How Agentic AI Can Turn Market Data Into Recommendations for APIs, Generics and CDMOs

IQVIA Global Market Insights Agent

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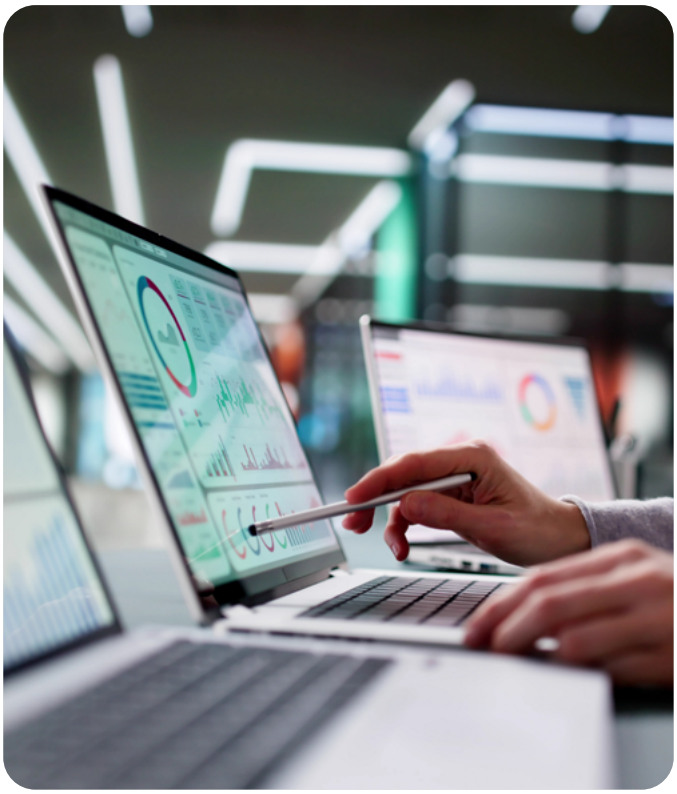
Introduction

IQVIA and CPHI are pleased to share this exclusive report offering real use cases of how the **IQVIA GMI Agent** helps **API manufacturers**, **CDMOs, and biosimilar/generic companies** move beyond static analysis toward **dynamic, data-driven decision-making.** Through real-world strategic questions, it illustrates how **agentic AI** can support more informed business decisions.



Built on IQVIA Global Market Insights (GMI) Agent, it **integrates market measurement, analogue analysis, forecasting, and competitive intelligence into a single, to deliver an evidence-based outlook and forward-looking market forecasts** to give you the best market insights and recommendations specifically built for you.

We are excited to share this valuable country information with you and look forward to welcoming you to CPHI Milan.

CPHI and IQVIA team

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While the industry is entering a new phase — defined by greater complexity, faster market shifts, and increasing pressure to allocate capital and capacity with precision, discover a glimpse of what you can discover at CPHI Milan with a few real world use cases created specifically for you.

API manufacturers

Segments/molecules to be targeted by an API manufacturer with capabilities in small-molecule APIs to maximize asset utilization while minimizing overcapacity risk.

