

Global COPD Biologics Market Growth 2026-2032

<https://marketpublishers.com/r/GF1B02FF5B9BEN.html>

Date: October 2026

Pages: 118

Price: US\$ 3,660.00 (Single User License)

ID: GF1B02FF5B9BEN

Abstracts

The global COPD Biologics market size is predicted to grow from US\$ 877 million in 2025 to US\$ 5696 million in 2032; it is expected to grow at a CAGR of 27.4% from 2026 to 2032.

COPD biologics are targeted biological medicines developed for chronic obstructive pulmonary disease patients with persistent symptoms or recurrent exacerbations despite optimized inhaled therapy. The current market is dominated by monoclonal antibodies that modulate inflammatory pathways associated with COPD, particularly IL-4R α , IL-5, IL-33/ST2 and TSLP, while emerging pipelines also include bispecific antibodies, multispecific antibodies and inhaled single-domain antibodies.

Commercialized therapies are primarily administered by subcutaneous injection and are used as add-on maintenance treatments, with patient selection increasingly guided by biomarkers such as blood eosinophil counts and Type 2 inflammatory characteristics. The study focuses on biologics specifically approved or clinically developed for COPD and covers commercialized products as well as relevant late- and early-stage clinical pipelines. Key market segmentation dimensions include target pathway, molecular modality, route of administration, patient selection and development stage, while major downstream treatment settings include exacerbation prevention, maintenance treatment, severe or uncontrolled COPD, eosinophilic COPD and Type 2 inflammation-associated COPD.

Key Findings In 2025, the overall gross margin of the global COPD biologics industry was approximately 75%–85%. COPD biologics remain at an early stage of commercialization. Eosinophilic COPD is currently the primary target patient population. IL-4R α and IL-5 have achieved commercial validation. IL-33/ST2 and TSLP are key next-stage development directions. North America and Europe lead commercialization, while China remains active in clinical development. Subcutaneous monoclonal antibodies remain the dominant product form.

Market Trends

The COPD treatment paradigm is shifting from broad bronchodilation and anti-inflammatory inhaled therapy toward phenotype- and biomarker-directed precision treatment. Blood eosinophil counts are currently the most established biomarker for biologic eligibility, because both of the first commercialized biologics target patients with an eosinophilic phenotype. In the US, the approved IL-5 biologic was studied in patients with blood eosinophil counts beginning at 150 cells/ μ L, and the manufacturer estimates that nearly 70% of inadequately controlled patients continuing to exacerbate on inhaled triple therapy meet or exceed this threshold.

The next phase of technology development is moving toward broader inflammatory biology. IL-33/ST2, TSLP and dual-target cytokine strategies are intended to address heterogeneous COPD populations that may not be fully captured by conventional Type 2 biomarkers. In 2026, pivotal IL-33 Phase III trials reported reductions in moderate-to-severe exacerbations across different blood eosinophil levels, strengthening the commercial rationale for biologics beyond narrowly defined eosinophilic COPD.

Market Dynamics

Drivers

The primary market driver is the persistent unmet need among patients who continue to experience exacerbations despite optimized inhaled triple therapy. COPD exacerbations are associated with hospitalization, progressive lung damage and increased mortality, making prevention of recurrent exacerbations a high-value therapeutic objective. In addition, simple blood eosinophil testing provides a practical route for identifying Type 2 inflammatory phenotypes and supports wider adoption of precision treatment in routine respiratory care.

Regulatory validation across major markets is also accelerating physician awareness. The first COPD biologic has already received approvals across the US, European Union, China and Japan, demonstrating that targeted biologic treatment is evolving from a niche clinical concept into a multinational commercial category.

Restraints

Biologic penetration remains constrained by relatively strict patient selection, high treatment costs compared with conventional inhaled therapies, payer authorization

requirements and the need for long-term injectable treatment. Current commercial products are positioned mainly for patients with inadequately controlled disease and defined inflammatory characteristics, meaning that only a subset of the overall COPD population is immediately addressable.

