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INNOVATION REPORT 2025

New Drugs and Medical Advances in Switzerland

Contents

Impressum

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Note
This report deliberately refrains from explicitly mentioning company, brand or product names.

INTRODUCTION

From idea to therapy: pharmaceutical innovation in Switzerland

Research enables medical advances – paving the way for new treatment options for many diseases. To ensure this progress continues, the pharmaceutical industry invests continuously in the development of innovative drugs. This report shows which innovations were approved in Switzerland last year, the current main research areas and the benefits of innovative therapies.

Innovative medicines not only reduce the suffering of ill patients – they also ease the burden on hospitals, care providers and healthcare systems. As an example, since the introduction of direct-acting therapies against the hepatitis C virus (HCV), this infection can now be cured in more than 95% of patients. Previously, chronic HCV cases led to years of monitoring, frequent hospital stays and expensive liver transplants.

At the same time, innovations strengthen society. Experience gained through the COVID-19 pandemic shows how crucial research is in responding quickly to new health risks. The importance of innovation in maintaining our prosperity is also reflected in the level of investment. The pharmaceutical industry is one of the most research-intensive sectors in Switzerland. It invested an average of 18.3% of its revenue in research and development in 2023[1]. In other words, the pharmaceutical industry invests far more in research than other innovative industries. Furthermore, the road to producing a new drug is long and risky: From research and development to market readiness, the process takes around 12 years and costs an average of USD 2.6 billion. Whereby only one out of more than a million substances evaluated reaches the market.

The approval of a new drug is therefore the final step of a long, intense and expensive development process. The new medicinal product is available to all patients only once it has been approved by Swissmedic (Swiss Agency for Therapeutic Products) and included in reimbursement by compulsory health insurance (specialities list) by the Federal Office of Public Health (FOPH). Swissmedic assesses the efficacy, safety and quality of the new product, while FOPH reviews its efficacy, expediency and cost-effectiveness. In 2025, Swissmedic approved 40 new active substances for Switzerland – a quarter of which were cancer drugs. This report documents the newly approved innovations of the past year, highlights trends and provides examples of innovative active substances and their benefits for patients.

1 European Commission, The 2023 EU Industrial R&D Investment Scoreboard (2024).

OVERVIEW OF 2025 DRUG APPROVALS

Pharmaceutical research on the rise

Last year, Swissmedic approved 40 new active substances and 109 extended uses for existing products (indication extensions) – clear proof of the high level of innovation in drug development. The decisive factor here is how quickly these innovations become available to all patients in Switzerland; this happens only once they have been added to the specialities list maintained by the Federal Office of Public Health.

In terms of initial approvals, cancer drugs continued to be the most common (11 of 40 active substances). Approvals for endocrinology and metabolism (6 of 40) were the second most frequent active substances to be newly approved. Approvals for neurology and psychiatry (5 of 40), dermatological drugs (4 of 40), and diagnostics (3 of 40) also played an important role.

Initial approvals by area of application in 2025 (total: 40)

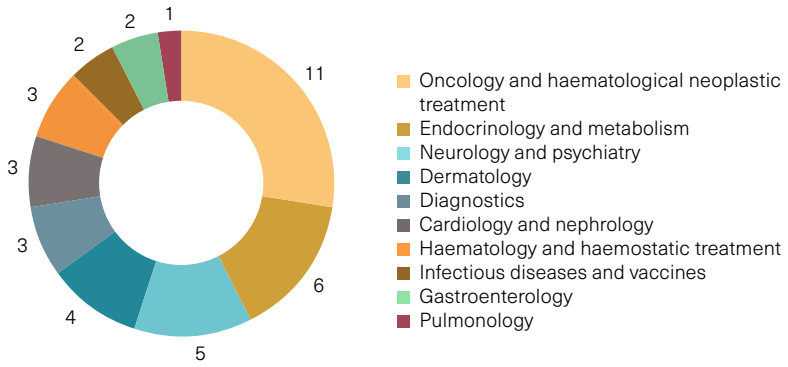

Figure 1: Initial approvals by field of application.
Source: Swissmedic (2026). Authorisations of human medicinal products with a new active substance and additional indications. Annual report 2025.