INTRODUCTION

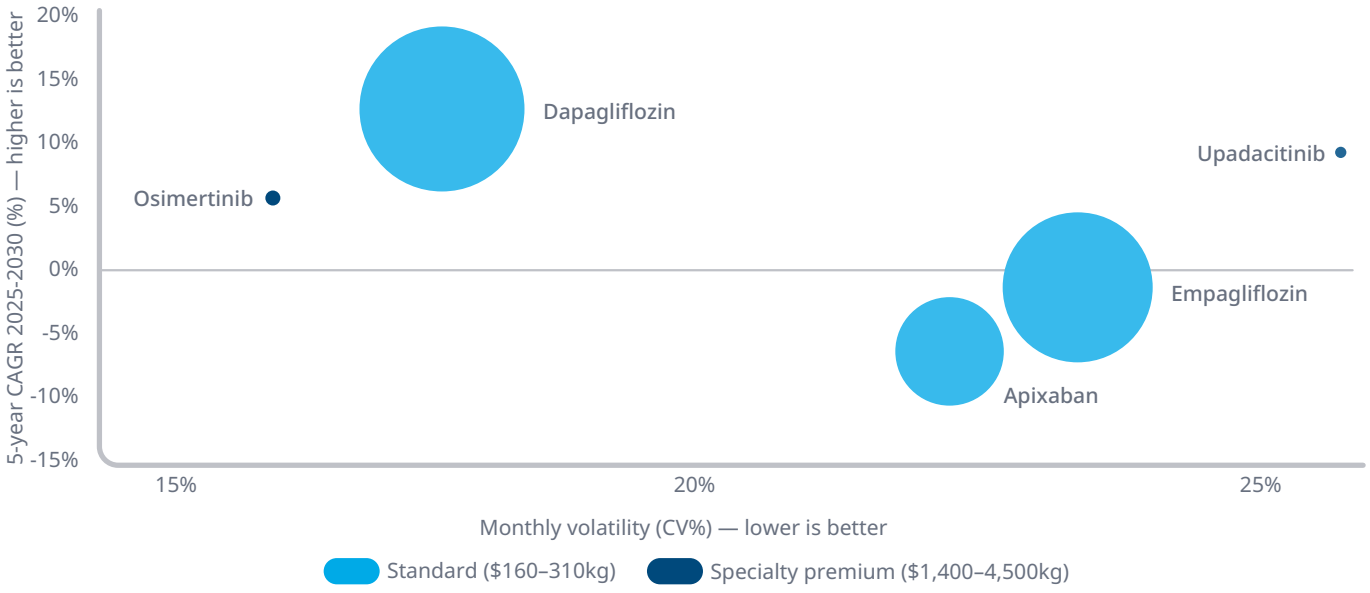
The global pharmaceutical API market presents a $100B+ opportunity in post-LOE small molecules, but manufacturers face a critical challenge: **Balancing capacity utilization against demand volatility risk.** Overcapacity leads to idle assets and compressed margins, while undercapacity results in lost revenue and customer attrition. Success requires identifying molecules that combine robust demand outlook, predictable monthly patterns, and sustained post-LOE economics — enabling 85-90% capacity utilization rates that drive 3–5 percentage point EBITDA margin improvements compared to high-volatility portfolios.

KEY INSIGHTS

The optimal API manufacturing strategy prioritizes demand predictability over peak growth rates. **Dapagliflozin and osimertinib occupy the ideal quadrant — combining low volatility with substantial volume — which enables superior capacity utilization and margin performance.** While upadacitinib offers the highest growth trajectory, its volatility and limited volume create overcapacity risk that undermines asset utilization goals.

The winning formula emerges clearly: **Anchor capacity in low-volatility SGLT2 inhibitors (dapagliflozin primary, empagliflozin secondary), diversify into specialty oncology premiums (osimertinib), and hedge in high-growth but volatile segments (upadacitinib) — a portfolio that maximizes utilization while maintaining strategic flexibility.** This approach transforms post-LOE markets from commoditization threats into stable cash flow engines, where 3–5x volume expansion offsets 30-50% price erosion and broad customer bases (245 corporations for dapagliflozin) distribute demand risk across multiple supply agreements.

API manufacturing target selection: Volatility vs. growth vs. volume



Source: IQVIA Global Market Insights Agent (incl. MIDAS Monthly (2023-Q1 2026), Forecast Link (202–2028)).

RECOMMENDATIONS: WHICH 5 SEGMENTS/ MOLECULES TO TARGET

To maximize asset utilization while minimizing overcapacity risk, target these 5 molecules in priority order:

1. **Dapagliflozin** (Primary Anchor — 40–50% capacity)
   Low volatility (17.9% CV), high volume (75,929 kg), broad customer base (245 corporations). Allocate 1,000–2,000L reactors. Target 85–90% utilization.

2. **Osimertinib** (Premium Diversification — 20–25% capacity)
   Lowest volatility (16.4% CV), specialty pricing ($1,400–4,500/kg), moderate volume (5,227 kg). Use 50–200L reactors for margin optimization.

3. **Empagliflozin** (Secondary Anchor — 15–20% capacity)
   Large volume (73,970 kg), 196 corporations, accept higher volatility (23.4% CV) for scale. Phase in months 18–36 after Dapagliflozin stabilizes.

4. **Upadacitinib** (Growth Hedge — 10–15% capacity)
   Highest growth (+38.7% YoY), specialty pricing, but high volatility (25.7% CV). Small-batch 50-200L reactors. Maintain 30–40% inventory buffers.

5. **Apixaban** (Optional Stabilizer — 5–10% capacity)
   Large volume (46,328 kg) but declining (-6.3% CAGR). Add only if excess 1,000–2,000L capacity available and 18–24 month customer commitments secured.

