

Global Biologics for Obstructive Airway Diseases Market Growth (Status and Outlook) 2026-2032

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Abstracts

The global Biologics for Obstructive Airway Diseases market size is predicted to grow from US\$ 11915 million in 2025 to US\$ 22352 million in 2032; it is expected to grow at a CAGR of 8.6% from 2026 to 2032.

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.

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

Report Scope

LPI (LP Information)' newest research report, the “Biologics for Obstructive Airway Diseases Industry Forecast” looks at past sales and reviews total world Biologics for Obstructive Airway Diseases sales in 2025, providing a comprehensive analysis by region and market sector of projected Biologics for Obstructive Airway Diseases sales for 2026 through 2032. With Biologics for Obstructive Airway Diseases sales broken down by region, market sector and sub-sector, this report provides a detailed analysis in US\$ millions of the world Biologics for Obstructive Airway Diseases industry.

This Insight Report provides a comprehensive analysis of the global Biologics for Obstructive Airway Diseases landscape and highlights key trends related to product segmentation, company formation, revenue, and market share, latest development, and M&A activity. This report also analyses the strategies of leading global companies with a focus on Biologics for Obstructive Airway Diseases portfolios and capabilities, market entry strategies, market positions, and geographic footprints, to better understand these firms' unique position in an accelerating global Biologics for Obstructive Airway Diseases market.

This Insight Report evaluates the key market trends, drivers, and affecting factors shaping the global outlook for Biologics for Obstructive Airway Diseases and breaks down the forecast by Type, by Application, geography, and market size to highlight emerging pockets of opportunity. With a transparent methodology based on hundreds of bottom-up qualitative and quantitative market inputs, this study forecast offers a highly nuanced view of the current state and future trajectory in the global Biologics for Obstructive Airway Diseases.

This report presents a comprehensive overview, market shares, and growth opportunities of Biologics for Obstructive Airway Diseases market by product type, application, key players and key regions and countries.

Market Segmentation

Segmentation by Type:

gE Targeting

IL-5 Targeting

IL-5 Receptor Targeting

TSLP Targeting

Other Targets

Segmentation by Therapeutic Application:

Asthma

Chronic Obstructive Pulmonary Disease

Other Obstructive Airway Diseases

Segmentation by Product Status:

Originator Biologics

Biosimilars

Segmentation by Application:

Hospitals

Specialty Clinics

Homecare Settings

Other Healthcare Settings

This report also splits the market by region:

Americas

United States

Canada

Mexico

Brazil

APAC

China

Japan

Korea

Southeast Asia

India

Australia

Europe

Germany

France

UK

Italy

Russia

Middle East & Africa

Egypt

South Africa

Israel

Turkey

GCC Countries

The below companies that are profiled have been selected based on inputs gathered from primary experts and analyzing the company's coverage, product portfolio, its market penetration.

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.

Contents

1 SCOPE OF THE REPORT

- 1.1 Market Introduction
- 1.2 Years Considered
- 1.3 Research Objectives
- 1.4 Market Research Methodology
- 1.5 Research Process and Data Source
- 1.6 Economic Indicators
- 1.7 Currency Considered
- 1.8 Market Estimation Caveats

2 EXECUTIVE SUMMARY

2.1 World Market Overview

- 2.1.1 Global Biologics for Obstructive Airway Diseases Market Size (2021-2032)
- 2.1.2 Biologics for Obstructive Airway Diseases Market Size CAGR by Region (2021 VS 2025 VS 2032)
- 2.1.3 World Current & Future Analysis for Biologics for Obstructive Airway Diseases by Country/Region (2021, 2025 & 2032)

2.2 Biologics for Obstructive Airway Diseases Segment by Type

- 2.2.1 gE Targeting
- 2.2.2 IL-5 Targeting
- 2.2.3 IL-5 Receptor Targeting
- 2.2.4 TSLP Targeting
- 2.2.5 Other Targets
- 2.2.6 Biologics for Obstructive Airway Diseases Market Size by Type
 - 2.2.6.1 Biologics for Obstructive Airway Diseases Market Size CAGR by Type (2021 VS 2025 VS 2032)
 - 2.2.6.2 Global Biologics for Obstructive Airway Diseases Market Size Market Share by Type (2021-2026)

