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Global Biologics for Obstructive Airway Diseases Supply, Demand and Key Producers, 2026-2032

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Abstracts

The global Biologics for Obstructive Airway Diseases market size is expected to reach $ 22862 million by 2032, rising at a market growth of 8.1% CAGR during the forecast period (2026-2032).

Biologics for Obstructive Airway Diseases refer to biologic medicines produced using biotechnology that exert therapeutic effects by specifically modulating targets or signaling pathways associated with airway inflammation, allergic responses, and immune reactions, and that are classified under R03, Drugs for Obstructive Airway Diseases, of the World Health Organization Anatomical Therapeutic Chemical Classification System. These medicines primarily act by targeting key inflammatory mediators or receptors, including immunoglobulin E, interleukin-5, the interleukin-5 receptor, and thymic stromal lymphopoietin, thereby reducing airway inflammation, eosinophil activation, and allergic responses. They are mainly used to reduce disease exacerbations, improve lung function, and enhance disease control in severe asthma, chronic obstructive pulmonary disease, and other obstructive airway diseases covered by relevant approved indications.

For the purposes of this report, a product is included only when it meets both criteria: it is classified under ATC R03 and it qualifies as a biologic medicine. Inhaled corticosteroids, bronchodilators, leukotriene receptor antagonists, and other small-molecule medicines within R03 are excluded. Biologic medicines outside R03 are also excluded even if they are used to treat asthma, chronic obstructive pulmonary disease, or other respiratory diseases. Both originator biologics and biosimilars are included under their corresponding active substances and ATC classifications.

Biologics for obstructive airway diseases are biologic medicines produced using

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biotechnology and classified under R03, Drugs for Obstructive Airway Diseases, of the World Health Organization Anatomical Therapeutic Chemical Classification System. These medicines act primarily by specifically targeting key molecules involved in airway inflammation, allergic responses, and immune regulation. Current major targets include immunoglobulin E, interleukin-5, the interleukin-5 receptor, and thymic stromal lymphopoietin. They are mainly used for severe asthma, selected forms of chronic obstructive pulmonary disease, and other obstructive airway diseases covered by relevant approved indications. The industry excludes inhaled corticosteroids, bronchodilators, and other small-molecule drugs within R03, as well as respiratory biologics whose ATC classifications fall outside R03.

By product structure, monoclonal antibodies account for the dominant share of biologics for obstructive airway diseases. Representative active substances include omalizumab, mepolizumab, reslizumab, benralizumab, tezepelumab, and depemokimab. These products achieve differentiated therapeutic effects by inhibiting immunoglobulin E, eosinophil-related pathways, or upstream inflammatory mediators. Immunoglobulin E-targeted therapies have been commercialized for a relatively long period and are entering a market environment in which originator products and biosimilars coexist. Interleukin-5 and interleukin-5 receptor therapies primarily target severe eosinophilic asthma, while thymic stromal lymphopoietin-targeted therapies act further upstream in the inflammatory cascade and may therefore cover a broader patient population.

By therapeutic application, severe asthma currently represents the principal area of use. Biologics are generally used in patients whose disease remains inadequately controlled with conventional inhaled therapies and who exhibit identifiable allergic, eosinophilic, or other inflammatory phenotypes. As biomarker testing and patient stratification improve, clinical management is shifting from conventional symptom control toward precision treatment based on disease phenotype and underlying inflammatory mechanisms. At the same time, selected biologics are expanding into chronic obstructive pulmonary disease, particularly among patients with eosinophilic inflammation, creating an additional source of industry growth.

Subcutaneous injection is currently the dominant route of administration. Several products are available in prefilled syringes or autoinjectors, allowing treatment to gradually shift from hospitals and specialty clinics toward homecare settings. A limited number of products continue to be administered by intravenous infusion, primarily in hospitals or specialized healthcare facilities. Longer dosing intervals, more convenient delivery devices, and improved self-administration capabilities are becoming important competitive attributes for next-generation therapies, helping improve long-term

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adherence and reduce the treatment burden on patients.