CDMOs

Product types to accelerate or exit over the next 24–36 months for a CDMO planning strategy for my oral solid portfolio.

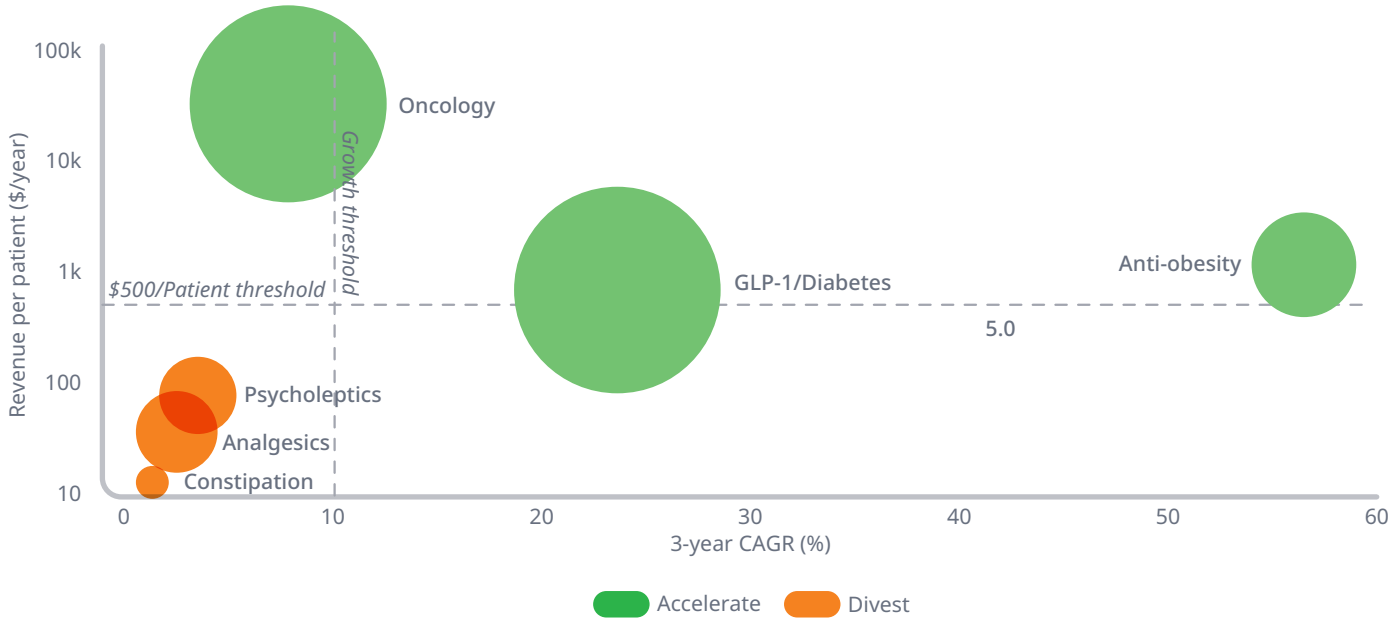
INTRODUCTION

Contract Development and Manufacturing Organizations (CDMOs) face a critical strategic inflection point in their oral solid dosage portfolios as the pharmaceutical manufacturing landscape undergoes unprecedented bifurcation. With innovator pharma companies increasingly outsourcing complex specialty formulations while generic manufacturers consolidate commodity production in-house, CDMOs must rapidly reallocate capacity to capture premium value in high-growth segments.

KEY INSIGHTS

The analysis of seven major markets (US, Germany, France, UK, Italy, Spain, Japan) covering 2023-2028 reveals that three specialty therapy areas — Oncology, GLP-1/Diabetes, and Anti-Obesity oral solids — will generate $70 billion in absolute growth (64% average CAGR, 90% non-generic concentration, $1,200 revenue per patient annually), while three mature segments — Analgesics, Psycholeptics, and Constipation products — face advanced commoditization with 73% generic penetration, sub-5% growth rates, and $38 revenue per patient.

CDMO portfolio strategy: Growth velocity vs. revenue density



Source: IQVIA Global Market Insights Agent (incl. MIDAS Monthly (2023-Q1 2026), Forecast Link (2026–2028)).

The 21:1 growth ratio between these segments represents a once-in-a-decade reallocation opportunity, but the window is closing as innovator pharma partners actively secure long-term manufacturing agreements for oral GLP-1 obesity drugs and next-generation oncology combinations. CDMOs that delay portfolio pivots risk being locked into low-margin, declining capacity while competitors capture premium specialty market share.