2.3 Biologics for Obstructive Airway Diseases Segment by Therapeutic Application

- 2.3.1 Asthma
- 2.3.2 Chronic Obstructive Pulmonary Disease
- 2.3.3 Other Obstructive Airway Diseases
- 2.3.4 Biologics for Obstructive Airway Diseases Market Size by Therapeutic Application
 - 2.3.4.1 Biologics for Obstructive Airway Diseases Market Size CAGR by Therapeutic

Application (2021 VS 2025 VS 2032)

2.3.4.2 Global Biologics for Obstructive Airway Diseases Market Size Market Share by Therapeutic Application (2021-2026)

2.4 Biologics for Obstructive Airway Diseases Segment by Product Status

2.4.1 Originator Biologics

2.4.2 Biosimilars

2.4.3 Biologics for Obstructive Airway Diseases Market Size by Product Status

2.4.3.1 Biologics for Obstructive Airway Diseases Market Size CAGR by Product Status (2021 VS 2025 VS 2032)

2.4.3.2 Global Biologics for Obstructive Airway Diseases Market Size Market Share by Product Status (2021-2026)

2.5 Biologics for Obstructive Airway Diseases Segment by Application

2.5.1 Hospitals

2.5.2 Specialty Clinics

2.5.3 Homecare Settings

2.5.4 Other Healthcare Settings

2.5.5 Biologics for Obstructive Airway Diseases Market Size by Application

2.5.5.1 Biologics for Obstructive Airway Diseases Market Size CAGR by Application (2021 VS 2025 VS 2032)

2.5.5.2 Global Biologics for Obstructive Airway Diseases Market Size Market Share by Application (2021-2026)

3 BIOLOGICS FOR OBSTRUCTIVE AIRWAY DISEASES MARKET SIZE BY PLAYER

3.1 Biologics for Obstructive Airway Diseases Market Size Market Share by Player

3.1.1 Global Biologics for Obstructive Airway Diseases Revenue by Player (2021-2026)

3.1.2 Global Biologics for Obstructive Airway Diseases Revenue Market Share by Player (2021-2026)

3.2 Global Biologics for Obstructive Airway Diseases Key Players Head office and Products Offered

3.3 Market Concentration Rate Analysis

3.3.1 Competition Landscape Analysis

3.3.2 Concentration Ratio (CR3, CR5 and CR10) & (2024-2026)

3.4 New Products and Potential Entrants

3.5 Mergers & Acquisitions, Expansion

4 BIOLOGICS FOR OBSTRUCTIVE AIRWAY DISEASES BY REGION

- 4.1 Biologics for Obstructive Airway Diseases Market Size by Region (2021-2026)
- 4.2 Global Biologics for Obstructive Airway Diseases Annual Revenue by Country/Region (2021-2026)
- 4.3 Americas Biologics for Obstructive Airway Diseases Market Size Growth (2021-2026)
- 4.4 APAC Biologics for Obstructive Airway Diseases Market Size Growth (2021-2026)
- 4.5 Europe Biologics for Obstructive Airway Diseases Market Size Growth (2021-2026)
- 4.6 Middle East & Africa Biologics for Obstructive Airway Diseases Market Size Growth (2021-2026)

5 AMERICAS

- 5.1 Americas Biologics for Obstructive Airway Diseases Market Size by Country (2021-2026)
- 5.2 Americas Biologics for Obstructive Airway Diseases Market Size by Type (2021-2026)
- 5.3 Americas Biologics for Obstructive Airway Diseases Market Size by Application (2021-2026)
- 5.4 United States
- 5.5 Canada
- 5.6 Mexico
- 5.7 Brazil

6 APAC

- 6.1 APAC Biologics for Obstructive Airway Diseases Market Size by Region (2021-2026)
- 6.2 APAC Biologics for Obstructive Airway Diseases Market Size by Type (2021-2026)
- 6.3 APAC Biologics for Obstructive Airway Diseases Market Size by Application (2021-2026)
- 6.4 China
- 6.5 Japan
- 6.6 South Korea
- 6.7 Southeast Asia
- 6.8 India
- 6.9 Australia

