TELUS Health

2026

Drug Pipeline: What private plans need to know.

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TELUS Health

Introduction

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At the start of this year, more than 18,400 drugs were under development in Canada, a moderate increase over last year (17,700) and comparable to the start of 2024 (18,000). About one in six of this year's new developments (3,020) are in the final, phase 3 stage of development.

Among the drugs in phases 2 or 3, almost a third (32 per cent) are oncology drugs, followed by new drugs for the central nervous system (12 per cent, for example for attention deficit hyperactivity disorder), and for infectious diseases (11 per cent).

From this large pool of potential new medications, fewer than 200 typically make it to Health Canada for regulatory review. According to Health Canada's publicly available Submissions Under Review website, the agency is currently evaluating 161, comparable to a year ago (159) and up somewhat from the previous two years (120 in 2024 and 123 in 2023).

More submissions are for completely new drugs this year: 65 per cent, compared to 58 per cent for each of the previous two years. The remaining submissions are for new or expanded indications for drugs already on the market.

The 2026 edition of the Drug Pipeline report takes a closer look at new drugs, or new uses for existing drugs, that are expected to have the biggest impact on private drug plans. These medications also promise gains in workforce productivity and reductions in work absences. The two main categories of focus are widely disparate: weight-management drugs, for which a relatively high number of plan members could be eligible, with average annual treatment costs of approximately $5,000; and drugs for generalized myasthenia gravis for a very small patient population, with annual treatment costs in the hundreds of thousands of dollars.

For the first time, the Drug Pipeline report also includes medications that have recently departed the pipeline and are worth highlighting to private payors. One is a new indication for Wegovy, the weight-management drug. The new indication, likely the first of many, is for an advanced form of liver disease.

The 2026 Drug Pipeline report wraps up with what private drug insurers can expect for generic and biosimilar drugs, followed by a brief, broad look at what's on the horizon. Among more than 80 coming generics, drugs for diabetes, weight management and cancer figure prominently. The pipeline for biosimilars is significantly reduced, with only five biosimilars of interest to private payors currently under regulatory review—including three that have been in litigation for two or more years. And, finally, on the horizon: more uses for the breakthrough drugs known as GLP-1s, which are currently blazing trails in the treatment of type 2 diabetes and weight management.

Weight management

Private drug plans' spending on weight-management drugs has more than quadrupled since 2021, as detailed in TELUS Health's 2025 Category Watch report. In 2024 alone, following Novo Nordisk's launch of Wegovy (active ingredient: semaglutide) in May, the category doubled in size based on eligible amounts submitted to drug plans, and the number of claimants increased by more than half.

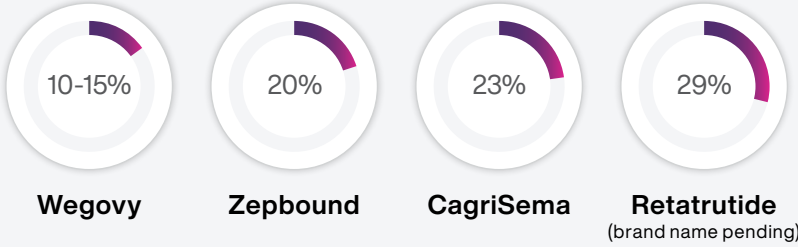
These gains are even more compelling given that drugs for weight management are traditionally a standard exclusion and it's estimated that fewer than half of plans have opted to provide automatic coverage. Yet the inclusion of these drugs is increasingly on plan sponsors' minds, not only because the medications are effective and can lower benefits costs associated with the comorbidities of obesity such as type 2 diabetes and arthritis, but also because coverage is a potential tool for employee attraction and retention.

Eli Lilly's Zepbound (tirzepatide) is Canada's second weight-management drug, having received Health Canada approval in May 2025 and entering the Canadian market in July 2025. Clinical trials show that Zepbound is capable of lowering body weight by 20 per cent, compared to Wegovy's typical result of 10 per cent to 15 per cent.

Coming soon is CagriSema (cagrilintide + semaglutide) from Novo Nordisk, shown to reduce weight by an average of 23 per cent. Additional analysis found that just over half (54 per cent) of clinical trial participants with obesity at baseline reached the threshold for non-obesity after taking CagriSema for 17 months.