The established role of LABA, LAMA and inhaled corticosteroid combinations also means biologics are currently add-on therapies rather than substitutes for the standard inhaled treatment backbone. Market expansion therefore depends more on identifying patients with residual exacerbation risk than on replacing conventional COPD pharmacotherapy.

Opportunities

The largest opportunity lies in expanding treatment from narrowly selected eosinophilic COPD toward broader inflammatory phenotypes. IL-33-targeting development is particularly important because recent Phase III studies included patients across blood eosinophil levels and lung-function severity, potentially enlarging the biologic-addressable population if regulatory approval and favorable labeling are achieved.

China also represents a major opportunity for localized innovation. The country combines a very large COPD patient base with a growing pipeline of IL-4R α , TSLP, ST2 and dual-target biologics. Local manufacturers are increasingly moving from conventional monoclonal antibodies toward long-acting antibodies, bispecific molecules and inhaled biologics, which could create differentiated treatment and pricing strategies.

Challenges

The central challenge is clinical differentiation. As more products target overlapping inflammatory pathways, future entrants will need to demonstrate advantages in exacerbation reduction, patient coverage, dosing frequency, administration convenience, safety or biomarker flexibility. Products that deliver only incremental efficacy within the same narrowly selected patient group may face increasing competitive pressure.

Another risk is the biological heterogeneity of COPD. Smoking history, chronic bronchitis, emphysema, eosinophilic inflammation and non-Type 2 inflammatory mechanisms can coexist within the same disease population. This makes broad efficacy more difficult to establish than in diseases with more uniform immunological drivers and increases the importance of biomarker development and patient stratification.

Industry Chain Analysis

The upstream industry chain includes antibody discovery platforms, cell-line development, culture media, bioreactors, purification systems, sterile fill-finish capacity, prefilled syringes, analytical testing and cold-chain packaging. Manufacturing requirements are substantially higher than for conventional inhaled small-molecule COPD drugs because commercial biologics depend on validated cell-based production, biologic drug-substance purification and stringent sterile manufacturing.

Midstream participants include biologic manufacturers, clinical-stage developers and regional rights holders. Downstream distribution is centered on hospitals, respiratory specialists, specialty pharmacies and reimbursement systems. Commercial success depends not only on manufacturing supply but also on biomarker testing, physician identification of eligible patients and reimbursement authorization.

Value Chain Analysis

The highest value concentration is currently found in innovative target discovery, antibody engineering, pivotal clinical development, biologics manufacturing and global commercialization. As the market matures, value creation is likely to shift toward differentiated molecular design, extended dosing intervals, multi-target mechanisms and improved patient-selection strategies rather than simple replication of existing monoclonal antibody mechanisms.

Manufacturing capability remains strategically important. The confirmed core supplier pool contains large multinational biologics manufacturers as well as Chinese companies with integrated antibody development and commercial-scale production capacity. Smaller clinical-stage biotechnology companies frequently rely on licensing partnerships or external manufacturing, making control of CMC, manufacturing scale-up and regional commercial rights important competitive variables.

Segment Insights

By target pathway, IL-4R α and IL-5 currently represent the commercially established segments. IL-33/ST2 and TSLP are the principal emerging segments, while dual-target cytokine pathways represent a smaller but technologically differentiated pipeline category. By molecular modality, monoclonal antibodies dominate current commercial sales and late-stage development, whereas bispecific and multispecific antibodies and single-domain antibodies remain emerging segments.

By route of administration, subcutaneous injection remains dominant. Inhaled biologics represent a differentiated development route that may provide localized pulmonary exposure but remain at an earlier clinical stage. By patient selection, biomarker-selected COPD currently dominates the commercial market, while non-biomarker-selected or broader-population strategies represent an important future expansion opportunity.