7 EUROPE

7.1 Europe Biologics for Obstructive Airway Diseases Market Size by Country
(2021-2026)

7.2 Europe Biologics for Obstructive Airway Diseases Market Size by Type (2021-2026)

7.3 Europe Biologics for Obstructive Airway Diseases Market Size by Application
(2021-2026)

7.4 Germany

7.5 France

7.6 UK

7.7 Italy

7.8 Russia

8 MIDDLE EAST & AFRICA

8.1 Middle East & Africa Biologics for Obstructive Airway Diseases by Region
(2021-2026)

8.2 Middle East & Africa Biologics for Obstructive Airway Diseases Market Size by Type
(2021-2026)

8.3 Middle East & Africa Biologics for Obstructive Airway Diseases Market Size by
Application (2021-2026)

8.4 Egypt

8.5 South Africa

8.6 Israel

8.7 Turkey

8.8 GCC Countries

9 MARKET DRIVERS, CHALLENGES AND TRENDS

9.1 Market Drivers & Growth Opportunities

9.2 Market Challenges & Risks

9.3 Industry Trends

10 GLOBAL BIOLOGICS FOR OBSTRUCTIVE AIRWAY DISEASES MARKET FORECAST

10.1 Global Biologics for Obstructive Airway Diseases Forecast by Region (2027-2032)

10.1.1 Global Biologics for Obstructive Airway Diseases Forecast by Region
(2027-2032)

10.1.2 Americas Biologics for Obstructive Airway Diseases Forecast

- 10.1.3 APAC Biologics for Obstructive Airway Diseases Forecast
- 10.1.4 Europe Biologics for Obstructive Airway Diseases Forecast
- 10.1.5 Middle East & Africa Biologics for Obstructive Airway Diseases Forecast
- 10.2 Americas Biologics for Obstructive Airway Diseases Forecast by Country (2027-2032)
 - 10.2.1 United States Market Biologics for Obstructive Airway Diseases Forecast
 - 10.2.2 Canada Market Biologics for Obstructive Airway Diseases Forecast
 - 10.2.3 Mexico Market Biologics for Obstructive Airway Diseases Forecast
 - 10.2.4 Brazil Market Biologics for Obstructive Airway Diseases Forecast
- 10.3 APAC Biologics for Obstructive Airway Diseases Forecast by Region (2027-2032)
 - 10.3.1 China Biologics for Obstructive Airway Diseases Market Forecast
 - 10.3.2 Japan Market Biologics for Obstructive Airway Diseases Forecast
 - 10.3.3 Korea Market Biologics for Obstructive Airway Diseases Forecast
 - 10.3.4 Southeast Asia Market Biologics for Obstructive Airway Diseases Forecast
 - 10.3.5 India Market Biologics for Obstructive Airway Diseases Forecast
 - 10.3.6 Australia Market Biologics for Obstructive Airway Diseases Forecast
- 10.4 Europe Biologics for Obstructive Airway Diseases Forecast by Country (2027-2032)
 - 10.4.1 Germany Market Biologics for Obstructive Airway Diseases Forecast
 - 10.4.2 France Market Biologics for Obstructive Airway Diseases Forecast
 - 10.4.3 UK Market Biologics for Obstructive Airway Diseases Forecast
 - 10.4.4 Italy Market Biologics for Obstructive Airway Diseases Forecast
 - 10.4.5 Russia Market Biologics for Obstructive Airway Diseases Forecast
- 10.5 Middle East & Africa Biologics for Obstructive Airway Diseases Forecast by Region (2027-2032)
 - 10.5.1 Egypt Market Biologics for Obstructive Airway Diseases Forecast
 - 10.5.2 South Africa Market Biologics for Obstructive Airway Diseases Forecast
 - 10.5.3 Israel Market Biologics for Obstructive Airway Diseases Forecast
 - 10.5.4 Turkey Market Biologics for Obstructive Airway Diseases Forecast
- 10.6 Global Biologics for Obstructive Airway Diseases Forecast by Type (2027-2032)
- 10.7 Global Biologics for Obstructive Airway Diseases Forecast by Application (2027-2032)
 - 10.7.1 GCC Countries Market Biologics for Obstructive Airway Diseases Forecast

11 KEY PLAYERS ANALYSIS

- 11.1 Novartis AG
 - 11.1.1 Novartis AG Company Information
 - 11.1.2 Novartis AG Biologics for Obstructive Airway Diseases Product Offered

11.1.3 Novartis AG Biologics for Obstructive Airway Diseases Revenue, Gross Margin and Market Share (2021-2026)

11.1.4 Novartis AG Main Business Overview

11.1.5 Novartis AG Latest Developments

11.2 Genentech, Inc. (Roche Group)

11.2.1 Genentech, Inc. (Roche Group) Company Information

11.2.2 Genentech, Inc. (Roche Group) Biologics for Obstructive Airway Diseases Product Offered

11.2.3 Genentech, Inc. (Roche Group) Biologics for Obstructive Airway Diseases Revenue, Gross Margin and Market Share (2021-2026)

