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Global Biologics for Obstructive Airway Diseases Market 2026 by Company, Regions, Type and Application, Forecast to 2032

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Abstracts

According to our (Global Info Research) latest study, the global Biologics for Obstructive Airway Diseases market size was valued at US$ 12533 million in 2025 and is forecast to a readjusted size of US$ 22862 million by 2032 with a CAGR of 8.1% during review period.

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.

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Biologics for obstructive airway diseases are biologic medicines produced using 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

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delivery devices, and improved self-administration capabilities are becoming important competitive attributes for next-generation therapies, helping improve long-term 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

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regulatory barriers. Companies must not only complete complex clinical development and indication-specific validation but also establish biologics manufacturing systems 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

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coverage, lower dosing frequency, more convenient administration, long-term safety, and overall cost effectiveness.

Report Scope

This report is a detailed and comprehensive analysis for global Biologics for Obstructive Airway Diseases market. Both quantitative and qualitative analyses are presented by company, by region & country, by Type and by Application. As the market is constantly changing, this report explores the competition, supply and demand trends, as well as key factors that contribute to its changing demands across many markets. Company profiles and product examples of selected competitors, along with market share estimates of some of the selected leaders for the year 2025, are provided.

Key Features:

Global Biologics for Obstructive Airway Diseases market size and forecasts, in consumption value ($ Million), 2021-2032

Global Biologics for Obstructive Airway Diseases market size and forecasts by region and country, in consumption value ($ Million), 2021-2032

Global Biologics for Obstructive Airway Diseases market size and forecasts, by Type and by Application, in consumption value ($ Million), 2021-2032

Global Biologics for Obstructive Airway Diseases market shares of main players, in revenue ($ Million), 2021-2026

The Primary Objectives in This Report Are:

To determine the size of the total market opportunity of global and key countries

To assess the growth potential for Biologics for Obstructive Airway Diseases

To forecast future growth in each product and end-use market

To assess competitive factors affecting the marketplace

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This report profiles key 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), 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.

Biologics for Obstructive Airway Diseases market is split by Type and by Application. For the period 2021-2032, the growth among segments provides accurate calculations and forecasts for Consumption Value by Type and by Application. This analysis can help you expand your business by targeting qualified niche markets.

Market segmentation

Market segment by Type

gE Targeting

IL-5 Targeting

IL-5 Receptor Targeting

TSLP Targeting

Other Targets

Market segment by Therapeutic Application

Asthma

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Chronic Obstructive Pulmonary Disease

Other Obstructive Airway Diseases

Market segment by Product Status

Originator Biologics

Biosimilars

Market segment by Application

Hospitals

Specialty Clinics

Homecare Settings

Other Healthcare Settings

Market segment by players, this report covers

Novartis AG

Genentech, Inc. (Roche Group)

GSK plc

AstraZeneca plc

Amgen Inc.

Teva Pharmaceutical Industries Ltd.

Celltrion, Inc.

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Taizhou Mabtech Pharmaceutical Co., Ltd.

CSPC Megalith Biopharmaceutical Co., Ltd.

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

Market segment by regions, regional analysis covers

North America (United States, Canada and Mexico)

Europe (Germany, France, UK, Russia, Italy and Rest of Europe)

Asia-Pacific (China, Japan, South Korea, India, Southeast Asia and Rest of Asia-Pacific)

South America (Brazil, Rest of South America)

Middle East & Africa (Turkey, Saudi Arabia, UAE, Rest of Middle East & Africa)

Chapter Outline

Chapter 1, to describe Biologics for Obstructive Airway Diseases product scope, market overview, market estimation caveats and base year.

Chapter 2, to profile the top players of Biologics for Obstructive Airway Diseases, with revenue, gross margin, and global market share of Biologics for Obstructive Airway Diseases from 2021 to 2026.

Chapter 3, the Biologics for Obstructive Airway Diseases competitive situation, revenue, and global market share of top players are analyzed emphatically by landscape contrast.

Chapter 4 and 5, to segment the market size by Type and by Application, with consumption value and growth rate by Type, by Application, from 2021 to 2032.

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Chapter 6, 7, 8, 9, and 10, to break the market size data at the country level, with revenue and market share for key countries in the world, from 2021 to 2026.and Biologics for Obstructive Airway Diseases market forecast, by regions, by Type and by Application, with consumption value, from 2027 to 2032.

Chapter 11, market dynamics, drivers, restraints, trends, Porters Five Forces analysis.

Chapter 12, the key raw materials and key suppliers, and industry chain of Biologics for Obstructive Airway Diseases.

Chapter 13, to describe Biologics for Obstructive Airway Diseases research findings and conclusion.

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