RECOMMENDATIONS

1. **Accelerate:** Oncology + GLP-1/Diabetes Oral Solids

   Invest in cytotoxic containment, high-potency API handling, and oral peptide formulation capabilities. Combined $64.5B growth opportunity (2025–2028), 88–85% non-generic, premium pricing. Target kinase inhibitors, immunotherapy combinations, and SGLT2+GLP-1 oral formulations.

2. **Accelerate:** Anti-Obesity Oral Preparations

   Secure early capacity for oral GLP-1 obesity formulations. Fastest-growing segment (56% CAGR, +276% growth, $2.1B → $7.9B), 95% non-generic. First-mover advantage opportunity as oral obesity drugs scale.

3. **Divest:** Analgesics + Psycholeptics + Constipation

   Exit opioid manufacturing, generic benzodiazepines, and OTC laxatives. Combined 73–86% generic penetration, $12–68/patient/year revenue density, sub-5% CAGRs. Redeploy capacity to specialty segments with 64% average CAGR and 31x higher revenue per patient.

Generics

Capital deployment strategy for biosimilar entry into autoimmune markets, optimizing Adalimumab and Ustekinumab for near-term ROI and long-term value.

INTRODUCTION

Biosimilar manufacturers entering the autoimmune market face a critical resource allocation challenge as adalimumab (LOE 2017-2018) and ustekinumab (LOE July 2024 EU5) transition to multi-competitor landscapes. Unlike small-molecule generics achieving 80-90% price erosion within 12 months, biosimilar adoption reveals profound regional heterogeneity. EU5 markets demonstrate 70-80% price erosion over 5–7 years with aggressive substitution policies, while Japan maintains only 32% erosion despite similar LOE timing due to cultural and regulatory resistance. This gradual erosion pattern creates distinct market archetypes with conflicting value propositions:

- **Volume leaders** like the UK offer immediate scale and 12–24 month payback through NHS formulary mandates but compress margins
- **Premium-pricing markets** like Germany preserve profitability but require 36–60 month horizons and face promotional saturation despite high promotional investment
- **High-growth markets** like Spain balance both dynamics with efficient promotional receptivity on minimal investment

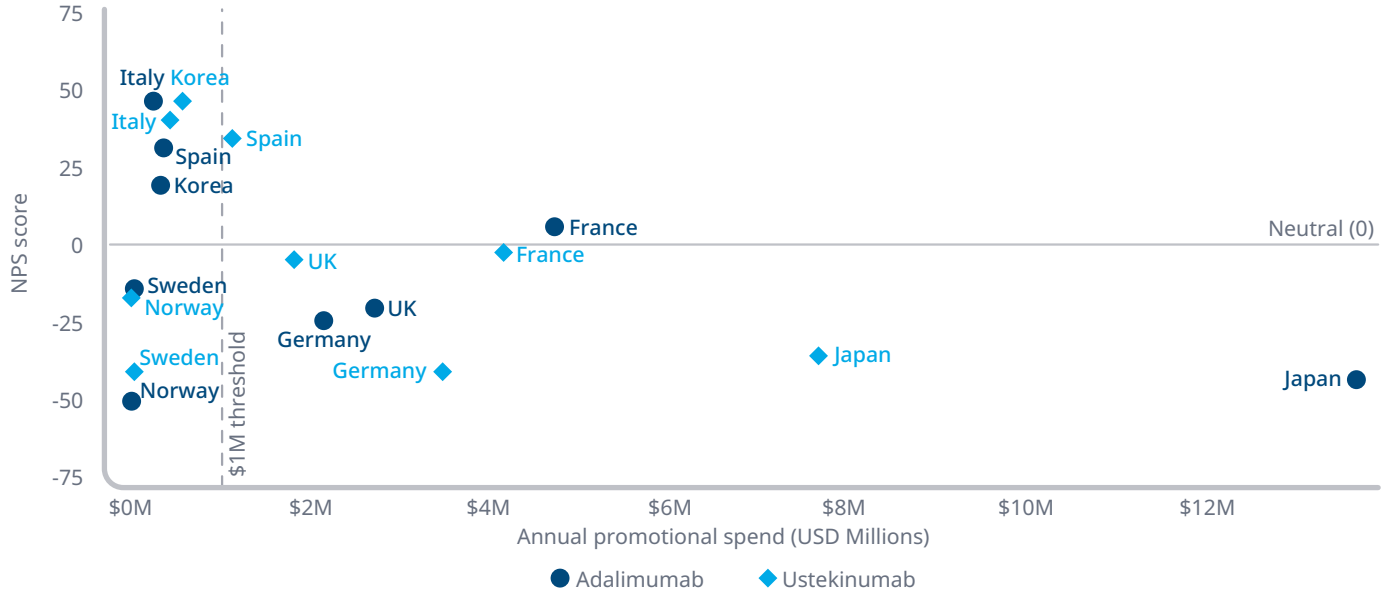
With two autoimmune biosimilars targeting 10 markets representing a combined $6.2B opportunity by 2030, constrained capital forces sequential deployment rather than simultaneous launch. The core question is not “which markets are attractive?” but “which sequence maximizes capital efficiency?”