11.2.4 Genentech, Inc. (Roche Group) Main Business Overview

11.2.5 Genentech, Inc. (Roche Group) Latest Developments

11.3 GSK plc

11.3.1 GSK plc Company Information

11.3.2 GSK plc Biologics for Obstructive Airway Diseases Product Offered

11.3.3 GSK plc Biologics for Obstructive Airway Diseases Revenue, Gross Margin and Market Share (2021-2026)

11.3.4 GSK plc Main Business Overview

11.3.5 GSK plc Latest Developments

11.4 AstraZeneca plc

11.4.1 AstraZeneca plc Company Information

11.4.2 AstraZeneca plc Biologics for Obstructive Airway Diseases Product Offered

11.4.3 AstraZeneca plc Biologics for Obstructive Airway Diseases Revenue, Gross Margin and Market Share (2021-2026)

11.4.4 AstraZeneca plc Main Business Overview

11.4.5 AstraZeneca plc Latest Developments

11.5 Amgen Inc.

11.5.1 Amgen Inc. Company Information

11.5.2 Amgen Inc. Biologics for Obstructive Airway Diseases Product Offered

11.5.3 Amgen Inc. Biologics for Obstructive Airway Diseases Revenue, Gross Margin and Market Share (2021-2026)

11.5.4 Amgen Inc. Main Business Overview

11.5.5 Amgen Inc. Latest Developments

11.6 Teva Pharmaceutical Industries Ltd.

11.6.1 Teva Pharmaceutical Industries Ltd. Company Information

11.6.2 Teva Pharmaceutical Industries Ltd. Biologics for Obstructive Airway Diseases Product Offered

11.6.3 Teva Pharmaceutical Industries Ltd. Biologics for Obstructive Airway Diseases Revenue, Gross Margin and Market Share (2021-2026)

- 11.6.4 Teva Pharmaceutical Industries Ltd. Main Business Overview
- 11.6.5 Teva Pharmaceutical Industries Ltd. Latest Developments
- 11.7 Celltrion, Inc.
 - 11.7.1 Celltrion, Inc. Company Information
 - 11.7.2 Celltrion, Inc. Biologics for Obstructive Airway Diseases Product Offered
 - 11.7.3 Celltrion, Inc. Biologics for Obstructive Airway Diseases Revenue, Gross Margin and Market Share (2021-2026)
 - 11.7.4 Celltrion, Inc. Main Business Overview
 - 11.7.5 Celltrion, Inc. Latest Developments
- 11.8 Taizhou Mabtech Pharmaceutical Co., Ltd.
 - 11.8.1 Taizhou Mabtech Pharmaceutical Co., Ltd. Company Information
 - 11.8.2 Taizhou Mabtech Pharmaceutical Co., Ltd. Biologics for Obstructive Airway Diseases Product Offered
 - 11.8.3 Taizhou Mabtech Pharmaceutical Co., Ltd. Biologics for Obstructive Airway Diseases Revenue, Gross Margin and Market Share (2021-2026)
 - 11.8.4 Taizhou Mabtech Pharmaceutical Co., Ltd. Main Business Overview
 - 11.8.5 Taizhou Mabtech Pharmaceutical Co., Ltd. Latest Developments
- 11.9 CSPC Megalith Biopharmaceutical Co., Ltd.
 - 11.9.1 CSPC Megalith Biopharmaceutical Co., Ltd. Company Information
 - 11.9.2 CSPC Megalith Biopharmaceutical Co., Ltd. Biologics for Obstructive Airway Diseases Product Offered
 - 11.9.3 CSPC Megalith Biopharmaceutical Co., Ltd. Biologics for Obstructive Airway Diseases Revenue, Gross Margin and Market Share (2021-2026)
 - 11.9.4 CSPC Megalith Biopharmaceutical Co., Ltd. Main Business Overview
 - 11.9.5 CSPC Megalith Biopharmaceutical Co., Ltd. Latest Developments
- 11.10 Grand Shuyang Life Sciences (Chengdu) Co., Ltd.
 - 11.10.1 Grand Shuyang Life Sciences (Chengdu) Co., Ltd. Company Information
 - 11.10.2 Grand Shuyang Life Sciences (Chengdu) Co., Ltd. Biologics for Obstructive Airway Diseases Product Offered
 - 11.10.3 Grand Shuyang Life Sciences (Chengdu) Co., Ltd. Biologics for Obstructive Airway Diseases Revenue, Gross Margin and Market Share (2021-2026)
 - 11.10.4 Grand Shuyang Life Sciences (Chengdu) Co., Ltd. Main Business Overview
 - 11.10.5 Grand Shuyang Life Sciences (Chengdu) Co., Ltd. Latest Developments

