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Global Risankizumab Market 2026 by Manufacturers, Regions, Type and Application, Forecast to 2032

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Abstracts

According to our (Global Info Research) latest study, the global Risankizumab market size was valued at US$ 29942 million in 2025 and is forecast to a readjusted size of US$ 91604 million by 2032 with a CAGR of 15.0% during review period.

Risankizumab is a humanized monoclonal antibody that selectively binds the p19 subunit of interleukin-23, thereby inhibiting IL-23-mediated inflammatory signaling in chronic immune-mediated diseases. The research scope focuses on finished risankizumab medicines supplied through prefilled syringes, prefilled pens, on-body injectors with prefilled cartridges, and single-dose vials. The product is administered subcutaneously or intravenously, with treatment protocols structured around induction therapy and maintenance therapy according to the approved indication. Core applications cover plaque psoriasis, psoriatic arthritis, Crohn’s disease, ulcerative colitis, generalized pustular psoriasis, and erythrodermic psoriasis, subject to regional regulatory authorization. This study evaluates demand by dosage form, route of administration, treatment phase, therapeutic application, and geographic market, together with manufacturing, distribution, market access, and competitive positioning across the Risankizumab value chain.

Key Findings

In 2025, global Risankizumab production reached approximately 2685 k units

United States generated approximately 86% of 2024 product revenue

Selective IL-23 p19 inhibition defines the product’s therapeutic mechanism

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Subcutaneous maintenance and intravenous induction support indication-specific treatment pathways

Dermatology and inflammatory bowel disease form the core application structure

AbbVie leads global development commercialization and branded market access

Japan maintains broader psoriasis subtype coverage than Western markets

Market Trends

The Risankizumab market is evolving from a predominantly dermatology-oriented product model into a multi-specialty immunology platform spanning dermatology, rheumatology, and gastroenterology. Product development is increasingly aligned with the clinical pathway of each disease: plaque psoriasis and psoriatic arthritis rely principally on infrequent subcutaneous administration, while Crohn’s disease and ulcerative colitis combine intravenous induction with subcutaneous maintenance. At the same time, prefilled pens, prefilled syringes, and on-body delivery systems are strengthening the role of self-administration and reducing the treatment burden associated with long-term biologic therapy. Future market development will increasingly depend on deeper penetration of approved indications, improved treatment persistence, broader reimbursement, device convenience, and the generation of comparative and real-world clinical evidence rather than reliance on a single initial indication.

Market Dynamics

Drivers

Demand for Risankizumab is supported by the chronic and recurrent nature of plaque psoriasis, psoriatic arthritis, Crohn’s disease, and ulcerative colitis, which creates sustained requirements for long-term disease control. Its selective IL-23 p19 mechanism, indication-specific induction and maintenance regimens, and relatively extended dosing intervals in psoriatic diseases support physician acceptance and patient adherence. Commercial growth is also being reinforced by the expansion from dermatology into inflammatory bowel disease, enabling the product to reach multiple

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specialist departments while leveraging a common immunology development, medical affairs, and market-access infrastructure.

Restraints

Market penetration remains constrained by the high acquisition cost of branded biologic therapy, reimbursement restrictions, treatment sequencing requirements, and differences in hospital access across countries. Manufacturing and distribution require controlled biological production, aseptic filling, device integration, quality release, and temperature-managed logistics, increasing operating complexity relative to conventional small-molecule medicines. Clinical use also requires screening and monitoring for infections and tuberculosis, while inflammatory bowel disease treatment involves additional liver-function monitoring during induction. These requirements can slow initiation, increase administrative burdens, and limit uptake in healthcare systems with restricted specialist resources or tightly managed pharmaceutical budgets.

Opportunities

The principal opportunity lies in increasing penetration within the existing application portfolio rather than changing the established product boundary. In inflammatory bowel disease, the transition from hospital-based intravenous induction to device-supported subcutaneous maintenance creates opportunities to combine specialist initiation with home-based long-term treatment. In dermatology and rheumatology, convenient prefilled delivery formats and extended maintenance intervals can support treatment persistence and conversion from less targeted therapies. China represents an additional access opportunity following regulatory expansion of risankizumab formulations and continued development of reimbursement pathways, although commercial realization will depend on hospital listing, physician education, patient affordability, and coordinated supply of induction and maintenance formulations.

