

# Global Risankizumab Market Growth 2026-2032

<https://marketpublishers.com/r/GC9867800782EN.html>

Date: October 2026

Pages: 76

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

ID: GC9867800782EN

## Abstracts

The global Risankizumab market size is predicted to grow from US\$ 28467 million in 2025 to US\$ 91430 million in 2032; it is expected to grow at a CAGR of 16.0% from 2026 to 2032.

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

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 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 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 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 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

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

This Insight Report provides a comprehensive analysis of the global Risankizumab 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 Risankizumab portfolios and capabilities, market entry strategies, market positions, and geographic footprints, to better understand these firms' unique position in an accelerating global Risankizumab market.

This Insight Report evaluates the key market trends, drivers, and affecting factors shaping the global outlook for Risankizumab 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 Risankizumab.

This report presents a comprehensive overview, market shares, and growth opportunities of Risankizumab market by product type, application, key manufacturers and key regions and countries.

Market Segmentation

## **Segmentation by Type:**

Prefilled Syringe

Prefilled Pen

Single-Dose Vial

## **Segmentation by Administration:**

Subcutaneous Administration

Intravenous Administration

## **Segmentation by Therapy:**

Induction Therapy

Maintenance Therapy

## **Segmentation by Application:**

Plaque Psoriasis

Psoriatic Arthritis

Crohn's Disease

Ulcerative Colitis

Other

## **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.

AbbVie

## **Key Questions Addressed in this Report**

What is the 10-year outlook for the global Risankizumab market?

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

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

How do Risankizumab market opportunities vary by end market size?

How does Risankizumab break out by Type, by Application?



## 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 Risankizumab Annual Sales 2021-2032
  - 2.1.2 World Current & Future Analysis for Risankizumab by Geographic Region, 2021, 2025 & 2032
  - 2.1.3 World Current & Future Analysis for Risankizumab by Country/Region, 2021, 2025 & 2032
- 2.2 Risankizumab Segment by Type
  - 2.2.1 Prefilled Syringe
  - 2.2.2 Prefilled Pen
  - 2.2.3 Single-Dose Vial
  - 2.2.4 Risankizumab Sales by Type
    - 2.2.4.1 Global Risankizumab Sales Market Share by Type (2021-2026)
    - 2.2.4.2 Global Risankizumab Revenue and Market Share by Type (2021-2026)
    - 2.2.4.3 Global Risankizumab Sale Price by Type (2021-2026)
- 2.3 Risankizumab Segment by Administration
  - 2.3.1 Subcutaneous Administration
  - 2.3.2 Intravenous Administration
  - 2.3.3 Risankizumab Sales by Administration
    - 2.3.3.1 Global Risankizumab Sales Market Share by Administration (2021-2026)
    - 2.3.3.2 Global Risankizumab Revenue and Market Share by Administration (2021-2026)
    - 2.3.3.3 Global Risankizumab Sale Price by Administration (2021-2026)
- 2.4 Risankizumab Segment by Therapy
  - 2.4.1 Induction Therapy

