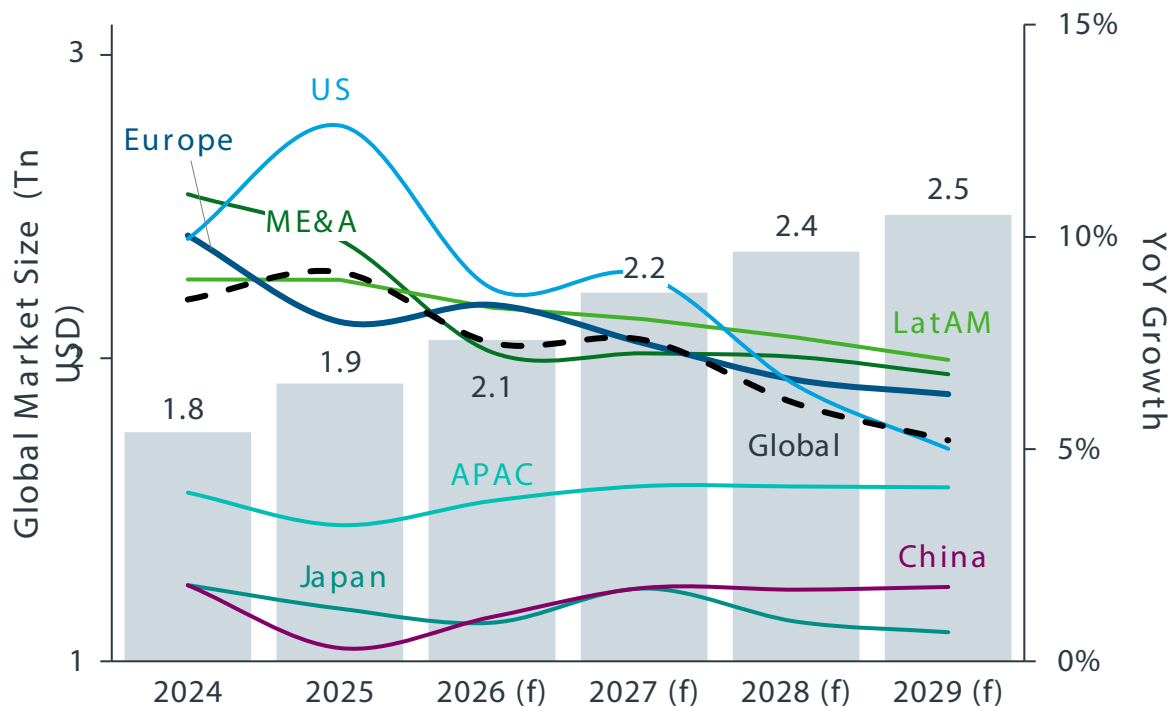


The pharmaceutical market is facing headwinds

Global prescription market projected to reach \$2.5xTn by 2029, adding \$0.6Tn in abs. growth

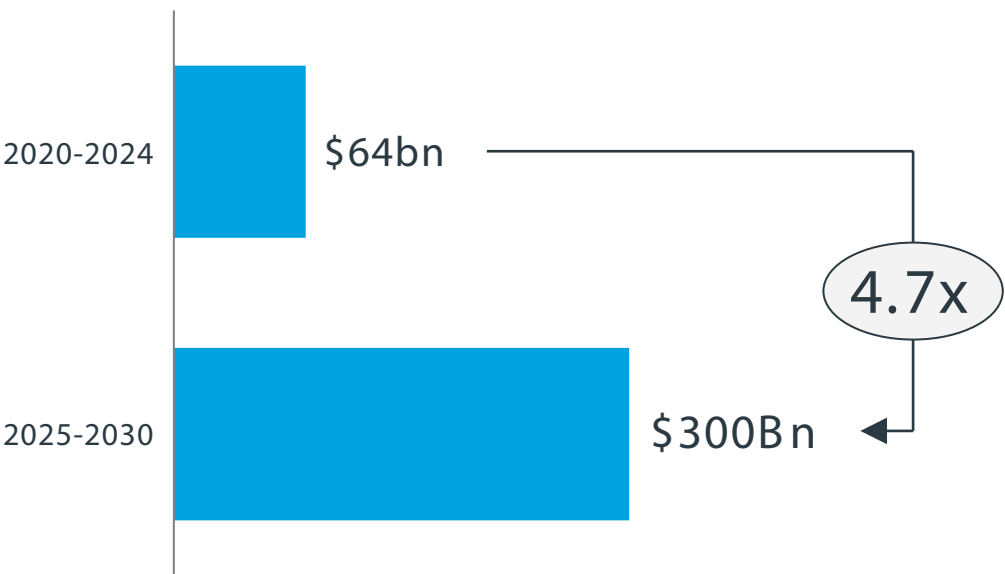
Growth slowing down across regions...