12 RESEARCH FINDINGS AND CONCLUSION

List Of Tables

LIST OF TABLES

Table 1. Biologics for Obstructive Airway Diseases Market Size CAGR by Region (2021 VS 2025 VS 2032) & (\$ millions)

Table 2. Biologics for Obstructive Airway Diseases Annual Sales CAGR by Country/Region (2021, 2025 & 2032) & (\$ millions)

Table 3. Major Players of gE Targeting

Table 4. Major Players of IL-5 Targeting

Table 5. Major Players of IL-5 Receptor Targeting

Table 6. Major Players of TSLP Targeting

Table 7. Major Players of Other Targets

Table 8. Biologics for Obstructive Airway Diseases Market Size CAGR by Type (2021 VS 2025 VS 2032) & (\$ millions)

Table 9. Global Biologics for Obstructive Airway Diseases Market Size by Type (2021-2026) & (\$ millions)

Table 10. Global Biologics for Obstructive Airway Diseases Market Size Market Share by Type (2021-2026)

Table 11. Major Players of Asthma

Table 12. Major Players of Chronic Obstructive Pulmonary Disease

Table 13. Major Players of Other Obstructive Airway Diseases

Table 14. Biologics for Obstructive Airway Diseases Market Size CAGR by Therapeutic Application (2021 VS 2025 VS 2032) & (\$ millions)

Table 15. Global Biologics for Obstructive Airway Diseases Market Size by Therapeutic Application (2021-2026) & (\$ millions)

Table 16. Global Biologics for Obstructive Airway Diseases Market Size Market Share by Therapeutic Application (2021-2026)

Table 17. Major Players of Originator Biologics

Table 18. Major Players of Biosimilars

Table 19. Biologics for Obstructive Airway Diseases Market Size CAGR by Product Status (2021 VS 2025 VS 2032) & (\$ millions)

Table 20. Global Biologics for Obstructive Airway Diseases Market Size by Product Status (2021-2026) & (\$ millions)

Table 21. Global Biologics for Obstructive Airway Diseases Market Size Market Share by Product Status (2021-2026)

Table 22. Biologics for Obstructive Airway Diseases Market Size CAGR by Application (2021 VS 2025 VS 2032) & (\$ millions)

Table 23. Global Biologics for Obstructive Airway Diseases Market Size by Application

(2021-2026) & (\$ millions)

Table 24. Global Biologics for Obstructive Airway Diseases Market Size Market Share by Application (2021-2026)

Table 25. Global Biologics for Obstructive Airway Diseases Revenue by Player (2021-2026) & (\$ millions)

Table 26. Global Biologics for Obstructive Airway Diseases Revenue Market Share by Player (2021-2026)

Table 27. Biologics for Obstructive Airway Diseases Key Players Head office and Products Offered

Table 28. Biologics for Obstructive Airway Diseases Concentration Ratio (CR3, CR5 and CR10) & (2024-2026)

Table 29. New Products and Potential Entrants

Table 30. Mergers & Acquisitions, Expansion

Table 31. Global Biologics for Obstructive Airway Diseases Market Size by Region (2021-2026) & (\$ millions)

Table 32. Global Biologics for Obstructive Airway Diseases Market Size Market Share by Region (2021-2026)

Table 33. Global Biologics for Obstructive Airway Diseases Revenue by Country/Region (2021-2026) & (\$ millions)

Table 34. Global Biologics for Obstructive Airway Diseases Revenue Market Share by Country/Region (2021-2026)

Table 35. Americas Biologics for Obstructive Airway Diseases Market Size by Country (2021-2026) & (\$ millions)

Table 36. Americas Biologics for Obstructive Airway Diseases Market Size Market Share by Country (2021-2026)

Table 37. Americas Biologics for Obstructive Airway Diseases Market Size by Type (2021-2026) & (\$ millions)