Therapeutic medicine is the field with the most research

The most common new approvals last year were for therapeutic medicine. In total, 35 of the 40 active substances are used to treat diseases. The 40 initial approvals also include three diagnostic agents and two new vaccines. Vaccines generate enormous benefits for the health system, as successful prevention reduces the cost of treating diseases. Companies continue to invest heavily in vaccine research accordingly. This is demonstrated, for instance, by the rapid development of vaccines against COVID-19 and the availability of new vaccines to protect against the respiratory syncytial virus (RSV).

Access to innovation in Switzerland under pressure

Although Article 31b of the Swiss Health Care Benefits Ordinance (KLV) stipulates a decision on reimbursement for new medicines in Switzerland must be taken within 60 days, this was the case for only 4% of all newly approved medicines in 2025, with a median of 219 days elapsing from approval to inclusion in the specialities list[2]. The EFPIA 'W.A.I.T. Indicator' also shows that compared to Germany, only just under half of all new therapies are made available in Switzerland. This has health consequences for patients, reduces planning security for pharmaceutical companies and influences the companies' decision on which drugs to apply for approval in Switzerland.

In addition, US pricing policy is putting pressure on access to innovation in Switzerland: with the introduction of reference pricing models, the US administration is linking US drug prices to the average, purchasing power-adjusted net prices of various comparable countries – including Switzerland. Since prices in the US are significantly higher than in Switzerland, Swiss prices threaten to drive down those in the US. To prevent losses in the world's largest market, manufacturers could delay or even refrain from bringing their products to the Swiss market. This jeopardises timely access to innovative therapies for Swiss patients.

2 Calculations by Interpharma (2025) with specialities list database, FOPH (2025), Swissmedic Journals (2025), Swissmedic (2025).

Oncology remains the most important field of research

The indication area 'oncology and haematological neoplastic treatment' remains the most important field of research for research-based pharmaceutical companies. This is based on the fact that oncological and haematological diseases continue to be among the most common causes of death, are often chronic or difficult to treat, and usually have a high unmet medical need. Furthermore, rapid advances in tumour research have led to more new, highly specialised therapeutic approaches being developed and approved than in almost any other field. While there were 69 approved cancer drugs in 1997, this figure had risen to 392 drugs in 2021. This has also greatly reduced the mortality rate, with figures published by the Federal Statistical Office showing that the number of deaths due to cancer fell by 28% between 1997 and 2021 (Figure 2).

Cancer: number of new illnesses, deaths and approved drugs in Switzerland
In five-year intervals, 1997–2021

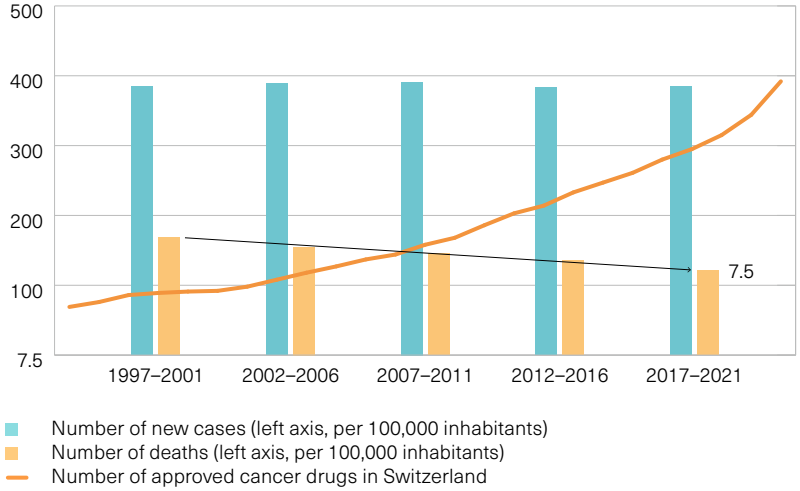

Figure 2: Cancer: Number of new illnesses, deaths and approved drugs in Switzerland. In five-year intervals, 1997–2021. Source: Illustration by Interpharma (2025) with data from the Swiss Federal Statistical Office (2025) and Swissmedic (2025).

Slightly fewer initial approvals than in previous year

The number of newly approved active substances has risen significantly since 2020, peaking at 47 in 2022. With 40 approvals in 2025, there has been a slight decline compared to previous years, but the level remains well above that of 2019 (29).

Approvals of new active substances in Switzerland

Year	2019	2020	2021	2022	2023	2024	2025
Total	29	42	45	47	41	46	40

Table 1: Newly approved active substances (initial approvals), 2019–2025. Source: swissmedic.ch.