Downstream Market Opportunities

Exacerbation prevention is the most commercially important downstream treatment objective because currently approved biologics are positioned for patients who continue to experience exacerbations despite optimized maintenance therapy. Severe and uncontrolled COPD therefore represents the highest-value patient group, particularly patients with repeated moderate-to-severe exacerbations or hospitalization risk.

Eosinophilic COPD and Type 2 inflammation-associated COPD constitute the first established precision-treatment segments. Over time, products capable of demonstrating efficacy across eosinophil levels could expand the downstream opportunity toward a broader uncontrolled COPD population and reduce dependence on a single biomarker threshold.

Regional Insights

North America is currently the leading commercial adoption region because the US was among the first major markets to approve COPD biologics and combines high biologic penetration, specialist access and established specialty-pharmacy reimbursement infrastructure. The FDA approved the first COPD biologic in September 2024 and a second in May 2025, establishing an early multi-product market.

Europe is another major early-adoption market, supported by multinational approvals and established respiratory specialist networks. China is more important from a combination of patient volume, manufacturing and pipeline development: company disclosures indicate around 100 million people live with COPD in China, while domestic developers are building pipelines across IL-4R α , TSLP, ST2 and multi-target mechanisms. Japan represents a high-value developed market and approved its first COPD biologic in March 2025.

Competitive Landscape Analysis

The competitive landscape is currently highly concentrated at the commercial level but substantially broader at the clinical-development level. Europe and the United States dominate the first generation of approved therapies and late-stage global programs, supported by mature biologics manufacturing, regulatory experience and multinational commercialization networks.

China is emerging as the most active challenger region in terms of pipeline breadth. Domestic programs increasingly cover not only validated IL-4R α and TSLP pathways but also ST2, dual-target antibodies and inhaled biologics. Regional competition is therefore shifting from simple follow-on development toward molecular differentiation, while Japan, South Korea and other Asian markets currently remain more important as commercial demand markets than as major independent sources of COPD biologic innovation.

Report Scope

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

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

This Insight Report evaluates the key market trends, drivers, and affecting factors shaping the global outlook for COPD Biologics and breaks down the forecast by Target Pathway, 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 COPD Biologics.

This report presents a comprehensive overview, market shares, and growth

opportunities of COPD Biologics market by product type, application, key manufacturers and key regions and countries.

Market Segmentation

Segmentation by Target Pathway:

IL-4R? Pathway

IL-5 Pathway

IL-33/ST2 Pathway

TSLP Pathway

Dual-target Cytokine Pathways

Others

Segmentation by Route of Administration:

Subcutaneous Administration

Inhaled Administration

Others

Segmentation by Molecular Modality:

Monoclonal Antibodies

Bispecific and Multispecific Antibodies

Single-domain Antibodies

Others

Segmentation by Application:

Exacerbation Prevention

Maintenance Treatment

Severe and Uncontrolled COPD

Eosinophilic COPD

Type 2 Inflammation COPD

Others

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 analysing the company's coverage, product portfolio, its market penetration.

Sanofi

Regeneron Pharmaceuticals, Inc.

GSK plc

AstraZeneca PLC

Amgen Inc.

Roche Holding AG

Jiangsu Hengrui Pharmaceuticals Co., Ltd.

3SBio Inc.

Sino Biopharmaceutical Limited

Qyuns Therapeutics Co., Ltd.

Joincare Pharmaceutical Group Industry Co., Ltd.

Mabwell Bioscience Co., Ltd.

Sichuan Kelun Biotech Biopharmaceutical Co., Ltd.

Akeso, Inc.

Key Questions Addressed in this Report

What is the 10-year outlook for the global COPD Biologics market?

What factors are driving COPD Biologics market growth, globally and by region?

Which technologies are poised for the fastest growth by market and region?

How do COPD Biologics market opportunities vary by end market size?

How does COPD Biologics break out by Target Pathway, by Application?

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