In December 2025, Novo Nordisk submitted CagriSema to the U.S. Food and Drug Administration (FDA) for review. The company has stated that it plans to submit to Health Canada early in 2026. Both the FDA and Health Canada will likely approve the drug before the end of this year.

Weight-management drugs (average weight loss)



Novo Nordisk is expected to launch the drug as quickly as it can following approval, as part of its strategy to replace reduced revenue due to the expiry of Wegovy's patent in January 2026 (see the section on generics, page 12).

Novo Nordisk has not yet published pricing information for CagriSema. Given that it is a combination therapy with superior results, the company may position it as a next-generation weight-management treatment and price it higher than Wegovy, which has an annual treatment cost of approximately $5,000. The annual cost for Zepbound is between $5,000 and $10,000, depending on the dose.

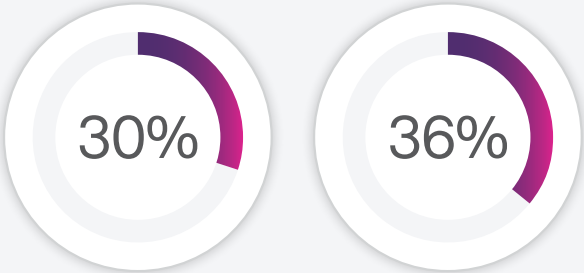
All three drugs—Wegovy, Zepbound and CagriSema—are administered by self-injection once a week. Wegovy and Zepbound (and CagriSema, once authorized) are indicated for adults with obesity or overweight with at least one weight-related condition (e.g., type 2 diabetes, hypertension, sleep apnea) and are to be used in addition to a calorie-reduced diet and increased physical activity. Wegovy is also approved for children 12 years of age or older.

All three drugs work by way of a glucagon-like peptide 1 (GLP-1) receptor agonist that mimics the body's natural GLP-1 hormone to reduce appetite. Zepbound and CagriSema each mimic an additional hormone to further increase feelings of satiety and reduce cravings.

The potential patient population for weight-management drugs is significant: two-thirds of Canadian adults are classified as obese (30 per cent) or overweight (36 per cent), according to the most recent data from Statistics Canada. Obesity is linked to many comorbidities, including type 2 diabetes, osteoarthritis, chronic pain, sleep apnea, depression and anxiety.

On the horizon is Eli Lilly's retatrutide (brand name pending), the first drug to target three different hunger-regulating hormones (including GLP-1). Ongoing phase 3 clinical trials achieved an average weight reduction of up to 29 per cent, as well as significant reductions in pain associated with knee osteoarthritis (for people with obesity or overweight). Research also shows that retatrutide has less of an impact on muscle-mass reduction compared to other GLP-1 drugs.

While clinical trials for retatrutide are expected to conclude shortly, Eli Lilly may delay its submission of the drug to the FDA—and subsequently Health Canada—pending the conclusion of its efforts to have the FDA change its classification of retatrutide to a biological product rather than a drug. A September 2025 ruling from a U.S. District Court rejected part of the FDA's interpretation that led to its classification of retatrutide as a drug, and ordered the agency to clearly define the threshold between a drug and a biological product. As a biological product, retatrutide would undergo a different regulatory process, including in the area of potential marketing exclusivities.



Two-thirds of Canadian adults are classified as **obese** (30 per cent) or **overweight** (36 per cent).

Obesity increases the **risk for many diseases**.

Sleep apnea | Diabetes | Depression

Generalized myasthenia gravis

Generalized myasthenia gravis (gMG) is a rare neuromuscular autoimmune disorder that causes extreme fatigue and profound muscle weakness. More common in middle-age and older adults, gMG can impact a person's ability to see, swallow, breathe, or engage in everyday activities. It's estimated that 12,000 to 13,000 Canadians currently live with gMG, based on research.[1]

About 15 per cent of those patients (1,800 Canadians) have refractory gMG, which means they do not respond well to standard treatments for the management of symptoms.

In 2018, biologics became a treatment option for refractory gMG with the approval of Soliris (eculizumab). Based on the public list price for Soliris, the annual treatment cost is approximately $700,000.

Two more biologics followed in 2023: Vyvgart (efgartigimod), costing between $300,000 and $450,000 annually depending on the weight of the patient, and Ultomiris (ravulizumab), costing between $475,000 and $600,000 annually depending on weight.

All three are administered by infusion; however, as biologics, infusion may occur outside of hospitals, in private clinics, in which case private drug plans may be the first payor for third-party coverage.