NEW ACTIVE SUBSTANCES

Innovative drugs in Switzerland – promising new approvals in 2025

In 2025, Swissmedic once again approved a wide range of new active substances that either open up entirely new treatment options or introduce first-in-class mechanisms.

First-in-class drugs in particular drive medical advances by establishing new forms of therapy, but they require extensive preclinical and clinical studies due to a lack of comparative data. At the same time, they enable further advances, as the development of mRNA technology shows: the two mRNA vaccines from the COVID-19 pandemic were the first of a new class of active substances and established new vaccine paradigms. On this basis, mRNA platforms are now also used against other respiratory pathogens, such as the RSV vaccination that secured approval in 2025.

New horizons in oncology

Other important successes have also been achieved in the field of oncology in recent years. For certain types of cancer, for example, antibody targeting has facilitated the evolution of traditional chemotherapy into a type of personalised chemotherapy in which the active substance is specifically tailored to tumour cells and healthy tissue is better protected. In addition, biomarker-based, personalised and subtype-specific therapies enable increasingly precise refinement of treatment to the individual characteristics of a tumour. New active substances that further improve the prognosis of patients and their quality of life were also approved in these areas in 2025.

Rare diseases: when new treatments are key

People with rare diseases frequently wait a long time for the correct diagnosis – and there are often few effective treatment options, or none at all. Every treatment can therefore make a significant difference: it can alleviate symptoms and slow down or fundamentally change the progression of the disease, thereby significantly improving quality of life and life expectancy.

For research-based pharmaceutical companies, rare diseases are an important field of research. Many of these diseases have clearly defined genetic or molecular causes, which allows for the development of targeted therapies. However, this requires significant investment, specialised expertise and close collaboration with clinics, research institutions and patient organisations. With this in mind, it is particularly noteworthy that a large number of so-called ‘orphan drugs’ were approved last year: 23 of the 40 newly approved active substances are effective against a rare disease.

All innovation contributes to progress

Thanks to the continuous research efforts of the industry, treatments can be continuously improved. Taking multiple myeloma as an example, its five-year survival rate increased with each research milestone achieved. Today, therapies such as CAR-T treatments – special immunotherapy treatments in which one’s own immune cells are genetically modified in such a way that they can identify and destroy cancer cells – mean that patients with multiple myeloma have an approximately 60% chance of being cured. In the 1960s, this chance was three to four times lower.

INDICATION EXTENTIONS

Indication extentions are an important part of innovation

New approval is an important milestone in the life cycle of a drug, but it does not signify the end of research. Even after approval, research into medicinal products continues, in order to expand their possible applications to other patient groups, disease stages or combination therapies.

These indication extentions are hugely important for medical advancements. They ensure that proven therapies benefit more patients on a step-by-step basis, are better integrated into care pathways and can often be used earlier or in a more specific way. At the same time, they involve extensive research efforts for companies. Each indication extention requires additional clinical studies, data analysis and regulatory dossiers – a resource-intensive process that requires time, specialised expertise and significant financial resources. Indication extentions are therefore not a 'side quest' for pharmaceutical companies but involve comparable research and development costs to those associated for initial approvals.

109 indication extentions and new treatment options

Last year, Swissmedic approved 109 indication extentions. As with the initial approvals, around half of them were for oncology and haematological neoplastic treatment.

As well as ensuring more people can benefit from a proven therapy, these indication extentions make treatments available earlier or more specifically targeted – for example, when an active substances is expanded from being a last resort to an earlier stage of treatment. Indication extentions also lead to more choices, as doctors have a broader range of approved treatment options to work with. Often, this means the treatment can be better tailored to individual needs, pre-existing conditions and patient preference.

SGLT-2 inhibitors are an example of the importance of indication extentions. Originally approved as innovative diabetes drugs with a completely new mechanism of action, ongoing investment into research by pharmaceutical companies and large-scale studies have enabled the scope of application of SGLT-2 inhibitors to be gradually expanded to include the treatment of chronic heart and kidney failure.

MEDICAL BENEFITS

Innovation with impact: added value for society in selected therapeutic areas

Innovations in drug development cannot be measured in approval statistics alone – their real value is reflected in the daily lives of patients, their families and the healthcare system. Three examples illustrate this.