Table 38. Americas Biologics for Obstructive Airway Diseases Market Size Market Share by Type (2021-2026)

Table 39. Americas Biologics for Obstructive Airway Diseases Market Size by Application (2021-2026) & (\$ millions)

Table 40. Americas Biologics for Obstructive Airway Diseases Market Size Market Share by Application (2021-2026)

Table 41. APAC Biologics for Obstructive Airway Diseases Market Size by Region (2021-2026) & (\$ millions)

Table 42. APAC Biologics for Obstructive Airway Diseases Market Size Market Share by Region (2021-2026)

Table 43. APAC Biologics for Obstructive Airway Diseases Market Size by Type (2021-2026) & (\$ millions)

Table 44. APAC Biologics for Obstructive Airway Diseases Market Size by Application (2021-2026) & (\$ millions)

Table 45. Europe Biologics for Obstructive Airway Diseases Market Size by Country (2021-2026) & (\$ millions)

Table 46. Europe Biologics for Obstructive Airway Diseases Market Size Market Share by Country (2021-2026)

Table 47. Europe Biologics for Obstructive Airway Diseases Market Size by Type (2021-2026) & (\$ millions)

Table 48. Europe Biologics for Obstructive Airway Diseases Market Size by Application (2021-2026) & (\$ millions)

Table 49. Middle East & Africa Biologics for Obstructive Airway Diseases Market Size by Region (2021-2026) & (\$ millions)

Table 50. Middle East & Africa Biologics for Obstructive Airway Diseases Market Size by Type (2021-2026) & (\$ millions)

Table 51. Middle East & Africa Biologics for Obstructive Airway Diseases Market Size by Application (2021-2026) & (\$ millions)

Table 52. Key Market Drivers & Growth Opportunities of Biologics for Obstructive Airway Diseases

Table 53. Key Market Challenges & Risks of Biologics for Obstructive Airway Diseases

Table 54. Key Industry Trends of Biologics for Obstructive Airway Diseases

Table 55. Global Biologics for Obstructive Airway Diseases Market Size Forecast by Region (2027-2032) & (\$ millions)

Table 56. Global Biologics for Obstructive Airway Diseases Market Size Market Share Forecast by Region (2027-2032)

Table 57. Global Biologics for Obstructive Airway Diseases Market Size Forecast by Type (2027-2032) & (\$ millions)

Table 58. Global Biologics for Obstructive Airway Diseases Market Size Forecast by Application (2027-2032) & (\$ millions)

Table 59. Novartis AG Details, Company Type, Biologics for Obstructive Airway Diseases Area Served and Its Competitors

Table 60. Novartis AG Biologics for Obstructive Airway Diseases Product Offered

Table 61. Novartis AG Biologics for Obstructive Airway Diseases Revenue (\$ million), Gross Margin and Market Share (2021-2026)

Table 62. Novartis AG Main Business

Table 63. Novartis AG Latest Developments

Table 64. Genentech, Inc. (Roche Group) Details, Company Type, Biologics for Obstructive Airway Diseases Area Served and Its Competitors

Table 65. Genentech, Inc. (Roche Group) Biologics for Obstructive Airway Diseases Product Offered

Table 66. Genentech, Inc. (Roche Group) Biologics for Obstructive Airway Diseases Revenue (\$ million), Gross Margin and Market Share (2021-2026)

Table 67. Genentech, Inc. (Roche Group) Main Business

Table 68. Genentech, Inc. (Roche Group) Latest Developments

Table 69. GSK plc Details, Company Type, Biologics for Obstructive Airway Diseases Area Served and Its Competitors

Table 70. GSK plc Biologics for Obstructive Airway Diseases Product Offered

Table 71. GSK plc Biologics for Obstructive Airway Diseases Revenue (\$ million), Gross Margin and Market Share (2021-2026)

Table 72. GSK plc Main Business

Table 73. GSK plc Latest Developments

Table 74. AstraZeneca plc Details, Company Type, Biologics for Obstructive Airway Diseases Area Served and Its Competitors

Table 75. AstraZeneca plc Biologics for Obstructive Airway Diseases Product Offered

Table 76. AstraZeneca plc Biologics for Obstructive Airway Diseases Revenue (\$ million), Gross Margin and Market Share (2021-2026)

Table 77. AstraZeneca plc Main Business

Table 78. AstraZeneca plc Latest Developments

Table 79. Amgen Inc. Details, Company Type, Biologics for Obstructive Airway Diseases Area Served and Its Competitors