Private plans are very likely the first payor for Zilbrysq (zilucoplan) since it is a self-injectable biologic for refractory gMG. Based on public list pricing and depending on the weight of the patient, Zilbrysq (approved in 2024) costs between $240,000 and $465,000 annually.

Most recently, in April 2025, Health Canada approved Rystiggo (rozanolixizumab), administered by infusion, with an annual treatment cost ranging from approximately $220,000 to $655,000.

Health Canada is currently reviewing one more brand-name biologic for refractory gMG: Imaavy (nipocalimab), submitted by Johnson & Johnson in January 2025. Approval is expected early in 2026 and the annual treatment cost is expected to fall within the range of its competitors (from a possible low of $220,000, for patients of lower weight, to a possible high of $700,000).

Health Canada is also currently evaluating three lower-cost biosimilars for Soliris. Assuming a discount of 40 per cent off the list price of Soliris, these biosimilar biologics would have an annual treatment cost of approximately $420,000 (see the section on biosimilars, page 17).

Dupixent for COPD and chronic hives

Health Canada authorized Dupixent (dupilumab) as a treatment option for two more health indications in late 2025: chronic obstructive pulmonary disease (COPD, in October) and chronic spontaneous urticaria (CSU, or chronic hives, in November).

Dupixent, a self-injectable biologic manufactured by Sanofi-Aventis, is now indicated for seven chronic inflammatory diseases that are not adequately controlled with other medications or therapies. The conditions with the highest prevalence are atopic dermatitis and asthma, for which Dupixent was approved in 2017.

The prevalence of COPD is moderate, with more than two million Canadians (about five per cent) living with the respiratory disease, according to the Canadian Lung Association. COPD is also a leading cause of death in Canada.

CSU is much less prevalent, affecting 0.5 per cent to one per cent of the population, according to research.[2]

Leqembi for Alzheimer's disease

Health Canada approved the first disease-modifying therapy for Alzheimer's disease (AD) in October 2025, after more than two years of review. Leqembi (lecanemab), a biologic drug manufactured by Eisai in partnership with Biogen, slows down AD in its early stages—and private drug plans could see claims from the small subset of patients with young-onset AD (i.e., diagnosed before the age of 65, also referred to as early-onset AD).

The list price for Leqembi in Canada is approximately $30,000 per year. The average length of treatment during clinical trials was 16 months. Health Canada's authorization is conditional, pending the results of ongoing trials to verify Leqembi's clinical effectiveness. A Canadian registry of patients has also been established to monitor its safety.

While Leqembi is currently administered in Canada by intravenous (IV) infusion in either hospitals or private clinics, a self-injectable format—branded as Leqembi Iqlik—is now available in the U.S. (approved by the FDA in August 2025) and is recommended for use after 18 months of infusion therapy. Eisai has not yet submitted Leqembi Iqlik to Health Canada for review.

A second drug, Kisunla (donanemab), remains under review. Manufacturer Eli Lilly submitted the drug to Health Canada in January 2024. FDA's approval occurred in July 2024. Kisunla's maximum duration of treatment is 18 months and its list price in the U.S. is approximately US $32,000 for 12 months.

AD is the most common form of dementia, which currently affects two per cent of the total population (about 770,000 Canadians). The Alzheimer Society estimates that by 2030, nearly one million Canadians will be living with dementia (187,000 new cases annually), increasing to 1.7 million (250,000 new cases annually) by 2050.

For private payors, the subset of patients with young-onset AD represents about six per cent of the AD population of 450,000 and 525,000. That translates into about 27,000 to 31,500 Canadians with young-onset AD, most of whom are diagnosed in their 40s, 50s or early 60s. The Alzheimer Society forecasts that by 2050, more than 40,000 Canadians will be living with young-onset AD.

Wegovy for liver disease

In December 2025, Health Canada approved Wegovy for the treatment of an advanced form of liver disease, non-cirrhotic metabolic dysfunction-associated steatohepatitis (MASH), in adults with moderate to advanced liver fibrosis (scarring). It is the first indication for Wegovy that does not include obesity or overweight as a criterion for eligibility—although among people living with overweight or obesity, approximately one in three also have MASH.[3] That said, people of normal weight can develop MASH.