#### 2.4.2 Maintenance Therapy

#### 2.4.3 Risankizumab Sales by Therapy

##### 2.4.3.1 Global Risankizumab Sales Market Share by Therapy (2021-2026)

##### 2.4.3.2 Global Risankizumab Revenue and Market Share by Therapy (2021-2026)

##### 2.4.3.3 Global Risankizumab Sale Price by Therapy (2021-2026)

#### 2.5 Risankizumab Segment by Application

##### 2.5.1 Plaque Psoriasis

##### 2.5.2 Psoriatic Arthritis

##### 2.5.3 Crohn's Disease

##### 2.5.4 Ulcerative Colitis

##### 2.5.5 Other

#### 2.5.6 Risankizumab Sales by Application

##### 2.5.6.1 Global Risankizumab Sale Market Share by Application (2021-2026)

##### 2.5.6.2 Global Risankizumab Revenue and Market Share by Application (2021-2026)

##### 2.5.6.3 Global Risankizumab Sale Price by Application (2021-2026)

### 3 GLOBAL BY COMPANY

#### 3.1 Global Risankizumab Breakdown Data by Company

##### 3.1.1 Global Risankizumab Annual Sales by Company (2021-2026)

##### 3.1.2 Global Risankizumab Sales Market Share by Company (2021-2026)

#### 3.2 Global Risankizumab Annual Revenue by Company (2021-2026)

##### 3.2.1 Global Risankizumab Revenue by Company (2021-2026)

##### 3.2.2 Global Risankizumab Revenue Market Share by Company (2021-2026)

#### 3.3 Global Risankizumab Sale Price by Company

#### 3.4 Key Manufacturers Risankizumab Producing Area Distribution, Sales Area, Product Type

##### 3.4.1 Key Manufacturers Risankizumab Product Location Distribution

##### 3.4.2 Players Risankizumab Products Offered

#### 3.5 Market Concentration Rate Analysis

##### 3.5.1 Competition Landscape Analysis

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

#### 3.6 New Products and Potential Entrants

#### 3.7 Market M&A Activity & Strategy

### 4 WORLD HISTORIC REVIEW FOR RISANKIZUMAB BY GEOGRAPHIC REGION

#### 4.1 World Historic Risankizumab Market Size by Geographic Region (2021-2026)

##### 4.1.1 Global Risankizumab Annual Sales by Geographic Region (2021-2026)

- 4.1.2 Global Risankizumab Annual Revenue by Geographic Region (2021-2026)
- 4.2 World Historic Risankizumab Market Size by Country/Region (2021-2026)
  - 4.2.1 Global Risankizumab Annual Sales by Country/Region (2021-2026)
  - 4.2.2 Global Risankizumab Annual Revenue by Country/Region (2021-2026)
- 4.3 Americas Risankizumab Sales Growth
- 4.4 APAC Risankizumab Sales Growth
- 4.5 Europe Risankizumab Sales Growth
- 4.6 Middle East & Africa Risankizumab Sales Growth

## **5 AMERICAS**

- 5.1 Americas Risankizumab Sales by Country
  - 5.1.1 Americas Risankizumab Sales by Country (2021-2026)
  - 5.1.2 Americas Risankizumab Revenue by Country (2021-2026)
- 5.2 Americas Risankizumab Sales by Type (2021-2026)
- 5.3 Americas Risankizumab Sales by Application (2021-2026)
- 5.4 United States
- 5.5 Canada
- 5.6 Mexico
- 5.7 Brazil

## **6 APAC**

- 6.1 APAC Risankizumab Sales by Region
  - 6.1.1 APAC Risankizumab Sales by Region (2021-2026)
  - 6.1.2 APAC Risankizumab Revenue by Region (2021-2026)
- 6.2 APAC Risankizumab Sales by Type (2021-2026)
- 6.3 APAC Risankizumab Sales by Application (2021-2026)
- 6.4 China
- 6.5 Japan
- 6.6 South Korea
- 6.7 Southeast Asia
- 6.8 India
- 6.9 Australia
- 6.10 China Taiwan

## **7 EUROPE**

- 7.1 Europe Risankizumab by Country

- 7.1.1 Europe Risankizumab Sales by Country (2021-2026)
- 7.1.2 Europe Risankizumab Revenue by Country (2021-2026)
- 7.2 Europe Risankizumab Sales by Type (2021-2026)
- 7.3 Europe Risankizumab Sales 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 Risankizumab by Country
  - 8.1.1 Middle East & Africa Risankizumab Sales by Country (2021-2026)
  - 8.1.2 Middle East & Africa Risankizumab Revenue by Country (2021-2026)
- 8.2 Middle East & Africa Risankizumab Sales by Type (2021-2026)
- 8.3 Middle East & Africa Risankizumab Sales 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 MANUFACTURING COST STRUCTURE ANALYSIS**

- 10.1 Raw Material and Suppliers
- 10.2 Manufacturing Cost Structure Analysis of Risankizumab
- 10.3 Manufacturing Process Analysis of Risankizumab
- 10.4 Industry Chain Structure of Risankizumab

## **11 MARKETING, DISTRIBUTORS AND CUSTOMER**

- 11.1 Sales Channel

- 11.1.1 Direct Channels
- 11.1.2 Indirect Channels
- 11.2 Risankizumab Distributors
- 11.3 Risankizumab Customer

## **12 WORLD FORECAST REVIEW FOR RISANKIZUMAB BY GEOGRAPHIC REGION**

- 12.1 Global Risankizumab Market Size Forecast by Region
  - 12.1.1 Global Risankizumab Forecast by Region (2027-2032)
  - 12.1.2 Global Risankizumab Annual Revenue Forecast by Region (2027-2032)
- 12.2 Americas Forecast by Country (2027-2032)
- 12.3 APAC Forecast by Region (2027-2032)
- 12.4 Europe Forecast by Country (2027-2032)
- 12.5 Middle East & Africa Forecast by Country (2027-2032)
- 12.6 Global Risankizumab Forecast by Type (2027-2032)
- 12.7 Global Risankizumab Forecast by Application (2027-2032)

## **13 KEY PLAYERS ANALYSIS**

- 13.1 AbbVie
  - 13.1.1 AbbVie Company Information
  - 13.1.2 AbbVie Risankizumab Product Portfolios and Specifications
  - 13.1.3 AbbVie Risankizumab Sales, Revenue, Price and Gross Margin (2021-2026)
  - 13.1.4 AbbVie Main Business Overview
  - 13.1.5 AbbVie Latest Developments