Three strategic patterns have been identified:

KEY INSIGHT 1: PROMOTIONAL EFFICIENCY PARADOX

Spain and Italy achieve 51–69 NPS points per $1M spend with minimal investment ($270K–$360K annually), while Germany and Japan generate negative returns despite $3–14M spend, indicating timing of entry matters more than spend magnitude.

Promotional efficiency paradox: Spend vs. HCP engagement

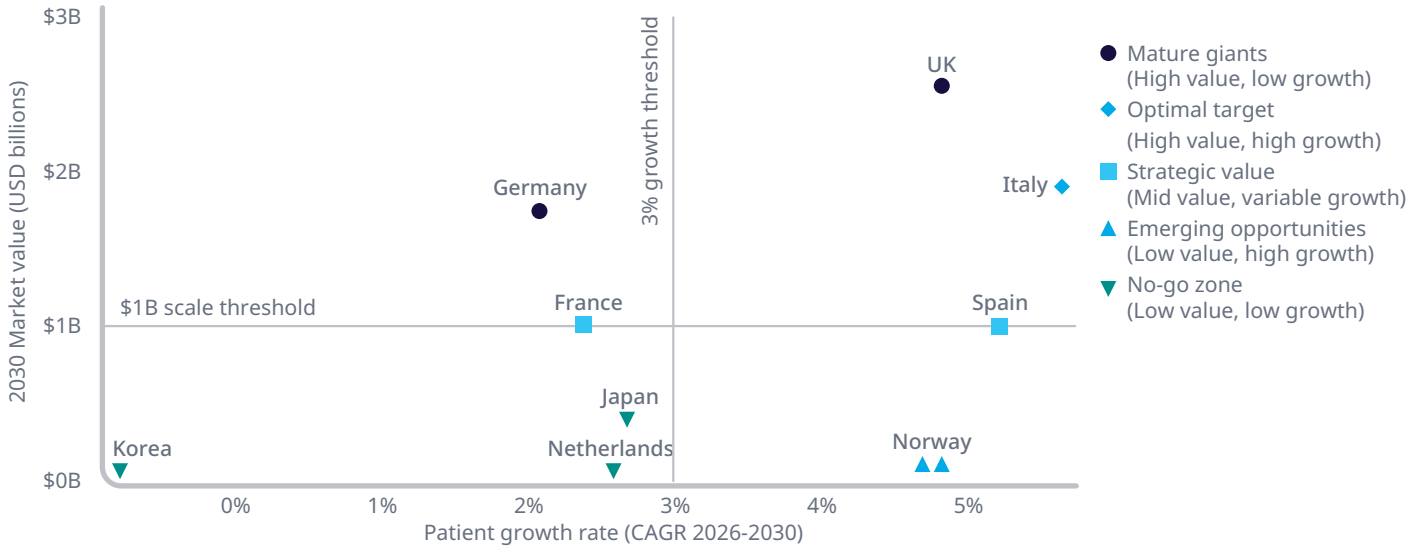


Source: IQVIA Global Market Insights Agent (incl. ChannelDynamics (Apr 2025 – Mar 2026 promotional metrics)).

KEY INSIGHT 2: GROWTH-VALUE TRADEOFF

UK ($2.56B, 4.9% CAGR) and Germany ($1.75B, 2.2% CAGR) anchor the mature giants quadrant with immediate scale but slowing momentum, while Spain ($1.9B, 5.7% CAGR) occupies the rare top-right position combining high growth and high value.