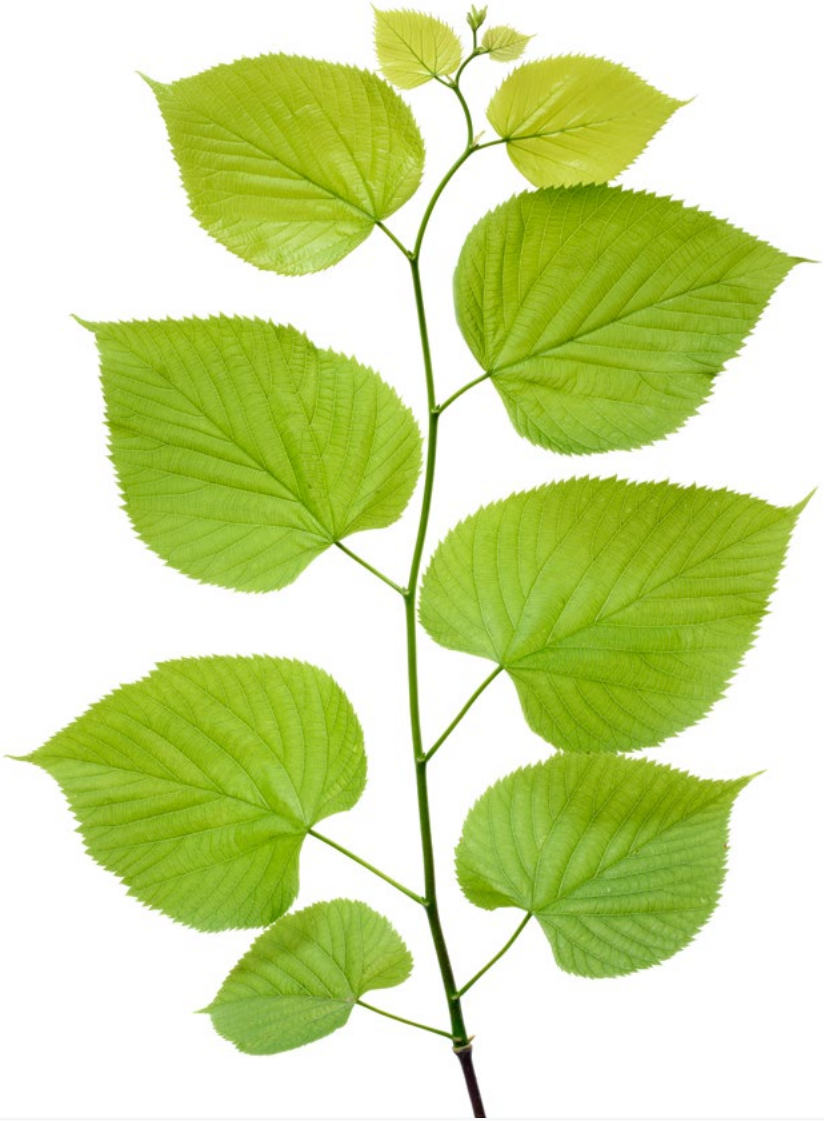
More than two million Canadian adults (between four per cent and five per cent) live with MASH, according to Liver Canada.

The dosing for Wegovy to treat MASH is the same as it is for weight management; therefore, the annual treatment cost based on the public list price is approximately $5,000.

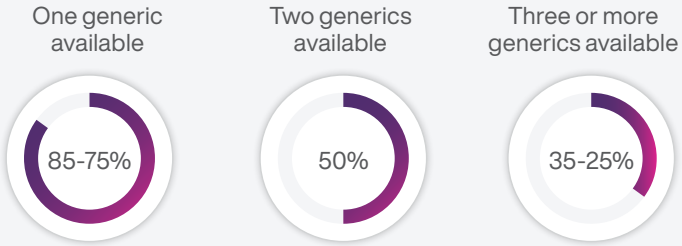
Table 1 – Branded drugs pipeline (By disease or indication; Q3 2025 – Q1 2027)