RSV: new vaccinations against severe disease progression

It is the nightmare scenario for new parents: an RSV infection in their newborn leads to bronchitis or bronchiolitis, preventing the baby's lungs from absorbing enough oxygen. This often results in babies or young children being hospitalised; during their illness, they suffer from shortness of breath combined with insufficient food and fluid intake. Between 2016 and 2021, between 3,000 and 6,000 patients were hospitalised due to RSV in Switzerland every year; this included babies and small children as well as older people and individuals with immunodeficiencies.

New vaccination against RSV

Until recently, there was no effective protection other than the usual preventive measures against respiratory infections (e.g. social distancing, wearing a mask, ventilation, washing or disinfecting hands). This has now changed: in 2024 and 2025, Swissmedic approved three active vaccines against RSV for adults aged 60 and over, one of which is mRNA-based. Active vaccines cause the immune system to develop antibodies or an immune response itself. One of these vaccines is also approved for pregnant women to protect their newborns. This vaccination is recommended for pregnant women whose due date is during the high season of RSV infections (between September and the end of March).

Since autumn 2024, a monoclonal antibody (passive vaccine) has also been available for babies and young children. The Federal Office of Public Health (FOPH) recommends that all babies born between April and September receive a dose of this vaccine in October. In contrast to active vaccines, passive vaccines provide the body with ready-made antibodies to fight off these viruses.[3]

Initial reports show that the vaccine works

These vaccines have only recently been approved and recommended in Switzerland, so reliable figures on hospitalisations due to RSV infections are not yet available. However, initial reports from children's hospitals do show that the number of children hospitalised due to RSV fell in winter 2024/2025 compared to the previous year. International studies likewise show an impressive impact. For instance, the Robert Koch Institute in Germany reports that the number of children and adolescents admitted to hospital halved in 2024/2025 compared to the previous year.

Respiratory syncytial virus (RSV)

These viruses usually cause problems in the colder months. While they usually lead to harmless colds or flu-like illnesses in healthy adults, they can also cause inflammation of the lower respiratory tract (bronchitis and bronchiolitis) in newborns and children under the age of two. Older or immunocompromised patients may develop severe symptoms and pneumonia, often leading to hospitalisation. Human-to-human transmission usually takes place through droplet infections – often via the conjunctiva and nasal mucosa. Aerosols or contact with contaminated surfaces and objects can also contribute to the spread of the virus.

3 Federal Office of Public Health (2025).

Lung cancer: earlier detection, more targeted treatment

Lung cancer is one of the deadliest cancers in the world. It is often discovered late, is heavily stigmatised in society and places an emotional strain on those affected. At the same time, research has made great strides in recent years – thanks in part to major investments in oncology, in which research-based pharmaceutical companies from Switzerland play a major part.

From standardised to personalised treatment

In the past, lung cancer was considered an almost certain death sentence. Until the 1990s, it was usually only diagnosed at an advanced stage. The chances of survival were correspondingly small and for a long time the standard treatment consisted of surgery, radiotherapy and non-specific chemotherapy. Today, modern diagnostics and targeted therapies and immunotherapies significantly improve this prognosis. One key factor is the realisation that lung cancer is not a single disease. Molecular tests and biomarkers help to personalise therapies more, – moving away from 'one-size-fits-all chemotherapy' and towards more suitable combination therapies that are often better tolerated. One consideration here is that new targeted therapies have led to better treatment of individual types of tumour. Another is the importance of immunoncological therapies, which support the immune system in detecting and destroying cancer cells[6]. These are often better tolerated than traditional chemotherapy. Today, a combination of immunotherapy and chemotherapy is often used.

A rising survival rate thanks to research

The long-standing commitment of doctors and the pharmaceutical industry is having a clear impact. While the five-year survival rate was under 10% for a long time, advances in diagnostics and a new generation of targeted and immunoncological therapies increased this rate to 32% by 2024[7]. And there is more to come, with more than 70 active substances against lung cancer currently in development[8].

Most common cause of death from cancer

Lung cancer (also known as bronchial carcinoma) is the umbrella term for malignant lung tumours and is one of the most common and fatal types of cancer in Switzerland. It often affects people over the age of 50. Around 5,100 people fall ill with the disease every year in Switzerland, with around 3,300 dying from it each year (figures from 2018–2022)[4]. The number of cases is on the decline among men, while they are increasing among women[5]. Because the disease process often begins long before the onset of the initial symptoms, experts call for long-term smokers to go for regular check-ups. If the disease is diagnosed early, the chances of treatment are much stronger today.