The upstream supply chain primarily includes cell lines, culture media, single-use bioprocess consumables, bioreactors, filtration systems, chromatography resins, buffer materials, syringes, and other sterile packaging components. Midstream activities include cell culture, harvest, purification, viral clearance, drug substance preparation, formulation, aseptic filling, quality testing, and batch release. Downstream access is primarily through hospitals, respiratory and allergy specialty clinics, specialty pharmacies, and homecare settings. Because these products require stringent control of protein structure, purity, biological activity, aggregation, impurities, and sterility, manufacturing is subject to demanding quality management and batch consistency requirements.

From a manufacturing perspective, most products are produced using mammalian cell expression systems. Commercial manufacturing generally involves cell culture in bioreactors followed by multi-stage filtration and chromatography purification. Individual bioreactors in commercial production lines commonly range from approximately 2,000 to 20,000 liters, while large manufacturing facilities typically operate multiple bioreactors together with associated downstream purification systems. There is no single standardized annual capacity per production line, as effective output depends on antibody titer, culture cycle, batch frequency, bioreactor configuration, purification yield, and facility utilization. Large stainless-steel systems provide significant economies of scale for mature high-volume antibody products, whereas single-use systems offer greater flexibility for multiproduct and smaller-batch manufacturing.

Major cost components include culture media and single-use consumables, chromatography resins, facility depreciation, labor, quality testing, utilities, fill-finish operations, packaging, and cold-chain logistics. Unit manufacturing costs can decline materially as production scale and antibody titers increase, giving mature commercial products substantial economies of scale. Innovative originator biologics typically benefit from premium pricing and strong patent protection, and gross margins for mature products can generally reach approximately 60% to 85%. Biosimilars typically generate lower gross margins because of stronger price competition and distribution costs, although manufacturers with efficient large-scale production can still maintain attractive profitability.

The industry is characterized by high research and development, manufacturing, and regulatory barriers. Companies must not only complete complex clinical development and indication-specific validation but also establish biologics manufacturing systems

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that comply with good manufacturing practice requirements and consistently maintain product quality, aseptic control, and pharmacovigilance standards. For biosimilars, manufacturers must demonstrate a high degree of structural and functional similarity to the reference product and satisfy regulatory requirements concerning quality, clinical comparability, and immunogenicity. Companies with established cell culture, purification, and analytical quality platforms therefore possess significant competitive advantages.

The global competitive landscape remains relatively concentrated, with major originator products controlled by a limited number of large multinational pharmaceutical companies. These companies maintain their positions through extensive clinical evidence, indication expansion, brand recognition, and global commercialization networks. As patents for earlier products expire, mature molecules such as omalizumab are entering biosimilar competition, while biologics manufacturers from South Korea, China, and other regions are increasingly participating in the market. In China, the market remains in a stage of domestic substitution and increasing biologic penetration, with local companies initially targeting mature molecules such as omalizumab while expanding large-scale antibody manufacturing and commercialization capabilities.

Distribution and end-use patterns are highly specialized. Patients are commonly selected using serum immunoglobulin E levels, peripheral blood eosinophil counts, allergen testing, and other clinical indicators, making product use highly dependent on respiratory specialists, allergists, and other specialized physicians. As prefilled formulations, self-injection products, and remote patient-management models become more widely adopted, the proportion of home-based treatment is expected to increase. However, initial administration, response assessment, and monitoring for serious adverse events are expected to remain concentrated in professional healthcare settings.

Future industry growth will be driven primarily by higher penetration of biologic therapies in severe asthma, expansion into chronic obstructive pulmonary disease, development of novel inflammatory targets, biomarker-driven precision patient stratification, and improved patient access in emerging markets. At the same time, biosimilar competition for mature products such as omalizumab will continue to exert downward pressure on pricing, gradually shifting market growth from price-driven expansion toward growth in treated patient populations and new indications. Competition is therefore expected to move beyond efficacy at a single target toward a broader combination of patient coverage, lower dosing frequency, more convenient administration, long-term safety, and overall cost effectiveness.