Disease or indication	Brand name	Drug format	Health Canada (HC) status; expected market launch	Estimated list price	Potential impact on private plans
Alzheimer's disease	Leqembi	Infusion	Approved October 2025	$30,000 for 12 months	Medium
Chronic obstructive pulmonary disease (COPD)	Dupixent	Self-injection	New indication approved October 2025 (drug already in the market)	$27,000 annually	High
Chronic spontaneous urticaria (CSU)	Dupixent	Self-injection	New indication approved November 2025; (drug already in the market)	$27,000 annually	Medium
Generalized myasthenia gravis (gMG)	Imaavy	Infusion	Submitted January 2025, HC approval expected early in 2026; market entry unknown	Not available (competitive products priced at $220,000 - $700,000 annually)	High
Non-cirrhotic metabolic dysfunction-associated steatohepatitis (MASH)	Wegovy	Self-injection	New indication approved December 2025 (drug already in the market)	$5,000 annually	Medium
Weight management	CagriSema	Self-injection	Submission to HC expected in early 2026, approval expected by the end of 2026; market entry expected to quickly follow	Not available (competitive products priced at $5,000 - $10,000 annually)	High*
Weight management	Retatrutide (brand name pending)	Self-injection	Submission to HC may be delayed due to the manufacturer's efforts in the U.S. to have the drug reclassified as a biologic product	Not available (competitive products priced at $5,000 - $10,000 annually)	High*

*For private drug plans covering weight-management drugs. Source: TELUS Health, 2026 Drug Pipeline report



Generic drug prices are a percentage of the brand-name price, based on the number of generics available*



*For generics subject to the pan-Canadian Pharmaceutical Alliance Tiered Pricing Framework

Private drug plans can look forward to cost-savings from more than 80 generic drugs that are soon to become available for 22 brand-name drugs. While the first generics for GLP-1s for diabetes (Victoza and Ozempic) and weight management (Saxenda and Wegovy) dominate the news media, coming generics for oral cancer drugs—with treatment costs of thousands of dollars per month—will also provide welcome cost relief.

The pricing of generics follows one of two paths in Canada:

- If the originator brand-name drug is covered by public plans, its generics are subject to the Tiered Pricing Framework (TPF) of the pan-Canadian Pharmaceutical Alliance (pCPA).
- If the brand-name drug is not listed in public drug-plan formularies—likely based on the recommendation of Canada's Drug Agency (CDA; formerly CADTH, the Canadian Agency for Drugs and Technologies in Health) that public plans not reimburse it—pricing is determined by the manufacturer of the generic.

For generic drugs subject to the TPF, pricing is based on the number of generics available for the originator brand-name drug.

- When only one generic is available, its price will initially be 85 per cent or 75 per cent of the brand-name's price, depending on whether a pre-existing pricing agreement was in place. After three months of public funding, the generic is subject to an automatic price drop to 55 per cent of the brand (although this time period may vary by jurisdiction).
- When two generics are available, they are priced at 50 per cent of the brand price.
- Three or more generics are priced at 25 per cent (for oral solids) or 35 per cent (for other dosage forms) of the brand price.

If public plans do not cover a brand-name drug—as is the case for Saxenda and Wegovy—they do not fall under the TPF, and the manufacturers of the generic drugs determine the pricing of their drug.

It should also be noted that outstanding patent litigation may delay a generic's market entry even if the drug has received regulatory approval from Health Canada. Table 2 indicates where patent litigation may be a barrier to the commercial launch of generic drugs.

Asthma

The fourth of five brand-name asthma inhalers will soon have a generic option: Health Canada is expected to approve a generic for Zenhale (formoterol fumarate dihydrate, mometasone furoate) shortly, with market entry expected by the end of 2026. That leaves just one brand-name inhaler, Breo Ellipta (fluticasone furoate, vilanterol), without generic options.

Zenhale's annual treatment cost is between approximately $1,600 and $1,900, assuming daily use and depending on the dose. In jurisdictions that include Zenhale in public drug plans, pCPA's TPF dictates that the coming generic, as the sole generic, will be priced at 75 per cent or 85 per cent of the brand-name price, dropping to 55 per cent after three months on the market depending on the jurisdiction.

Cancer

More than 20 generics are expected to become available for 11 oral cancer drugs within the next year or two (pending resolution of patent litigation). With treatment costs averaging several thousands of dollars per month, the cost savings are significant for private drug plans.

Two of the brand-name medications—Lynparza (olaparib) and Jakavi (ruxolitinib phosphate)—will have three or more generics, meaning the generic versions will be priced at 25 per cent of the brand-name price, as dictated by the TPF. Lynparza treats ovarian, breast and prostate cancers and costs approximately $7,500 per month. Jakavi treats blood cancers, at a cost of approximately $5,300 per month.