(Global spending, growth by region, at list price, ex.Covid vaccines, constant \$)



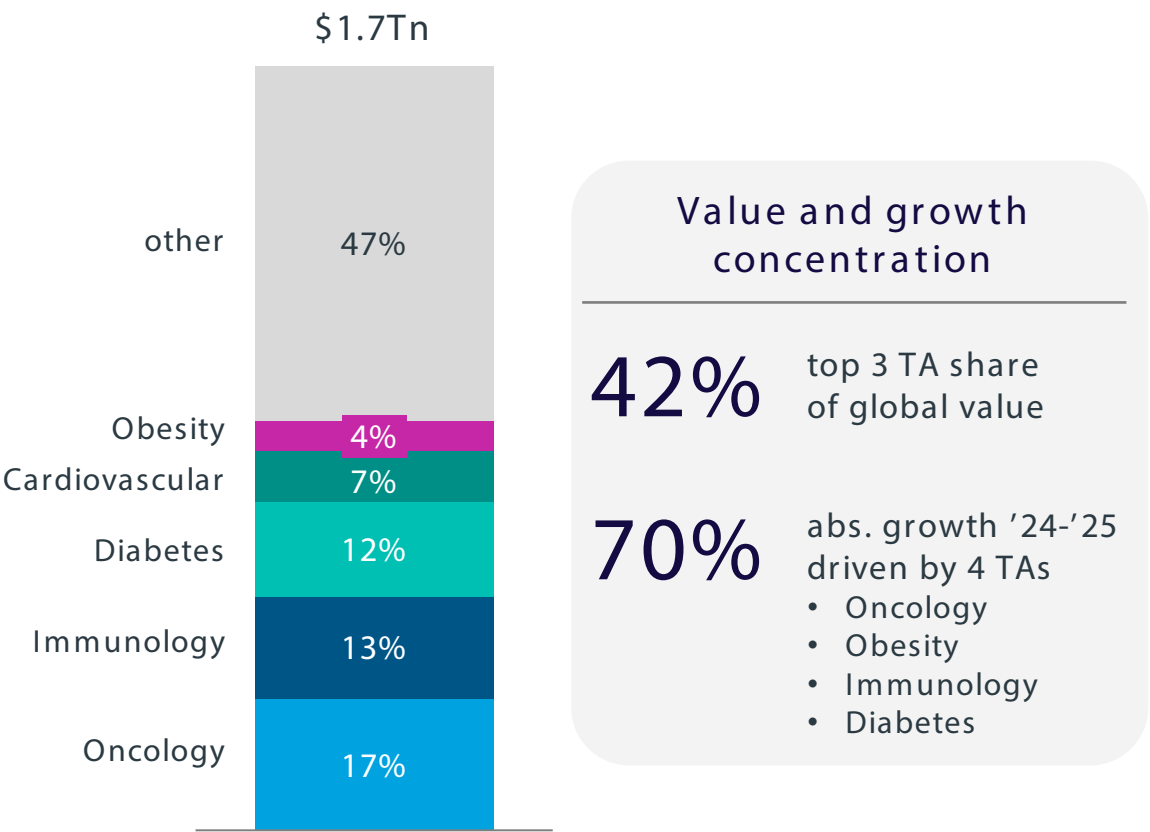
...while major LoE exposure looms

(Estimated revenue at risk from LoE; \$)

