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Global Long-Acting Asthma Biologic 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 Long-Acting Asthma Biologic market size was valued at US$ 9511 million in 2025 and is forecast to a readjusted size of US$ 18047 million by 2032 with a CAGR of 9.3% during review period.

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.

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Key Findings

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

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

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Challenges

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.

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Segment Insights

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

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North America and Europe represent highly developed markets for asthma biologic 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 is a detailed and comprehensive analysis for global Long-Acting Asthma Biologic 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 Long-Acting Asthma Biologic market size and forecasts, in consumption value ($ Million), 2021-2032

Global Long-Acting Asthma Biologic market size and forecasts by region and country, in consumption value ($ Million), 2021-2032

Global Long-Acting Asthma Biologic market size and forecasts, by Type and by Application, in consumption value ($ Million), 2021-2032

Global Long-Acting Asthma Biologic 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 Long-Acting Asthma Biologic

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 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.

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

Long-Acting Asthma Biologic 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

Ultra-Long-Acting Biologics

Long-Interval Biologics

Monthly Biologics

Market segment by Antibody Types

Anti-IL-5 Biologics

Anti-IL-5R? Biologics

Anti-IgE Biologics

Anti-IL-4R? Biologics

Anti-TSLP Biologics

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Market segment by Drugs Type

Depemokimab

Benralizumab

Mepolizumab

Reslizumab

Tezepelumab

Omalizumab

Dupilumab

Market segment by Application

evere Eosinophilic Asthma

Moderate-to-Severe Allergic Asthma

Severe Type 2 Asthma

Other

Market segment by players, this report covers

GSK

AstraZeneca

Amgen

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Novartis

Roche Holding

Sanofi

Regeneron Pharmaceuticals

Teva Pharmaceutical

Mabpharm Limited

CSPC Pharmaceutical

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 Long-Acting Asthma Biologic product scope, market overview, market estimation caveats and base year.
Chapter 2, to profile the top players of Long-Acting Asthma Biologic, with revenue, gross margin, and global market share of Long-Acting Asthma Biologic from 2021 to 2026.
Chapter 3, the Long-Acting Asthma Biologic competitive situation, revenue, and global market share of top players are analyzed emphatically by landscape contrast.

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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.
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 Long-Acting Asthma Biologic 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 Long-Acting Asthma Biologic.
Chapter 13, to describe Long-Acting Asthma Biologic research findings and conclusion.

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