Cystic fibrosis

About 4,500 Canadians currently live with cystic fibrosis (CF) in Canada, according to Cystic Fibrosis Canada. While the prevalence is low, the cost of drugs to treat CF is such that the category ranked ninth out of all categories in 2024, as reported in TELUS Health's 2025 Drug Data Trends & National Benchmarks report. A new class of CF drugs, called modulators, is behind the category's rise in the rankings, given their annual treatment costs of $250,000 to $300,000.

The first generic modulator—for the brand-name drug Kalydeco (ivacaftor), approved by Health Canada in 2012—may arrive this year. As a sole generic, its price will be 75 per cent or 85 per cent of Kalydeco's price to start, possibly dropping to 55 per cent after three months ($137,500 to $165,000), as outlined by the TPF.

While the savings are substantial, it should be noted that only patients with specific genetic mutations can use Kalydeco. They represent about five per cent of the total CF patient population.

Diabetes & weight management

The category of diabetes drugs and devices leads all other categories based on eligible amounts submitted to private drug plans, reports the TELUS Health 2025 Drug Data Trends & National Benchmarks report. Which is why it's good news that 56 generics for seven brand-name drugs for type 2 diabetes are steadily making their way to market.

Sixteen of those generics are for Victoza and Ozempic (eight generics each), which have spin-off weight-management drugs (Saxenda and Wegovy, respectively) that fall under the same terms of patent as their parent drugs. Therefore, the same generics could eventually be prescribed for diabetes or for weight management alone.

Anticipation is especially high for the generics for Ozempic and Wegovy since these drugs dominate sales in their respective diabetes and weight-management categories. While reports in the consumer media have quoted generic manufacturers as saying their generics may be available by as soon as the first quarter in 2026, the fact is that none have yet been approved by Health Canada.

And approvals may still be months away due to the nature of the drugs, which complicates the review process. Their main active ingredients—semaglutide for Ozempic and Wegovy, liraglutide for Victoza and Saxenda—are known as GLP-1s, which are peptides of biologic origin that need to be administered by injection. Put simply, they are not chemical drugs, which would have followed an existing approval process for generic versions, nor are they biologic drugs, which would have followed another existing process for biosimilar versions.

To complicate matters further, advances in manufacturing mean that generic semaglutide and generic liraglutide can be produced using a simpler chemical manufacturing process compared to the original brand-name drugs' production process, which is closer to what's used for biologic drugs. Health Canada must take all these factors into account when evaluating the bioequivalence of the submitted generic versions of semaglutide and liraglutide.

That said, once the 16 generics for these two GLP-1s are approved, plan sponsors can expect manufacturers to launch their products within weeks, if not days.

Generic GLP-1s for diabetes will come first since that indication is the focus of current Health Canada reviews. The TPF will dictate pricing since the brand-name drugs are covered by public plans:

- Generics for the solid oral tablets—Invokana (canagliflozin), Jardiance (empagliflozin), Synjardy (empagliflozin, metformin hydrochloride), Trajenta (linagliptin) and Jentadueto (linagliptin, metformin hydrochloride)—will be priced at 25 per cent of the brand-name drugs. This translates into an annual average treatment cost of about $250 to $300 for a generic, compared to $1,000 to $1,200 for the brand-name drugs.
- Generics for Victoza and Ozempic, which need to be injected, will be priced at 35 per cent of the brand name—resulting in generics costing between approximately $850 and $2,700 annually, compared to between $1,300 and $4,100 for the brand-name drugs.

When generics for GLP-1s to treat weight management come to market, the TPF will not determine pricing because the originator brand-name drugs, Saxenda and Wegovy, are not covered by public plans. That status may change for Wegovy, following the CDA's July 2025 decision to conditionally recommend public reimbursement when prescribed for people with obesity or overweight who also have a cardiovascular disease. However, at this time, no public plan has opted to cover Wegovy for this subset of patients; therefore, the pricing of generic semaglutide (Wegovy) and liraglutide (Saxenda) will be determined by the manufacturer.

One last complicating factor in the evolving story of generics for semaglutide: Novo Nordisk, manufacturer of Ozempic and Wegovy, is preparing to launch what are described as "ultra-generic" versions of the two brand-name drugs. Why ultra-generic? Because Novo Nordisk will maintain the original biologic-like manufacturing process for these medications, while still matching the lower prices of the coming chemically manufactured generics.