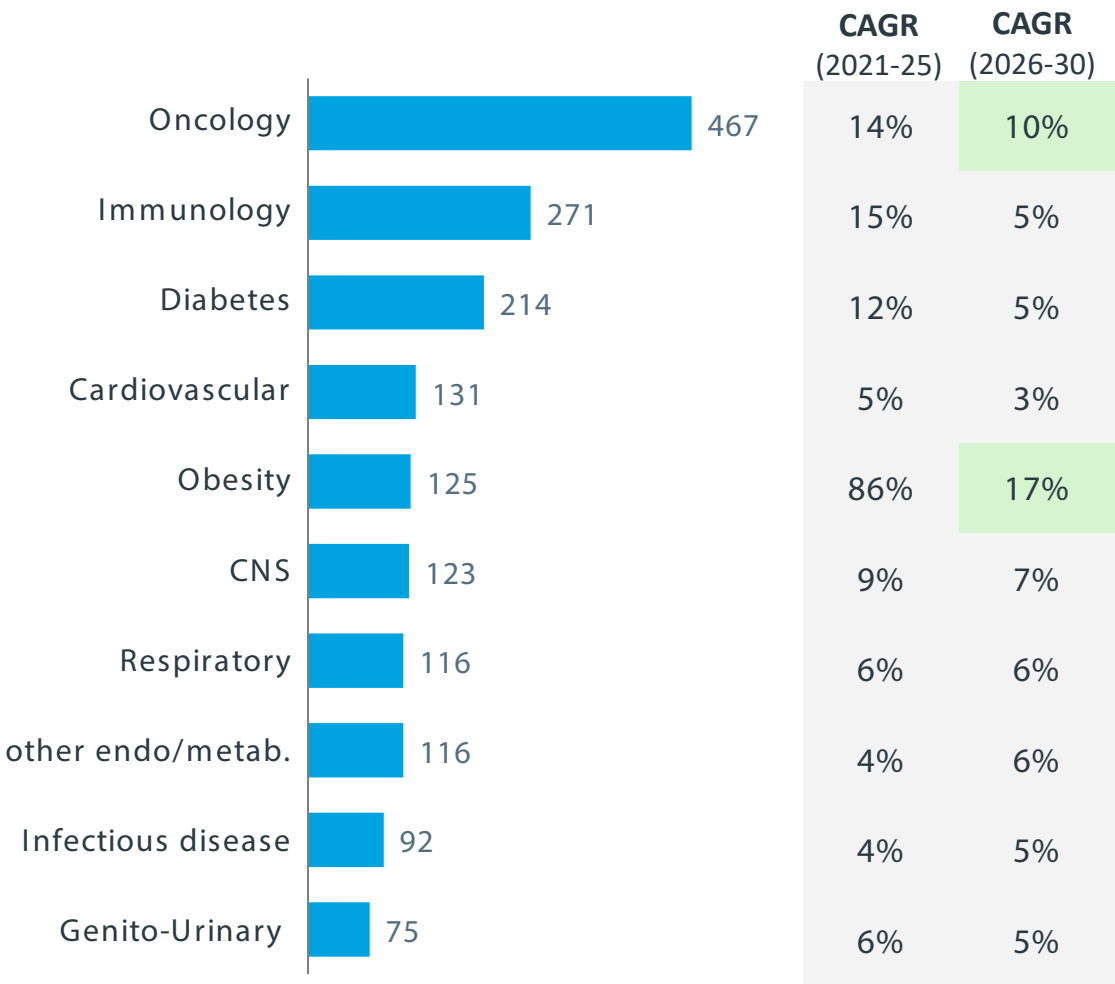


Global pharma market value and abs. growth are highly concentrated; obesity joins top 5 TAs, remains fastest growing

Global Therapy Area sales 2025
(ex-MNF prices, excl. Covid vaccines, US\$)