4 Federal Statistical Office, cancer data (2025).
5 Swiss Cancer League (2025).
6 Zer, A. et al. Early and locally advanced non-small-cell lung cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. Annals of Oncology, Volume 36, Issue 11, 1245–1262.
7 Swiss Cancer League (2025).
8 Pharmaceutical Research and Manufacturers of America (PhRMA): Medicines in Development – Oncology (2023).

Rheumatoid arthritis: how research has fundamentally changed treatment

Rheumatoid arthritis (RA) is a common, chronic inflammatory disease that primarily affects joints. As a rule, the earlier it is detected and treated, the easier it is to slow the progression of the disease. Thanks to advances in medicine and research, therapies are now available that enable many patients to remain stable for a long time – indeed, they often live with virtually no symptoms.

Better quality of life thanks to biologics

Biologics play an important role in the treatment of rheumatoid arthritis. These are medicinal products whose active substances are produced by living cells or organisms. In rheumatoid arthritis, they intervene in the inflammatory process and, for instance, neutralise proteins that transmit inflammatory signals. For a growing number of patients, these innovative drugs offer hope for slower disease progression or even remission. In the last 20 years, the pharmaceutical industry has also identified new mechanisms of action and brought corresponding drugs onto the market. Today, a wide range of medications is available, and individual therapeutic approaches can be determined thanks to the various treatment options available.

Real improvements in the course of the disease

Today, up to 70% of people with RA can enter remission within the first year of diagnosis. Their condition is so well controlled that virtually no disease-related activity can be detected. Early diagnosis and appropriate, prompt treatment are crucial in this regard[10]. Moreover, personalised medicine should bring further improvements in the coming years. This means permanent damage caused by progressive rheumatoid arthritis may become far less common in the future.

The most common chronic inflammatory rheumatic disease

Today, rheumatoid arthritis is understood to be an autoimmune disease, meaning the immune system attacks the body's own tissue and triggers inflammation – typically in the joints, but also in the tendon sheaths and bursa. Over time, the internal organs can also be affected. Around two million people in Switzerland suffer from rheumatic complaints. Of these, around 85,000 have rheumatoid arthritis[9]. The disease often develops between the ages of 30 and 50, with women being affected three times more often than men. Influencing factors include smoking and being overweight.

9 Swiss Rheumatism League (2025).
10 German Rheumatism League (2021). Rheumatic diseases: remission equals time.

OUTLOOK

Where the journey is headed

New approvals and indication extentions document the successes of often lengthy drug development processes. Today's research may mark the beginnings of a treatment breakthrough in 10 to 20 years' time – and the situation is constantly evolving. For Switzerland, however, it is important to improve access to innovations, so the population can continue to benefit from medical advancements.

In the last decade, the pharmaceutical industry's pipelines have shifted significantly towards complex biologics and novel forms of therapy. The proportion of traditional chemically synthesised small molecules is declining, while antibody–drug conjugates, cell and gene therapies and RNA-based active substances are growing rapidly and already account for around a third of new trials in oncology. At the same time, oncology, rare diseases and biomarker-driven personalised medicine dominate research and development.

Many new pharmacological therapies can therefore be expected in the coming years. The new approvals and case studies illustrated in this report already show where the journey is headed: towards more and personalised treatment options, data-driven research and new mechanisms of action and substance classes – away from the 'one-size-fits-all' approach and large patient pools.

However, the approval by Swissmedic alone does not inherently mean access for patients – this is only guaranteed across the board through reimbursement from compulsory health insurance. And this is where Switzerland is increasingly lagging behind other countries. Reimbursement is being delayed due to outdated pricing models that no longer take innovative medicines into account. In addition, access to new therapies in Switzerland is coming under severe pressure due to changes in the political situation in the US. In order to continue to guarantee access to innovation in Switzerland, the research-based pharmaceutical industry is calling for a comprehensive modernisation of the pricing system. This includes a price comparison with other countries adjusted for purchasing power and the introduction of a price set by the manufacturer from the point of market approval.

Together with physicians engaged in research and affected patients, the research-based pharmaceutical industry provides the basis for continuously improving therapies and curing or altogether preventing diseases – thus easing the burden on the healthcare system.

About Interpharma

Interpharma, the association of the research-based pharmaceutical industry in Switzerland, represents the country's strongest export sector. The value of pharmaceutical products sold abroad each year amounts to around 115 billion Swiss francs. Our member companies have more than 90 percent of the market share of patented medicines in Switzerland and invest around CHF 9.2 billion annually in research and development in this country.

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