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# Global Long-Acting Asthma Biologic Supply, Demand and Key Producers, 2026-2032

https://marketpublishers.com/r/G10EDDF1DFA8EN.html
Date: September 2026
Pages: 98
Price: US$ 4,480.00 (Single User License)
ID: G10EDDF1DFA8EN

## Abstracts

The global Long-Acting Asthma Biologic market size is expected to reach $ 18047 million by 2032, rising at a market growth of 9.3% CAGR during the forecast period (2026-2032).

Long-Acting Asthma Biologic refers to biologic therapies used as scheduled add-on maintenance treatment for patients with moderate-to-severe or severe asthma who remain inadequately controlled with conventional controller therapy. The market primarily covers marketed monoclonal antibodies targeting key inflammatory pathways such as IgE, IL-5, IL-5R?, IL-4R? and TSLP, with treatment selection increasingly guided by eosinophil levels, allergic status, Type 2 inflammatory characteristics and other clinical biomarkers. Products are delivered mainly by subcutaneous injection, with intravenous administration used for selected therapies, and dosing schedules range from biweekly or monthly administration to extended maintenance intervals of eight weeks or six months. The core value proposition of Long-Acting Asthma Biologics is to reduce severe exacerbations, improve long-term asthma control, lower dependence on systemic corticosteroids in appropriate patients and reduce treatment burden through sustained pharmacological activity and less frequent administration. The study focuses on commercially marketed biologics used for long-term asthma maintenance and evaluates the market by therapeutic target, dosing interval, asthma phenotype, dosing strategy and downstream treatment setting. The recent commercialization of twice-yearly depemokimab has further extended the technological boundary of long-acting asthma therapy and established a new reference point for dosing convenience.

## Key Findings

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Twice-yearly dosing establishes a new benchmark for long-acting asthma biologics

Anti-IL-5 pathways remain central to eosinophilic severe asthma treatment

Eight-week maintenance dosing differentiates benralizumab from monthly biologic regimens

Self-administration is shifting selected biologic therapy toward home settings

China’s marketed domestic biologics currently concentrate on anti-IgE therapy

## Market Trends

The Long-Acting Asthma Biologic market is moving from simple target differentiation toward a combination of longer dosing intervals, broader phenotype coverage and more convenient drug-delivery formats. Earlier biologics established two- to four-week dosing as the conventional maintenance pattern, while benralizumab extended maintenance treatment to every eight weeks after initial loading doses. The launch of depemokimab has moved the dosing frontier further to once every six months, strengthening the commercial importance of treatment persistence and administration convenience. At the same time, prefilled syringes, pens and approved self-administration are moving part of biologic treatment from specialist clinics toward the home, reducing repeated facility visits for appropriate patients. Tezepelumab is another important structural development because upstream TSLP inhibition broadens the addressable severe-asthma population beyond narrowly defined eosinophilic or allergic phenotypes. As more mechanisms become commercially established, future product differentiation is increasingly likely to depend on dosing frequency, ease of administration, phenotype coverage, corticosteroid-sparing potential, treatment persistence and payer accessibility rather than target novelty alone.

## Market Dynamics

### Drivers

Demand for Long-Acting Asthma Biologics is primarily supported by the persistent unmet need among patients whose disease remains inadequately controlled despite

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high-dose inhaled corticosteroids and additional controller therapy. Severe exacerbations, repeated systemic corticosteroid exposure and the long-term burden of poorly controlled asthma create a strong clinical rationale for targeted maintenance biologics. Extended dosing intervals add another demand driver by reducing injection frequency and treatment-related inconvenience. The movement from clinic-only administration toward prefilled syringes, autoinjectors and qualified home administration further improves treatment accessibility and may support persistence in long-term therapy.

## Restraints

The main restraints arise from the high treatment cost of biologic therapy, reimbursement and prior-authorization requirements, and the need to identify appropriate patients through specialist evaluation and biomarker-based treatment pathways. Clinical response can vary materially among individuals, while switching between different mechanisms is not always straightforward because asthma phenotypes may overlap and evolve over time. In addition, biologics are maintenance therapies rather than rescue treatments, which limits their use to clearly defined patient populations and requires continued background asthma management. As multiple established products compete for similar severe-asthma populations, payer scrutiny of incremental clinical benefit and dosing convenience is also becoming more important.