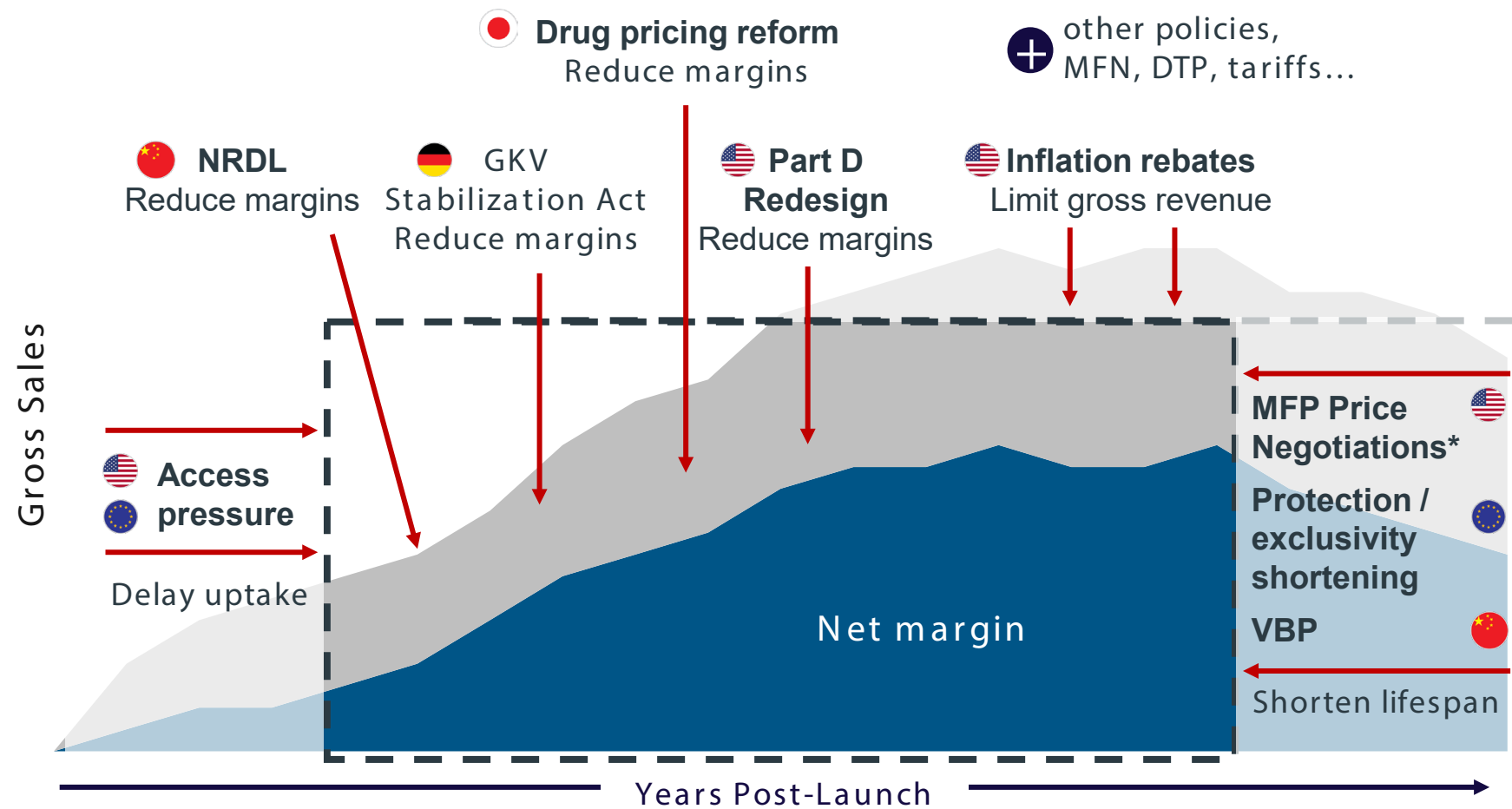


Top 10 TAs, global forecast spending 2030
(ex-MNF prices, excl. Covid vaccines, constant US\$ Bn)



The brand economic lifecycle: under pressure from all sides

The Brand Economic Lifecycle – Shrinking Area Under The Curve



MFP=Maximum Fair Price;

*The MFP sets the new price ceiling; however, the floor price can and likely will be lower for selected brands.

