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Global Fatty Liver Disease Drugs Supply, Demand and Key Producers, 2026-2032

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Abstracts

The global Fatty Liver Disease Drugs market size is expected to reach $ 4405 million by 2032, rising at a market growth of 16.8% CAGR during the forecast period (2026-2032).

Fatty Liver Disease Drugs are pharmacological products developed to treat steatotic liver diseases characterized by abnormal hepatic fat accumulation, metabolic dysfunction, inflammation and progressive fibrosis. The research scope focuses on approved and investigational therapies for metabolic dysfunction-associated steatotic liver disease (MASLD), metabolic dysfunction-associated steatohepatitis (MASH), noncirrhotic MASH with moderate-to-advanced fibrosis, compensated MASH cirrhosis, alcohol-associated steatotic liver disease, and fatty liver disease associated with obesity or type 2 diabetes. Major product modalities include small-molecule drugs, peptide and protein therapeutics, RNA-based medicines and combination regimens, delivered primarily through oral tablets or subcutaneous injection. Principal mechanisms include thyroid hormone receptor beta activation, GLP-1 and multi-receptor metabolic agonism, PPAR modulation, FGF21 analog activity, fatty acid synthase inhibition, RNA interference and other metabolic or antifibrotic pathways. The market therefore covers both liver-directed therapies that act on hepatic lipid metabolism and fibrosis and systemic metabolic therapies that improve weight, insulin resistance and associated cardiometabolic risk.

Key Findings

The average gross profit margin of this product is 35%

Two targeted MASH therapies are approved across the United States and

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Europe

Rezdiffra treated more than 36,250 patients by year-end 2025

F2–F3 noncirrhotic MASH remains the core commercial treatment population

Phase III pipelines span PPAR, FGF21 and dual receptor agonists

Oral and injectable mechanisms are progressing toward combination treatment

Market Trends

The Fatty Liver Disease Drugs market is transitioning from symptom management and control of associated metabolic conditions toward disease-modifying pharmacotherapy supported by histological, imaging and biomarker evidence. The approval of an oral liver-directed thyroid hormone receptor beta agonist established a targeted treatment pathway, while the subsequent approval of injectable semaglutide demonstrated that systemic metabolic intervention can also improve MASH and fibrosis. Development strategies are consequently moving toward a dual approach: reducing hepatic fat, inflammation and fibrosis directly while simultaneously addressing obesity, insulin resistance, dyslipidaemia and cardiovascular risk. Pipeline activity is broadening from single-pathway small molecules to long-acting FGF21 analogs, PPAR agonists, GLP-1/glucagon or other multi-receptor peptides, fatty acid synthase inhibitors and RNA-based therapies. Non-invasive tests are also becoming increasingly important for patient identification, fibrosis staging and treatment monitoring, reducing reliance on liver biopsy in routine clinical pathways. Over the longer term, treatment is likely to become more stratified by fibrosis stage, metabolic phenotype and response profile, with combination regimens used to address the multiple biological drivers of disease progression.

Market Dynamics

Drivers

Growth in Fatty Liver Disease Drugs is primarily supported by the increasing clinical overlap between fatty liver disease, obesity, type 2 diabetes, dyslipidaemia and cardiovascular risk. The availability of the first approved MASH therapies has created a

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defined pharmaceutical treatment market and is encouraging healthcare systems to establish clearer diagnosis, referral and reimbursement pathways. Improved awareness among hepatologists, endocrinologists and primary-care physicians is expanding the identifiable treatment population, while advances in elastography, blood-based fibrosis tests and imaging-based liver-fat assessment are making high-risk patients easier to detect. Positive regulatory precedents in the United States and Europe also reduce development uncertainty for candidates capable of demonstrating MASH resolution, fibrosis improvement or reduced liver-related clinical events.

Restraints

Commercial expansion remains constrained by underdiagnosis, as early MASLD and MASH frequently progress without specific symptoms and many patients are identified only after substantial fibrosis has developed. Liver biopsy remains an important clinical-trial endpoint but is invasive, costly and unsuitable for broad population screening, while non-invasive diagnostic thresholds are not yet applied uniformly across healthcare systems. Treatment affordability and reimbursement assessment may also limit early uptake, particularly where payers require evidence of advanced fibrosis or specialist confirmation. In addition, approved therapies require continued verification of long-term clinical benefit, and tolerability, drug interactions, treatment duration and adherence can influence real-world adoption. These factors create a substantial gap between the total disease population and the population that is formally diagnosed, eligible and treated.