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Report Scope

This report studies the global Biologics for Obstructive Airway Diseases demand, key companies, and key regions.

This report is a detailed and comprehensive analysis of the world market for Biologics for Obstructive Airway Diseases, and provides market size (US$ million) and Year-over-Year (YoY) growth, considering 2025 as the base year. This report explores demand trends and competition, as well as details the characteristics of Biologics for Obstructive Airway Diseases that contribute to its increasing demand across many markets.

Highlights and key features of the study

Global Biologics for Obstructive Airway Diseases total market, 2021-2032, (USD Million)

Global Biologics for Obstructive Airway Diseases total market by region & country, CAGR, 2021-2032, (USD Million)

U.S. VS China: Biologics for Obstructive Airway Diseases total market, key domestic companies, and share, (USD Million)

Global Biologics for Obstructive Airway Diseases revenue by player, revenue and market share 2021-2026, (USD Million)

Global Biologics for Obstructive Airway Diseases total market by Type, CAGR, 2021-2032, (USD Million)

Global Biologics for Obstructive Airway Diseases total market by Application, CAGR, 2021-2032, (USD Million)

This report profiles major players in the global Biologics for Obstructive Airway Diseases market based on the following parameters - company overview, revenue, gross margin, product portfolio, geographical presence, and key developments. Key companies covered as a part of this study include Novartis AG, Genentech, Inc. (Roche Group),

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GSK plc, AstraZeneca plc, Amgen Inc., Teva Pharmaceutical Industries Ltd., Celltrion, Inc., Taizhou Mabtech Pharmaceutical Co., Ltd., CSPC Megalith Biopharmaceutical Co., Ltd., Grand Shuyang Life Sciences (Chengdu) Co., Ltd., etc.

This report also provides key insights about market drivers, restraints, opportunities, new product launches or approvals.

Stakeholders would have ease in decision-making through various strategy matrices used in analyzing the world Biologics for Obstructive Airway Diseases market

Detailed Segmentation:

Each section contains quantitative market data including market by value (US$ Millions), by player, by regions, by Type, and by Application. Data is given for the years 2021-2032 by year with 2025 as the base year, 2026 as the estimate year, and 2027-2032 as the forecast year.

Global Biologics for Obstructive Airway Diseases Market, By Region:

United States

China

Europe

Japan

South Korea

ASEAN

India

Rest of World

Market Segmentation

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Global Biologics for Obstructive Airway Diseases Market, Segmentation by Type:

gE Targeting

IL-5 Targeting

IL-5 Receptor Targeting

TSLP Targeting

Other Targets

Global Biologics for Obstructive Airway Diseases Market, Segmentation by Therapeutic Application:

Asthma

Chronic Obstructive Pulmonary Disease

Other Obstructive Airway Diseases

Global Biologics for Obstructive Airway Diseases Market, Segmentation by Product Status:

Originator Biologics

Biosimilars

Global Biologics for Obstructive Airway Diseases Market, Segmentation by Application:

Hospitals

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Specialty Clinics

Homecare Settings

Other Healthcare Settings

Companies Profiled:

Novartis AG

Genentech, Inc. (Roche Group)

GSK plc

AstraZeneca plc

Amgen Inc.

Teva Pharmaceutical Industries Ltd.

Celltrion, Inc.

Taizhou Mabtech Pharmaceutical Co., Ltd.

CSPC Megalith Biopharmaceutical Co., Ltd.

Grand Shuyang Life Sciences (Chengdu) Co., Ltd.

Key Questions Answered

1. How big is the global Biologics for Obstructive Airway Diseases market?
2. What is the demand of the global Biologics for Obstructive Airway Diseases market?
3. What is the year over year growth of the global Biologics for Obstructive Airway Diseases market?
4. What is the total value of the global Biologics for Obstructive Airway Diseases market?

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5. Who are the Major Players in the global Biologics for Obstructive Airway Diseases market?
6. What are the growth factors driving the market demand?

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