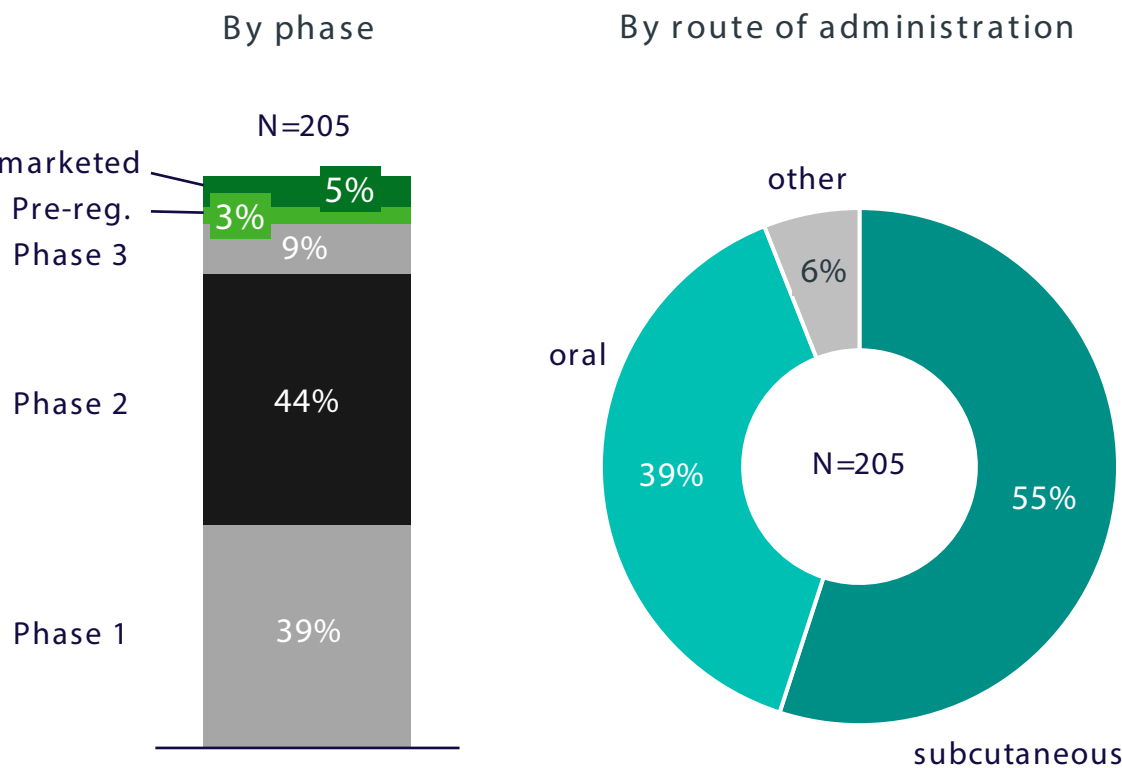
Source: IQVIA Thought Leadership analysis; Copyright © 2026 IQVIA. All rights reserved

remaining margin GTN pressure

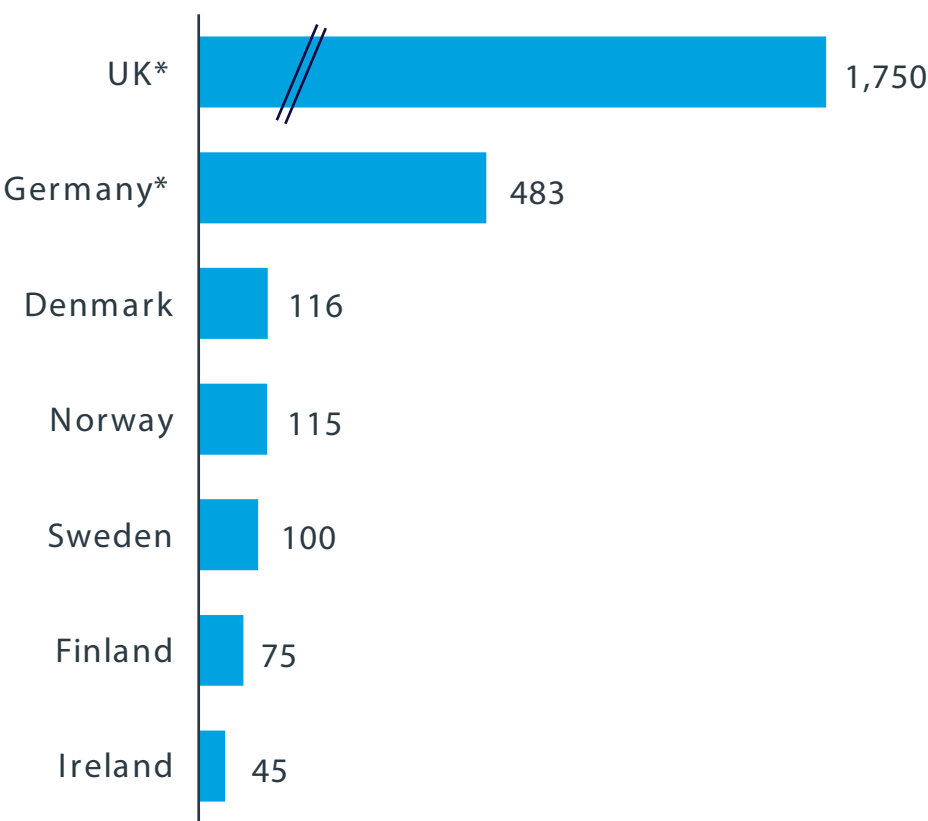
The rise of the private market: obesity created the blueprint