Opportunities

The most important opportunity lies in expanding treatment beyond noncirrhotic F2–F3 MASH into earlier-stage high-risk disease, compensated MASH cirrhosis and other steatotic liver disorders. Multiple programs are evaluating therapies in advanced fibrosis or cirrhosis, where clinical need remains high and available pharmacological options are limited. Combination treatment represents another major opportunity, particularly regimens pairing a liver-directed antifibrotic agent with a metabolic drug that produces weight loss and glycaemic improvement. Additional potential exists in alcohol-associated steatotic liver disease, obesity- and diabetes-associated fatty liver, and treatment models based on non-invasive patient selection. Markets in which metabolic disease prevalence is high but specialist diagnosis and drug penetration remain relatively low also provide substantial room for future commercial development.

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Challenges

Fatty liver disease is biologically heterogeneous, and improvements in liver fat or inflammatory activity do not always translate directly into durable fibrosis regression or fewer clinical events. Developers must therefore conduct long, complex and costly trials that often require histological endpoints followed by confirmatory outcomes studies. Competitive differentiation will become more difficult as therapies with different mechanisms target overlapping F2–F3 populations, requiring evidence not only of efficacy but also of safety, dosing convenience, weight and cardiometabolic benefits, compatibility with combination treatment and sustained real-world adherence. Regulatory standards may continue to evolve as more drugs enter the market, while differences in diagnostic practice and reimbursement policy could produce uneven adoption across regions.

Industry Chain Analysis

The upstream chain for Fatty Liver Disease Drugs includes medicinal chemistry platforms, peptide and protein engineering, RNA synthesis, active pharmaceutical ingredients, excipients, delivery devices, analytical reagents and contract development and manufacturing services. Small-molecule products depend on scalable chemical synthesis and formulation capabilities, while peptide, protein and RNA therapies require more specialized production, purification, cold-chain and quality-control systems. Diagnostic companies and clinical laboratories also play an increasingly important upstream-enabling role by providing fibrosis biomarkers, imaging support and companion patient-selection tools.

The midstream segment covers target discovery, preclinical development, clinical trials, regulatory registration, commercial manufacturing and lifecycle management. The main value is created through intellectual property, differentiated mechanisms, histological and outcomes evidence, manufacturing reliability and access to specialist treatment networks rather than through raw-material inputs alone. Downstream demand is generated by hospitals, hepatology and endocrinology departments, obesity and diabetes clinics, specialty pharmacies and integrated metabolic-care programs. Commercial performance depends on connecting non-invasive screening with specialist confirmation, payer authorization and long-term treatment monitoring, making diagnosis infrastructure and market access integral parts of the pharmaceutical value chain.

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Segment Insights

By product modality, the commercial market is currently anchored by oral small-molecule therapy and subcutaneous peptide therapy. Oral thyroid hormone receptor beta agonists provide a liver-directed approach with convenient daily administration, while GLP-1 receptor agonists address MASH through weight reduction and broader metabolic improvement. Within the investigational pipeline, peptide and protein therapies are gaining strategic importance because FGF21 analogs and dual or triple metabolic receptor agonists may influence liver fat, inflammation, fibrosis and systemic metabolic risk simultaneously. Small molecules nevertheless remain important because of their manufacturing scalability, oral dosing potential and suitability for combination regimens.

By mechanism, thyroid hormone receptor beta agonists and GLP-1 receptor agonists represent the first established commercial classes. PPAR agonists, FGF21 analogs and dual incretin or glucagon receptor agonists form the most advanced competitive group behind them, while fatty acid synthase inhibitors, RNA interference therapeutics and other antifibrotic agents provide differentiated development routes. By development status, approved and marketed drugs account for a narrow set of mechanisms, whereas Phase II and Phase III pipelines remain substantially more diverse. This structure indicates that future growth will depend less on expansion of a single drug class and more on clinical differentiation across disease stage, metabolic profile, dosing format and combination potential.