Table 80. Amgen Inc. Biologics for Obstructive Airway Diseases Product Offered

Table 81. Amgen Inc. Biologics for Obstructive Airway Diseases Revenue (\$ million), Gross Margin and Market Share (2021-2026)

Table 82. Amgen Inc. Main Business

Table 83. Amgen Inc. Latest Developments

Table 84. Teva Pharmaceutical Industries Ltd. Details, Company Type, Biologics for Obstructive Airway Diseases Area Served and Its Competitors

Table 85. Teva Pharmaceutical Industries Ltd. Biologics for Obstructive Airway Diseases Product Offered

Table 86. Teva Pharmaceutical Industries Ltd. Biologics for Obstructive Airway Diseases Revenue (\$ million), Gross Margin and Market Share (2021-2026)

Table 87. Teva Pharmaceutical Industries Ltd. Main Business

Table 88. Teva Pharmaceutical Industries Ltd. Latest Developments

Table 89. Celltrion, Inc. Details, Company Type, Biologics for Obstructive Airway Diseases Area Served and Its Competitors

Table 90. Celltrion, Inc. Biologics for Obstructive Airway Diseases Product Offered

Table 91. Celltrion, Inc. Biologics for Obstructive Airway Diseases Revenue (\$ million), Gross Margin and Market Share (2021-2026)

Table 92. Celltrion, Inc. Main Business

Table 93. Celltrion, Inc. Latest Developments

Table 94. Taizhou Mabtech Pharmaceutical Co., Ltd. Details, Company Type, Biologics for Obstructive Airway Diseases Area Served and Its Competitors

Table 95. Taizhou Mabtech Pharmaceutical Co., Ltd. Biologics for Obstructive Airway Diseases Product Offered

Table 96. Taizhou Mabtech Pharmaceutical Co., Ltd. Biologics for Obstructive Airway Diseases Revenue (\$ million), Gross Margin and Market Share (2021-2026)

Table 97. Taizhou Mabtech Pharmaceutical Co., Ltd. Main Business

Table 98. Taizhou Mabtech Pharmaceutical Co., Ltd. Latest Developments

Table 99. CSPC Megalith Biopharmaceutical Co., Ltd. Details, Company Type, Biologics for Obstructive Airway Diseases Area Served and Its Competitors

Table 100. CSPC Megalith Biopharmaceutical Co., Ltd. Biologics for Obstructive Airway Diseases Product Offered

Table 101. CSPC Megalith Biopharmaceutical Co., Ltd. Biologics for Obstructive Airway Diseases Revenue (\$ million), Gross Margin and Market Share (2021-2026)

Table 102. CSPC Megalith Biopharmaceutical Co., Ltd. Main Business

Table 103. CSPC Megalith Biopharmaceutical Co., Ltd. Latest Developments

Table 104. Grand Shuyang Life Sciences (Chengdu) Co., Ltd. Details, Company Type, Biologics for Obstructive Airway Diseases Area Served and Its Competitors

Table 105. Grand Shuyang Life Sciences (Chengdu) Co., Ltd. Biologics for Obstructive Airway Diseases Product Offered

Table 106. Grand Shuyang Life Sciences (Chengdu) Co., Ltd. Biologics for Obstructive Airway Diseases Revenue (\$ million), Gross Margin and Market Share (2021-2026)