## Opportunities

The strongest market opportunity is shifting toward therapies that can preserve clinical control while materially reducing administration frequency. Patients currently treated every two or four weeks represent a potential population for longer-interval options when clinical characteristics and treatment eligibility are appropriate. Additional opportunities are emerging from self-administration, simplified fixed-dose formats and expansion into severe-asthma populations that are not easily classified by a single downstream biomarker. Upstream inflammatory targets such as TSLP have already demonstrated the commercial potential of broader phenotype positioning, while six-month dosing establishes a new product-development and lifecycle-management benchmark for the category.

## Challenges

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The industry faces increasing difficulty in demonstrating meaningful differentiation as the number of approved asthma biologic mechanisms grows. A new product must increasingly compete not only on exacerbation reduction and safety but also on dosing interval, administration device, eligible patient breadth, corticosteroid-sparing evidence, real-world persistence and reimbursement positioning. Long-term commercial performance also depends on physician confidence in patient selection and switching strategies. In more mature targets, particularly anti-IgE, biosimilar and domestically produced alternatives may gradually strengthen price competition, while premium-priced innovative biologics will need to demonstrate sufficient incremental value to obtain broad reimbursement and formulary access.

## Industry Chain Analysis

The upstream industry chain of Long-Acting Asthma Biologics includes monoclonal-antibody cell-line and expression technologies, cell-culture media, bioreactor systems, purification resins, filtration materials, pharmaceutical excipients, sterile packaging components, prefilled syringes and autoinjector components. Compared with conventional small-molecule asthma drugs, manufacturing requires substantially more complex biologic production, purification, aseptic filling, quality-control and cold-chain capabilities. Longer-acting products may also require antibody engineering and pharmacokinetic optimization to extend systemic exposure while maintaining biological activity and acceptable safety.

The midstream segment covers commercial monoclonal-antibody drug-substance manufacturing, purification, formulation, fill-finish, device integration, batch release and regulatory quality management. Downstream commercialization primarily passes through respiratory and allergy specialists, hospitals, specialty treatment centers, specialty pharmacies and reimbursement systems, with selected products increasingly supporting patient or caregiver administration at home. Value creation is concentrated in target validation, durable efficacy, dosing-interval extension, reliable biologic manufacturing, user-friendly delivery devices and market access. Consequently, the competitive value of a product is determined not simply by manufacturing cost but by the combination of clinical differentiation, administration convenience, treatment persistence and reimbursement acceptance.

### Segment Insights

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By therapeutic target, anti-IL-5 and anti-IL-5R? products form one of the most important segments of the Long-Acting Asthma Biologic market because eosinophilic severe asthma provides a clearly identifiable patient population and because this pathway currently contains both monthly, eight-week and six-month commercial dosing strategies. Mepolizumab is administered every four weeks, benralizumab transitions to every eight weeks after initial dosing, and depemokimab has extended anti-IL-5 maintenance treatment to once every six months. This makes the IL-5 pathway particularly important in the industry's transition from conventional biologic therapy toward genuinely extended-interval products.

Anti-IgE, anti-IL-4R? and anti-TSLP therapies provide differentiated positioning across allergic asthma, Type 2 inflammation and broader severe-asthma populations. Omalizumab uses an IgE- and body-weight-related dosing strategy and is administered every two or four weeks, while tezepelumab uses a fixed subcutaneous dose every four weeks and offers relatively broad phenotype coverage. From a dosing-interval perspective, these products are less extended than the newest ultra-long-acting biologics, but they remain important parts of the wider long-term asthma biologic treatment landscape and provide competitive reference points for future long-interval products.

### Downstream Market Opportunities

The principal downstream opportunity remains patients with severe or difficult-to-control asthma managed by respiratory specialists and allergy specialists, particularly patients experiencing recurrent exacerbations despite optimized inhaled maintenance therapy. The commercial opportunity is increasingly shifting from simply increasing biologic eligibility toward improving treatment continuity and reducing administration burden. Long-interval products are particularly relevant for patients for whom frequent clinic attendance or repeated injections create adherence barriers, while self-administration formats provide additional opportunities in home-based chronic disease management. Broader biomarker positioning can also expand biologic use among severe-asthma patients who do not fit traditional allergic or highly eosinophilic profiles, supporting a gradual move toward more individualized biologic selection.

## Regional Insights

North America and Europe represent highly developed markets for asthma biologic

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therapy, supported by established specialist treatment pathways and access to multiple commercial mechanisms. The United States added depemokimab to the marketed treatment landscape in December 2025, while the European Union granted marketing authorization in February 2026. Its once-every-six-months administration has introduced an ultra-long-acting commercial option into both regions and provides a new benchmark against established two-week, four-week and eight-week regimens. Europe also has an established commercial portfolio spanning omalizumab, mepolizumab, benralizumab, dupilumab and tezepelumab, creating a comparatively mature environment for mechanism-based treatment selection.