Since these ultra-generics are identical in every way to Ozempic and Wegovy, Health Canada has already—as of late December 2025—approved their use, under the new brand names of Plosbrio and Poviztra, respectively. They will likely enter the market as the other generics roll out, although Novo Nordisk has not formally announced launch dates.

Table 2 – Generic drugs pipeline (By disease or indication; 2026 – 2027)

Disease or indication	Reference drug name	Brand name	Potential number of generics	Expected market entry of first generic
Asthma	Formoterol fumarate dihydrate, mometasone furoate	Zenhale	1	2026
Cancer	Alectinib	Alecensaro	1	Pending patent litigation
Cancer	Apalutamide	Erleada	2	July 2026
Cancer	Bosutinib	Bosulif	1	First generic marketed in September 2025; second generic expected in 2026
Cancer	Cabozantinib malate	Cabometyx	2	March 2027
Cancer	Lenvatinib mesylate	Lenvima	1	Pending patent litigation
Cancer	Olaparib	Lynparza	3	2026
Cancer	Ribociclib succinate	Kisqali	1	Q1 or Q2 2026
Cancer	Ruxolitinib phosphate	Jakavi	7	Pending patent litigation
Cancer	Regorafenib	Stivarga	2	2026; however, may be delayed because of patent litigation
Cancer	Trametinib dimethyl sulfoxide	Mekinist	1	Q3 2026
Cancer	Tipiracil hydrochloride, trifluridine	Lonsurf	2	Pending patent litigation; possibly in 2026
Cystic fibrosis	Ivacaftor	Kalydeco	1	Pending patent litigation; possibly in 2026

Continued on page 16

Table 2 – Generic drugs pipeline (By disease or indication; 2026 – 2027) (cont'd)

Disease or indication	Reference drug name	Brand name	Potential number of generics	Expected market entry of first generic
Diabetes (type 2)	Canagliflozin	Invokana	7	First generic marketed in January 2026; remaining expected in 2026
Diabetes (type 2)	Empagliflozin	Jardiance	14	Pending patent litigation; market entries expected in 2026
Diabetes (type 2)	Empagliflozin, metformin hydrochloride	Synjardy	3	Pending patent litigation; possibly in 2026
Diabetes (type 2)	Linagliptin	Trajenta	12	Pending patent litigation; possibly in 2026 or 2027
Diabetes (type 2)	Linagliptin, metformin hydrochloride	Jentadueto	4	Pending patent litigation; possibly in 2026 or 2027
Diabetes (type 2)	Liraglutide	Victoza	8	2026; however, difficult to predict due to complexity of Health Canada review
Diabetes (type 2)	Semaglutide	Ozempic	8	2026; however, difficult to predict due to complexity of Health Canada review
Weight management	Liraglutide	Saxenda	To be confirmed	2026; however, difficult to predict due to complexity of Health Canada review
Weight management	Semaglutide	Wegovy	To be confirmed	2026; however, difficult to predict due to complexity of Health Canada review

Source: TELUS Health, 2026 Drug Pipeline report

Biosimilar drugs are generally priced 20 to 40 per cent lower than the originator biologic. The pipeline is not as robust in 2026, after brisk rates of regulatory approvals and market launches in 2024 and 2025. Of the 77 biosimilars approved by Health Canada since 2009, 22 were approved in the last two years, according to intellectual property firm Smart & Biggar. Currently, only five biosimilars for two originator biologics are currently under regulatory review and will be of interest to private payors, with a possible sixth that may be submitted soon.

Eculizumab (originator biologic brand name: Soliris) – Patent litigation has delayed biosimilar options for Soliris in Canada for several years now. The first biosimilar was submitted for Health Canada review in 2022, and two more were submitted in 2023. In the U.S., two eculizumab biosimilars (under the biosimilar brand names of Bkemv and Epysqli) became available in 2025 after FDA approvals in 2024.

Eculizumab treats extremely rare, life-threatening blood disorders, including generalized myasthenia gravis (see page 7). Dubbed the world's most expensive drug when it was launched in 2007, the average annual treatment cost of Soliris is $700,000. Assuming a discount of 40 per cent, its biosimilar versions would cost approximately $420,000 annually.