Table 107. Grand Shuyang Life Sciences (Chengdu) Co., Ltd. Main Business

Table 108. Grand Shuyang Life Sciences (Chengdu) Co., Ltd. Latest Developments

List Of Figures

LIST OF FIGURES

- Figure 1. Biologics for Obstructive Airway Diseases Report Years Considered
- Figure 2. Research Objectives
- Figure 3. Research Methodology
- Figure 4. Research Process and Data Source
- Figure 5. Global Biologics for Obstructive Airway Diseases Market Size Growth Rate (2021-2032) (\$ millions)
- Figure 6. Biologics for Obstructive Airway Diseases Sales by Geographic Region (2021, 2025 & 2032) & (\$ millions)
- Figure 7. Biologics for Obstructive Airway Diseases Sales Market Share by Country/Region (2025)
- Figure 8. Biologics for Obstructive Airway Diseases Sales Market Share by Country/Region (2021, 2025 & 2032)
- Figure 9. Global Biologics for Obstructive Airway Diseases Market Size Market Share by Type in 2025
- Figure 10. Global Biologics for Obstructive Airway Diseases Market Size Market Share by Therapeutic Application in 2025
- Figure 11. Global Biologics for Obstructive Airway Diseases Market Size Market Share by Product Status in 2025
- Figure 12. Biologics for Obstructive Airway Diseases in Hospitals
- Figure 13. Global Biologics for Obstructive Airway Diseases Market: Hospitals (2021-2026) & (\$ millions)
- Figure 14. Biologics for Obstructive Airway Diseases in Specialty Clinics
- Figure 15. Global Biologics for Obstructive Airway Diseases Market: Specialty Clinics (2021-2026) & (\$ millions)
- Figure 16. Biologics for Obstructive Airway Diseases in Homecare Settings
- Figure 17. Global Biologics for Obstructive Airway Diseases Market: Homecare Settings (2021-2026) & (\$ millions)
- Figure 18. Biologics for Obstructive Airway Diseases in Other Healthcare Settings
- Figure 19. Global Biologics for Obstructive Airway Diseases Market: Other Healthcare Settings (2021-2026) & (\$ millions)
- Figure 20. Global Biologics for Obstructive Airway Diseases Market Size Market Share by Application in 2025
- Figure 21. Global Biologics for Obstructive Airway Diseases Revenue Market Share by Player in 2025
- Figure 22. Global Biologics for Obstructive Airway Diseases Market Size Market Share

by Region (2021-2026)

Figure 23. Americas Biologics for Obstructive Airway Diseases Market Size 2021-2026 (\$ millions)

Figure 24. APAC Biologics for Obstructive Airway Diseases Market Size 2021-2026 (\$ millions)

Figure 25. Europe Biologics for Obstructive Airway Diseases Market Size 2021-2026 (\$ millions)

Figure 26. Middle East & Africa Biologics for Obstructive Airway Diseases Market Size 2021-2026 (\$ millions)

Figure 27. Americas Biologics for Obstructive Airway Diseases Value Market Share by Country in 2025

Figure 28. United States Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 29. Canada Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 30. Mexico Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 31. Brazil Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 32. APAC Biologics for Obstructive Airway Diseases Market Size Market Share by Region in 2025

Figure 33. APAC Biologics for Obstructive Airway Diseases Market Size Market Share by Type (2021-2026)

Figure 34. APAC Biologics for Obstructive Airway Diseases Market Size Market Share by Application (2021-2026)

Figure 35. China Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 36. Japan Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 37. South Korea Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 38. Southeast Asia Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 39. India Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 40. Australia Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 41. Europe Biologics for Obstructive Airway Diseases Market Size Market Share by Country in 2025

Figure 42. Europe Biologics for Obstructive Airway Diseases Market Size Market Share by Type (2021-2026)

Figure 43. Europe Biologics for Obstructive Airway Diseases Market Size Market Share by Application (2021-2026)

Figure 44. Germany Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 45. France Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 46. UK Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 47. Italy Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 48. Russia Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 49. Middle East & Africa Biologics for Obstructive Airway Diseases Market Size Market Share by Region (2021-2026)

Figure 50. Middle East & Africa Biologics for Obstructive Airway Diseases Market Size Market Share by Type (2021-2026)

Figure 51. Middle East & Africa Biologics for Obstructive Airway Diseases Market Size Market Share by Application (2021-2026)

Figure 52. Egypt Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 53. South Africa Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 54. Israel Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 55. Turkey Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 56. GCC Countries Biologics for Obstructive Airway Diseases Market Size Growth 2021-2026 (\$ millions)

Figure 57. Americas Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 58. APAC Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 59. Europe Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 60. Middle East & Africa Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 61. United States Biologics for Obstructive Airway Diseases Market Size

2027-2032 (\$ millions)

Figure 62. Canada Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 63. Mexico Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 64. Brazil Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 65. China Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 66. Japan Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 67. Korea Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 68. Southeast Asia Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 69. India Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 70. Australia Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 71. Germany Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 72. France Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 73. UK Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 74. Italy Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 75. Russia Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 76. Egypt Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 77. South Africa Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 78. Israel Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 79. Turkey Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

Figure 80. Global Biologics for Obstructive Airway Diseases Market Size Market Share Forecast by Type (2027-2032)

Figure 81. Global Biologics for Obstructive Airway Diseases Market Size Market Share Forecast by Application (2027-2032)

Figure 82. GCC Countries Biologics for Obstructive Airway Diseases Market Size 2027-2032 (\$ millions)

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