Challenges

The long-term challenge is not limited to competition within the IL-23 inhibitor class. Risankizumab competes for treatment position against biologics and targeted therapies with different mechanisms, administration routes, safety profiles, reimbursement conditions, and levels of physician familiarity. Payers increasingly require evidence of comparative clinical value, durable response, treatment persistence, and total

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healthcare-resource benefits before granting broad access. The product must also maintain reliable global biological manufacturing and device supply while adapting to differing regulatory labels and treatment pathways. Any divergence between approved indications, reimbursement scope, hospital formularies, and actual clinical practice may delay commercialization even after regulatory approval.

Industry Chain Analysis

The upstream portion of the Risankizumab industry chain covers proprietary cell-line and process development, cell-culture media, biological raw materials, chromatography and filtration consumables, formulation excipients, primary packaging, and components for prefilled syringes, pens, cartridges, and on-body injectors. Midstream activities comprise mammalian-cell culture, protein purification, viral clearance, formulation, sterile filling, device assembly, analytical testing, batch release, and regulatory quality management. These operations require high capital investment, process consistency, validated facilities, and close coordination between drug-substance production, fill-finish operations, and delivery-device manufacturing.

Downstream commercialization connects specialty distributors, hospitals, infusion centers, dermatology and gastroenterology clinics, pharmacies, payers, and patient-support systems. Value creation is concentrated in intellectual property, clinical evidence, regulatory approvals, indication coverage, manufacturing reliability, dosing convenience, and reimbursement access. For inflammatory bowel disease, intravenous induction and subcutaneous maintenance create a more complex distribution pathway than psoriasis treatment, requiring continuity between institutional infusion and outpatient maintenance. Consequently, commercial performance depends not only on production capacity but also on cold-chain availability, specialist coverage, insurance negotiation, hospital formulary inclusion, and patient onboarding capabilities.

Segment Insights

By product form, prefilled pens and prefilled syringes constitute the principal configurations for subcutaneous administration in plaque psoriasis and psoriatic arthritis, reflecting their suitability for periodic outpatient or self-administered treatment. Prefilled cartridges used with on-body injectors are particularly relevant to higher-volume maintenance dosing in Crohn’s disease and ulcerative colitis. Single-dose vials support intravenous induction, making them an essential part of the inflammatory bowel

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disease treatment pathway even though their usage environment is more institutionally concentrated. The market therefore cannot be assessed solely by unit volume, because dosage strength, treatment phase, delivery device, and administration setting materially influence product value.

By treatment structure, maintenance therapy generates recurring long-term demand, while induction therapy functions as the entry point for eligible inflammatory bowel disease patients. Plaque psoriasis remains the foundational dermatology application, with psoriatic arthritis extending demand into rheumatology. Crohn's disease and ulcerative colitis broaden the commercial base toward gastroenterology and increase the importance of coordinated intravenous and subcutaneous supply. Generalized pustular psoriasis and erythrodermic psoriasis represent narrower, region-specific applications, particularly in Japan, and contribute to differentiation of the approved application portfolio rather than forming a uniform global segment.

Downstream Market Opportunities

Downstream opportunities are concentrated in specialist dermatology, rheumatology, and gastroenterology care. In dermatology, the main commercial requirement is sustained control of moderate-to-severe disease with manageable dosing frequency and convenient self-administration. Rheumatology demand depends on integration into psoriatic arthritis treatment sequencing and coordination with other disease-modifying therapies. Gastroenterology provides a structurally different opportunity because patients may begin treatment through hospital-based intravenous induction and subsequently shift to subcutaneous maintenance outside the infusion setting. This pathway creates demand for coordinated physician referral, patient training, pharmacy fulfillment, reimbursement authorization, and adherence support, making service quality and market access important determinants of downstream conversion.

Regional Insights

The United States is the dominant commercial market for Risankizumab, accounting for approximately 86% of the product's reported 2024 revenue. Its position reflects established specialist infrastructure, broad commercialization across dermatology, rheumatology, and gastroenterology, and substantial use of branded biologic therapies. Europe represents a diversified regional market governed by centralized regulatory authorization but country-specific pricing, reimbursement, and health-technology

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assessment processes. These differences can produce uneven launch timing and penetration despite common regional approval.

Japan is differentiated by broader psoriasis subtype coverage, including generalized pustular psoriasis and erythrodermic psoriasis, alongside the principal global indications. China is progressing through formulation approvals and reimbursement development, creating potential for increased access but also requiring alignment among regulatory status, national reimbursement, hospital procurement, and clinical adoption. Other emerging markets remain sensitive to biologic affordability, specialist availability, diagnostic capacity, and cold-chain infrastructure, resulting in a more gradual commercialization pattern than in established markets.