Growth/Value Tradeoff: Market size vs. growth momentum

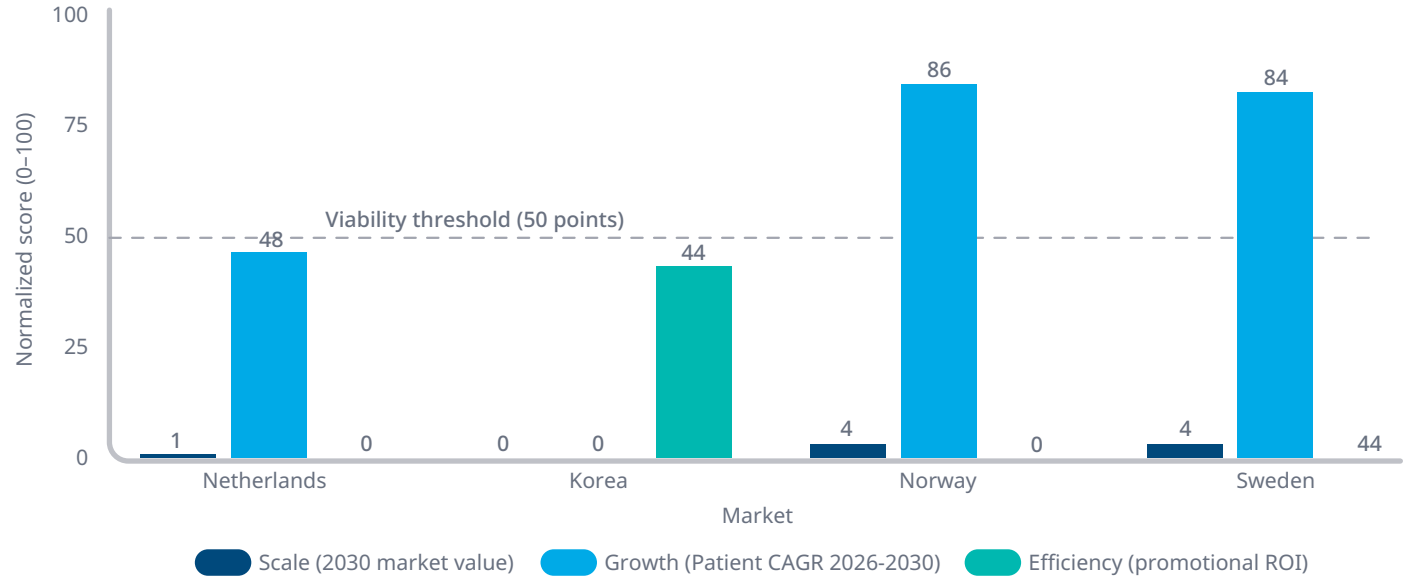


Source: IQVIA Global Market Insights Agent (incl. Forecast Link (2026–2030 projections)).

KEY INSIGHT 3: NO-GO THRESHOLD

Netherlands ($15M, zero promotional presence) and Korea ($1.5M, negative growth forecast contradicting historical trends) lack the combination of scale, growth, and efficiency needed to justify capital deployment, with ROI timelines exceeding 10 years.

No-go threshold: Viability criteria comparison



Source: IQVIA Global Market Insights Agent (incl. Forecast Link (2026–2030 projections), ChannelDynamics (Apr 2025 – Mar 2026 promotional metrics)).
Notes: Netherlands and Korea (No-go) vs. Norway and Sweden (Phase III viable), normalised to a 100-point scale.

RECOMMENDATIONS

Phase 1 (Q3 2026 - Q2 2027): Launch UK, Spain, Germany simultaneously — 60% budget allocation targeting $6.2B combined 2030 value (73% of total opportunity) with 12–24 month payback. UK provides immediate formulary-driven volume (183K patients by 2030), Spain delivers optimal efficiency (5.7% CAGR + 51.5 promotional score), Germany anchors EU5 reference pricing despite saturation.

Phase 2 (Q3 2027–Q4 2028): Deploy France, Italy, Japan — 30% budget allocation targeting $2.35B with 36-60 month horizons. Italy prioritized for exceptional receptivity (69.1 efficiency, +23% adalimumab growth), France for strategic positioning in centralized pricing negotiations, Japan for premium pricing preservation ($5,071/SU ustekinumab vs $2,350 UK).

Phase 3 (2029-2030): Address Norway, Sweden — 10% budget allocation targeting $200M through tender-based access with minimal promotional spend once primary infrastructure established.

No-go: Netherlands (zero promotional infrastructure, $15M scale, unclear market access) and Korea.

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