Crowded obesity pipeline keeps fuelling momentum; 2026 – year of the oral therapies

Obesity pipeline
(phase 1-marketed; N = 205)



Number of patients paying OOP for OMs
(''000, estimates, Dec 2025)



*Includes patients paying OOP for Wegovy and Mounjaro only
Source: Citeline TrialTrove, December 2025; IQVIA local data; Copyright © 2026 IQVIA. All rights reserved

Adoption trends of AI in healthcare

Need to future-proof pharma's go-to-market model for the AI era

Utah and Doctronic Announce Ground-breaking Partnership for AI Rx Renewals



Utah becomes the first state to safely evaluate autonomous AI for prescription medicines renewals for chronic conditions

- 6 January 2026

OpenAI launches ChatGPT Health to connect medical records, wellness apps

- 7 January 2026

Advancing Claude in healthcare and the life sciences

- Anthropic, 11 January 2026

40% U.S. HCPs report daily use of OpenEvidence; 18 million queries submitted in Dec. 2025 alone

Top-down implementation



>750 healthcare institutions in China deployed DeepSeek-R1 by May 2025

<5 months to complete accelerated deployment of gen-AI tool from start to finish

Informal adoption



85% surveyed HCPs report generative AI use in work-related context (2025)

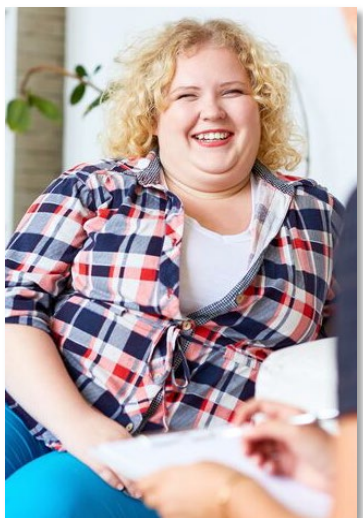
HCP access to GenAI



Overcoming systemic barriers to the adoption of innovation

Multi-stakeholder partnerships to facilitate health system readiness are key for innovation success

Conflicting demands on healthcare systems



Innovation in mass market products and highly specialised therapies



Capacity and care pathway bottlenecks



More complex patient journeys, complex medicines, Dx/biomarkers

Innovation is moving faster than health systems' ability to adopt it

- Streamlining care pathways
- Alleviating operational burden, e.g., optimal resource utilisation
- Population health agreements



The spotlight is on transformation...

1

Geopolitics upends Pharma's operating norms; global re-set leaves Europe vulnerable, policy comes to the fore

2

Assets' compressed economic lifecycle demands speed, agility; elevates need for differentiation, delivering superior value

3

Future success depends on realising productivity gains at scale; needs enterprise-wide AI adoption – 'make AI part of the fabric'

4

Multi-stakeholder collaborations are critical to facilitate health system readiness for the successful adoption of innovation

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