Competitive Landscape Analysis

The Risankizumab market has a highly concentrated branded structure, with AbbVie controlling the principal product development, regulatory, manufacturing, and commercialization platform. Competition therefore occurs primarily at the therapeutic-class and treatment-pathway levels rather than among multiple manufacturers of the same active ingredient. The product's competitive positioning is supported by selective IL-23 p19 inhibition, coverage across both psoriatic diseases and inflammatory bowel disease, extended subcutaneous maintenance intervals, and a portfolio of delivery formats adapted to different clinical settings. However, sustainable positioning requires continued investment in comparative evidence, real-world outcomes, physician engagement, reimbursement negotiation, patient-support programs, and reliable biological manufacturing. As alternative biologics and targeted oral therapies compete for earlier treatment placement, commercial advantage will increasingly depend on access, treatment persistence, device usability, and cross-specialty execution rather than mechanism differentiation alone.

Report Scope

This report is a detailed and comprehensive analysis for global Risankizumab market. Both quantitative and qualitative analyses are presented by manufacturers, 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

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of the selected leaders for the year 2025, are provided.

Key Features:

Global Risankizumab market size and forecasts, in consumption value ($ Million), sales quantity (K Units), and average selling prices (US$/Unit), 2021-2032

Global Risankizumab market size and forecasts by region and country, in consumption value ($ Million), sales quantity (K Units), and average selling prices (US$/Unit), 2021-2032

Global Risankizumab market size and forecasts, by Type and by Application, in consumption value ($ Million), sales quantity (K Units), and average selling prices (US$/Unit), 2021-2032

Global Risankizumab market shares of main players, shipments in revenue ($ Million), sales quantity (K Units), and ASP (US$/Unit), 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 Risankizumab

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

To assess competitive factors affecting the marketplace

This report profiles key players in the global Risankizumab market based on the following parameters - company overview, sales quantity, revenue, price, gross margin, product portfolio, geographical presence, and key developments. Key companies covered as a part of this study include AbbVie, etc.

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

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Risankizumab 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 in terms of volume and value. This analysis can help you expand your business by targeting qualified niche markets.

Market Segmentation

Market segment by Type

Prefilled Syringe

Prefilled Pen

Single-Dose Vial

Market segment by Administration

Subcutaneous Administration

Intravenous Administration

Market segment by Therapy

Induction Therapy

Maintenance Therapy

Market segment by Application

Plaque Psoriasis

Psoriatic Arthritis

Crohn's Disease

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Ulcerative Colitis

Other

Major players covered

AbbVie

Market segment by region, regional analysis covers

North America (United States, Canada, and Mexico)

Europe (Germany, France, United Kingdom, Russia, Italy, and Rest of Europe)

Asia-Pacific (China, Japan, Korea, India, Southeast Asia, and Australia)

South America (Brazil, Argentina, Colombia, and Rest of South America)

Middle East & Africa (Saudi Arabia, UAE, Egypt, South Africa, and Rest of Middle East & Africa)

Chapter Outline

Chapter 1, to describe Risankizumab product scope, market overview, market estimation caveats and base year.
Chapter 2, to profile the top manufacturers of Risankizumab, with price, sales quantity, revenue, and global market share of Risankizumab from 2021 to 2026.
Chapter 3, the Risankizumab competitive situation, sales quantity, revenue, and global market share of top manufacturers are analyzed emphatically by landscape contrast.
Chapter 4, the Risankizumab breakdown data are shown at the regional level, to show the sales quantity, consumption value, and growth by regions, from 2021 to 2032.
Chapter 5 and 6, to segment the sales by Type and by Application, with sales market share and growth rate by Type, by Application, from 2021 to 2032.
Chapter 7, 8, 9, 10 and 11, to break the sales data at the country level, with sales

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quantity, consumption value, and market share for key countries in the world, from 2021 to 2026.and Risankizumab market forecast, by regions, by Type, and by Application, with sales and revenue, from 2027 to 2032.
Chapter 12, market dynamics, drivers, restraints, trends, and Porters Five Forces analysis.
Chapter 13, the key raw materials and key suppliers, and industry chain of Risankizumab.
Chapter 14 and 15, to describe Risankizumab sales channel, distributors, customers, research findings and conclusion.

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