## **14 RESEARCH FINDINGS AND CONCLUSION**

## List Of Tables

### LIST OF TABLES

Table 1. Risankizumab Annual Sales CAGR by Geographic Region (2021, 2025 & 2032) & (\$ millions)

Table 2. Risankizumab Annual Sales CAGR by Country/Region (2021, 2025 & 2032) & (\$ millions)

Table 3. Major Players of Prefilled Syringe

Table 4. Major Players of Prefilled Pen

Table 5. Major Players of Single-Dose Vial

Table 6. Global Risankizumab Sales by Type (2021-2026) & (K Units)

Table 7. Global Risankizumab Sales Market Share by Type (2021-2026)

Table 8. Global Risankizumab Revenue by Type (2021-2026) & (\$ million)

Table 9. Global Risankizumab Revenue Market Share by Type (2021-2026)

Table 10. Global Risankizumab Sale Price by Type (2021-2026) & (US\$/Unit)

Table 11. Major Players of Subcutaneous Administration

Table 12. Major Players of Intravenous Administration

Table 13. Global Risankizumab Sales by Administration (2021-2026) & (K Units)

Table 14. Global Risankizumab Sales Market Share by Administration (2021-2026)

Table 15. Global Risankizumab Revenue by Administration (2021-2026) & (\$ million)

Table 16. Global Risankizumab Revenue Market Share by Administration (2021-2026)

Table 17. Global Risankizumab Sale Price by Administration (2021-2026) & (US\$/Unit)

Table 18. Major Players of Induction Therapy

Table 19. Major Players of Maintenance Therapy

Table 20. Global Risankizumab Sales by Therapy (2021-2026) & (K Units)

Table 21. Global Risankizumab Sales Market Share by Therapy (2021-2026)

Table 22. Global Risankizumab Revenue by Therapy (2021-2026) & (\$ million)

Table 23. Global Risankizumab Revenue Market Share by Therapy (2021-2026)

Table 24. Global Risankizumab Sale Price by Therapy (2021-2026) & (US\$/Unit)

Table 25. Global Risankizumab Sale by Application (2021-2026) & (K Units)

Table 26. Global Risankizumab Sale Market Share by Application (2021-2026)

Table 27. Global Risankizumab Revenue by Application (2021-2026) & (\$ million)

Table 28. Global Risankizumab Revenue Market Share by Application (2021-2026)

Table 29. Global Risankizumab Sale Price by Application (2021-2026) & (US\$/Unit)

Table 30. Global Risankizumab Sales by Company (2021-2026) & (K Units)

Table 31. Global Risankizumab Sales Market Share by Company (2021-2026)

Table 32. Global Risankizumab Revenue by Company (2021-2026) & (\$ millions)

Table 33. Global Risankizumab Revenue Market Share by Company (2021-2026)

|                                                                                          |
|------------------------------------------------------------------------------------------|
| Table 34. Global Risankizumab Sale Price by Company (2021-2026) & (US\$/Unit)            |
| Table 35. Key Manufacturers Risankizumab Producing Area Distribution and Sales Area      |
| Table 36. Players Risankizumab Products Offered                                          |
| Table 37. Risankizumab Concentration Ratio (CR3, CR5 and CR10) & (2024-2026)             |
| Table 38. New Products and Potential Entrants                                            |
| Table 39. Market M&A Activity & Strategy                                                 |
| Table 40. Global Risankizumab Sales by Geographic Region (2021-2026) & (K Units)         |
| Table 41. Global Risankizumab Sales Market Share Geographic Region (2021-2026)           |
| Table 42. Global Risankizumab Revenue by Geographic Region (2021-2026) & (\$ millions)   |
| Table 43. Global Risankizumab Revenue Market Share by Geographic Region (2021-2026)      |
| Table 44. Global Risankizumab Sales by Country/Region (2021-2026) & (K Units)            |
| Table 45. Global Risankizumab Sales Market Share by Country/Region (2021-2026)           |
| Table 46. Global Risankizumab Revenue by Country/Region (2021-2026) & (\$ millions)      |
| Table 47. Global Risankizumab Revenue Market Share by Country/Region (2021-2026)         |
| Table 48. Americas Risankizumab Sales by Country (2021-2026) & (K Units)                 |
| Table 49. Americas Risankizumab Sales Market Share by Country (2021-2026)                |
| Table 50. Americas Risankizumab Revenue by Country (2021-2026) & (\$ millions)           |
| Table 51. Americas Risankizumab Sales by Type (2021-2026) & (K Units)                    |
| Table 52. Americas Risankizumab Sales by Application (2021-2026) & (K Units)             |
| Table 53. APAC Risankizumab Sales by Region (2021-2026) & (K Units)                      |
| Table 54. APAC Risankizumab Sales Market Share by Region (2021-2026)                     |
| Table 55. APAC Risankizumab Revenue by Region (2021-2026) & (\$ millions)                |
| Table 56. APAC Risankizumab Sales by Type (2021-2026) & (K Units)                        |
| Table 57. APAC Risankizumab Sales by Application (2021-2026) & (K Units)                 |
| Table 58. Europe Risankizumab Sales by Country (2021-2026) & (K Units)                   |
| Table 59. Europe Risankizumab Revenue by Country (2021-2026) & (\$ millions)             |
| Table 60. Europe Risankizumab Sales by Type (2021-2026) & (K Units)                      |
| Table 61. Europe Risankizumab Sales by Application (2021-2026) & (K Units)               |
| Table 62. Middle East & Africa Risankizumab Sales by Country (2021-2026) & (K Units)     |
| Table 63. Middle East & Africa Risankizumab Revenue Market Share by Country (2021-2026)  |
| Table 64. Middle East & Africa Risankizumab Sales by Type (2021-2026) & (K Units)        |
| Table 65. Middle East & Africa Risankizumab Sales by Application (2021-2026) & (K Units) |
| Table 66. Key Market Drivers & Growth Opportunities of Risankizumab                      |
| Table 67. Key Market Challenges & Risks of Risankizumab                                  |
| Table 68. Key Industry Trends of Risankizumab                                            |