China is developing along a somewhat different path, with local commercial participation currently more visible in the anti-IgE segment. Mabpharm's CMAB007 omalizumab ? was approved in 2023 for IgE-mediated asthma, while CSPC's commercial portfolio includes an omalizumab biosimilar for moderate-to-severe persistent allergic asthma. This structure suggests that China's near-term market development will be influenced simultaneously by greater availability of domestically produced established-target biologics and by the longer-term adoption of differentiated long-interval therapies.

## Competitive Landscape Analysis

Competition in Long-Acting Asthma Biologics is evolving from target-based competition toward multidimensional differentiation. Established products occupy distinct positions across IgE, IL-5, IL-5R?, IL-4R? and TSLP pathways, creating a market in which physicians can increasingly match biologic mechanisms to asthma phenotype, biomarkers and prior treatment response. GSK has strengthened its position in the IL-5 pathway through the coexistence of monthly mepolizumab and twice-yearly depemokimab, while AstraZeneca participates through eight-week maintenance benralizumab and four-week tezepelumab, the latter commercialized with Amgen involvement. Omalizumab remains an established anti-IgE reference therapy, while dupilumab and tezepelumab broaden competitive positioning into Type 2 and wider severe-asthma populations. The emergence of domestically produced omalizumab products in China adds a second competitive dimension around affordability and local supply. Going forward, competitive advantage is likely to depend increasingly on the combined performance of clinical efficacy, dosing interval, eligible patient breadth, administration convenience, real-world persistence and reimbursement access rather than on mechanism of action alone.

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## Report Scope

This report studies the global Long-Acting Asthma Biologic demand, key companies, and key regions.

This report is a detailed and comprehensive analysis of the world market for Long-Acting Asthma Biologic, 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 Long-Acting Asthma Biologic that contribute to its increasing demand across many markets.

## Highlights and key features of the study

Global Long-Acting Asthma Biologic total market, 2021-2032, (USD Million)

Global Long-Acting Asthma Biologic total market by region & country, CAGR, 2021-2032, (USD Million)

U.S. VS China: Long-Acting Asthma Biologic total market, key domestic companies, and share, (USD Million)

Global Long-Acting Asthma Biologic revenue by player, revenue and market share 2021-2026, (USD Million)

Global Long-Acting Asthma Biologic total market by Type, CAGR, 2021-2032, (USD Million)

Global Long-Acting Asthma Biologic total market by Application, CAGR, 2021-2032, (USD Million)

This report profiles major players in the global Long-Acting Asthma Biologic 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 GSK, AstraZeneca, Amgen, Novartis, Roche Holding, Sanofi, Regeneron Pharmaceuticals, Teva Pharmaceutical, Mabpharm Limited, CSPC Pharmaceutical, etc.

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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 Long-Acting Asthma Biologic 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 Long-Acting Asthma Biologic Market, By Region:

United States

China

Europe

Japan

South Korea

ASEAN

India

Rest of World

## Market Segmentation

### Global Long-Acting Asthma Biologic Market, Segmentation by Type:

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Ultra-Long-Acting Biologics

Long-Interval Biologics

Monthly Biologics

## Global Long-Acting Asthma Biologic Market, Segmentation by Antibody Types:

Anti-IL-5 Biologics

Anti-IL-5R? Biologics

Anti-IgE Biologics

Anti-IL-4R? Biologics

Anti-TSLP Biologics

## Global Long-Acting Asthma Biologic Market, Segmentation by Drugs Type:

Depemokimab

Benralizumab

Mepolizumab

Reslizumab

Tezepelumab

Omalizumab

Dupilumab

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### Global Long-Acting Asthma Biologic Market, Segmentation by Application:

evere Eosinophilic Asthma

Moderate-to-Severe Allergic Asthma

Severe Type 2 Asthma

Other

## Companies Profiled:

GSK

AstraZeneca

Amgen

Novartis

Roche Holding

Sanofi

Regeneron Pharmaceuticals

Teva Pharmaceutical

Mabpharm Limited

CSPC Pharmaceutical

## Key Questions Answered

1. How big is the global Long-Acting Asthma Biologic market?

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2. What is the demand of the global Long-Acting Asthma Biologic market?
3. What is the year over year growth of the global Long-Acting Asthma Biologic market?
4. What is the total value of the global Long-Acting Asthma Biologic market?
5. Who are the Major Players in the global Long-Acting Asthma Biologic market?
6. What are the growth factors driving the market demand?

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