Golimumab (Simponi) – Health Canada approved the first biosimilar for golimumab (biosimilar brand name Livmoty) in July 2025, although its manufacturer, Johnson & Johnson Innovative Medicine (formerly Janssen), has yet to make it available. Livmoty is described as an "ultra biosimilar" since Johnson & Johnson also manufactures the originator biologic, Simponi. A second biosimilar, by Jamp Pharma, was submitted to Health Canada in June 2025. Approval is expected by mid 2026.

Golimumab treats autoimmune diseases including rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis. The average annual treatment cost of Simponi is approximately $18,000, meaning that biosimilars will likely cost between $10,800 and $14,400.

Vedolizumab (Entyvio) – Only one biosimilar is under development for Entyvio, and that may remain the case given its relatively small market compared to other biologics. Vedolizumab is indicated for only two, gut-focussed autoimmune conditions: Crohn's disease and ulcerative colitis. The one biosimilar is currently in a phase 3 confirmatory clinical study, after which the manufacturer, Alvotech, will decide whether to submit it to Health Canada for review.

Table 3 – Biosimilar drugs pipeline (By reference drug name; 2026)

Reference drug name	Originator biologic brand name	Potential number of biosimilars	Disease or indication	Expected market entry
Eculizumab	Soliris	3	Blood disorders	Pending patent litigation; possibly in 2026
Golimumab	Simponi	2	Autoimmune diseases, e.g., rheumatoid arthritis	2026
Vedolizumab	Entyvio	1	Crohn's disease and ulcerative colitis	Unknown; not yet submitted to Health Canada

Source: TELUS Health, 2026 Drug Pipeline report

More uses for GLP-1s

A growing body of research suggests that type 2 diabetes and obesity will not be the only diagnostic entry points for the prescribing of GLP-1 medications. The drug class is currently comprised of Victoza (for diabetes) and Saxenda (for weight management), Ozempic (diabetes) and Wegovy (weight management)—as well as the coming generics for those four brands—Mounjaro (diabetes), Zepbound (weight management) and, coming soon, CagriSema (one brand for both conditions) as well as the yet-to-be-brand-named retatrutide (for both conditions).

A Canadian study published in July 2025, "The expanding benefits of GLP-1 medicines," describes how the anti-inflammatory and metabolic properties of GLP-1s also improve outcomes in people with arthritis, sleep apnea, cardiovascular disease, kidney disease or liver disease.[4] Some of these benefits occur independent of the degree of weight loss, meaning that prescribers and patients may opt for the use of a GLP-1 whether or not weight loss is an objective.

The GLP-1 class of medications figures prominently throughout the 2026 Drug Pipeline report, with a roller-coaster effect: new GLP-1 and GLP-1 combination drugs will accelerate growth in the emerging weight-management category; the first generics will deliver much-needed cost savings in both the diabetes and weight-management categories; and new applications for GLP-1s will propel claims growth in categories beyond diabetes and weight management.

For the minority of private plans that cover the new weight-management drugs, the budget impact may be high—yet the rewards may also be high in terms of improved health and productivity, lower benefits costs for weight-related health conditions, and a competitive edge in today's tough labour market.

In the rare-disease space, this year's report summarizes the rapid expansion in biologic treatment options for people with generalized myasthenia gravis, often first diagnosed in middle-age or older adults. With average annual treatment costs in the hundreds of thousands of dollars, the coming entry of the first biosimilar—pending the conclusion of prolonged patent litigation—is welcome news.

Three recent exits from the pipeline are also worth highlighting: two more indications for Dupixent, a biologic that already treats an array of respiratory and skin disorders; the first disease-modifying drug for Alzheimer's disease, shown to slow the progression of the disease for those diagnosed while still of working age; and the first authorized use of Wegovy outside of weight management, for an advanced form of liver disease.

On the savings side, the pipeline for generic drugs is robust, with more than 80 generics awaiting Health Canada approval or the resolution of patent litigation. The biggest savings will come in the categories of type 2 diabetes, weight management and cancer.

However, the pipeline for biosimilars shrank considerably over the past year. Only five biosimilars of interest are under review by Health Canada, after two consecutive years of double-digit activity levels. And one of those biologics, Soliris, has been on the list for several years now, held there due to ongoing patent litigation.

The 2026 Drug Pipeline report concludes with a brief look ahead—and circles back to GLP-1 medications. As researchers better understand and quantify the anti-inflammatory and metabolic properties of these medications, private plans may see claims for conditions other than type 2 diabetes and obesity, including arthritis, sleep apnea, cardiovascular disease, kidney disease and liver disease.

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