Downstream Market Opportunities

The principal downstream opportunity is the treatment of adults with noncirrhotic MASH and moderate-to-advanced fibrosis, where the first regulatory approvals have established a clinically defined and commercially addressable population. Further demand can emerge from patients with compensated cirrhosis, high-risk MASLD identified through non-invasive testing, and fatty liver associated with obesity or type 2 diabetes. Integrated care involving hepatology, endocrinology, cardiology and weight-management services is particularly relevant because many eligible patients have multiple metabolic comorbidities. Alcohol-associated steatotic liver disease may become an additional development area as therapies capable of reducing inflammation and fibrosis are evaluated across broader liver-disease populations. The largest downstream value will be created by treatment pathways that identify patients earlier, match therapy to fibrosis and metabolic risk, and maintain long-term adherence.

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Regional Insights

North America is currently the most developed commercial region for Fatty Liver Disease Drugs. The United States established the first dedicated MASH approval in March 2024, followed by approval of semaglutide for MASH in August 2025. Early prescribing experience, specialist liver networks and the expansion of payer coverage have given the region a leading position in treated-patient volume and commercial adoption. By year-end 2025, Madrigal reported that more than 36,250 patients were receiving Rezdiffra, illustrating the speed with which a previously untreated pharmaceutical category began to form.

Europe entered a broader commercialization phase after conditional authorizations for Rezdiffra in August 2025 and Kayshild in March 2026. Uptake is expected to vary by country because health-technology assessment, specialist referral pathways and reimbursement decisions remain decentralized. Asia-Pacific represents a significant long-term expansion opportunity, supported by the development of regional PPAR, FGF21, fatty acid synthase and metabolic agonist programs. China and India have active domestic development or commercialization platforms, but differences in diagnosis rates, regulatory status, affordability and reimbursement will continue to shape market access.

Report Scope

This report studies the global Fatty Liver Disease Drugs demand, key companies, and key regions.

This report is a detailed and comprehensive analysis of the world market for Fatty Liver Disease Drugs, 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 Fatty Liver Disease Drugs that contribute to its increasing demand across many markets.

Highlights and key features of the study

Global Fatty Liver Disease Drugs total market, 2021-2032, (USD Million)

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Global Fatty Liver Disease Drugs total market by region & country, CAGR, 2021-2032, (USD Million)

U.S. VS China: Fatty Liver Disease Drugs total market, key domestic companies, and share, (USD Million)

Global Fatty Liver Disease Drugs revenue by player, revenue and market share 2021-2026, (USD Million)

Global Fatty Liver Disease Drugs total market by Type, CAGR, 2021-2032, (USD Million)

Global Fatty Liver Disease Drugs total market by Application, CAGR, 2021-2032, (USD Million)

This report profiles major players in the global Fatty Liver Disease Drugs 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 Madrigal Pharmaceuticals, Novo Nordisk, Zydus Lifescience, Inventiva, Chia Tai Tianqing Pharmaceutical, Boehringer Ingelheim, Zealand Pharma, Roche, GSK, Eli Lilly, 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 Fatty Liver Disease Drugs 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.

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Global Fatty Liver Disease Drugs Market, By Region:

United States

China

Europe

Japan

South Korea

ASEAN

India

Rest of World

Market Segmentation

Global Fatty Liver Disease Drugs Market, Segmentation by Type:

Small-Molecule Drugs

Peptide and Protein Drugs

RNA-Based Therapeutics

Other

Global Fatty Liver Disease Drugs Market, Segmentation by Route of Administration:

Oral Drugs

Subcutaneous Injectable Drugs

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Other Injectable Drugs

Global Fatty Liver Disease Drugs Market, Segmentation by Disease:

Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)

Metabolic Dysfunction-Associated Steatohepatitis (MASH)

MASH with Moderate-to-Advanced Fibrosis

Compensated MASH Cirrhosis

Other

Global Fatty Liver Disease Drugs Market, Segmentation by Application:

Hospitals

Retail Pharmacies

Others

Companies Profiled:

Madrigal Pharmaceuticals

Novo Nordisk

Zydus Lifescience

Inventiva

Chia Tai Tianqing Pharmaceutical

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Boehringer Ingelheim

Zealand Pharma

Roche

GSK

Eli Lilly

Viking Therapeutics

Alnylam Pharmaceutical

Regeneron Pharmaceuticals

Sagimet Biosciences

Key Questions Answered

1. How big is the global Fatty Liver Disease Drugs market?
2. What is the demand of the global Fatty Liver Disease Drugs market?
3. What is the year over year growth of the global Fatty Liver Disease Drugs market?
4. What is the total value of the global Fatty Liver Disease Drugs market?
5. Who are the Major Players in the global Fatty Liver Disease Drugs market?
6. What are the growth factors driving the market demand?

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