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| Table 69. Risankizumab Raw Material                                                                                 |
| Table 70. Key Suppliers of Raw Materials                                                                            |
| Table 71. Risankizumab Distributors List                                                                            |
| Table 72. Risankizumab Customer List                                                                                |
| Table 73. Global Risankizumab Sales Forecast by Region (2027-2032) & (K Units)                                      |
| Table 74. Global Risankizumab Revenue Forecast by Region (2027-2032) & (\$ millions)                                |
| Table 75. Americas Risankizumab Sales Forecast by Country (2027-2032) & (K Units)                                   |
| Table 76. Americas Risankizumab Annual Revenue Forecast by Country (2027-2032) & (\$ millions)                      |
| Table 77. APAC Risankizumab Sales Forecast by Region (2027-2032) & (K Units)                                        |
| Table 78. APAC Risankizumab Annual Revenue Forecast by Region (2027-2032) & (\$ millions)                           |
| Table 79. Europe Risankizumab Sales Forecast by Country (2027-2032) & (K Units)                                     |
| Table 80. Europe Risankizumab Revenue Forecast by Country (2027-2032) & (\$ millions)                               |
| Table 81. Middle East & Africa Risankizumab Sales Forecast by Country (2027-2032) & (K Units)                       |
| Table 82. Middle East & Africa Risankizumab Revenue Forecast by Country (2027-2032) & (\$ millions)                 |
| Table 83. Global Risankizumab Sales Forecast by Type (2027-2032) & (K Units)                                        |
| Table 84. Global Risankizumab Revenue Forecast by Type (2027-2032) & (\$ millions)                                  |
| Table 85. Global Risankizumab Sales Forecast by Application (2027-2032) & (K Units)                                 |
| Table 86. Global Risankizumab Revenue Forecast by Application (2027-2032) & (\$ millions)                           |
| Table 87. AbbVie Basic Information, Risankizumab Manufacturing Base, Sales Area and Its Competitors                 |
| Table 88. AbbVie Risankizumab Product Portfolios and Specifications                                                 |
| Table 89. AbbVie Risankizumab Sales (K Units), Revenue (\$ Million), Price (US\$/Unit) and Gross Margin (2021-2026) |
| Table 90. AbbVie Main Business                                                                                      |
| Table 91. AbbVie Latest Developments                                                                                |

## List Of Figures

### LIST OF FIGURES

- Figure 1. Picture of Risankizumab
- Figure 2. Risankizumab Report Years Considered
- Figure 3. Research Objectives
- Figure 4. Research Methodology
- Figure 5. Research Process and Data Source
- Figure 6. Global Risankizumab Sales Growth Rate 2021-2032 (K Units)
- Figure 7. Global Risankizumab Revenue Growth Rate 2021-2032 (\$ millions)
- Figure 8. Risankizumab Sales by Geographic Region (2021, 2025 & 2032) & (\$ millions)
- Figure 9. Risankizumab Sales Market Share by Country/Region (2025)
- Figure 10. Risankizumab Sales Market Share by Country/Region (2021, 2025 & 2032)
- Figure 11. Product Picture of Prefilled Syringe
- Figure 12. Product Picture of Prefilled Pen
- Figure 13. Product Picture of Single-Dose Vial
- Figure 14. Global Risankizumab Sales Market Share by Type in 2026
- Figure 15. Global Risankizumab Revenue Market Share by Type (2021-2026)
- Figure 16. Product Picture of Subcutaneous Administration
- Figure 17. Product Picture of Intravenous Administration
- Figure 18. Global Risankizumab Sales Market Share by Administration in 2026
- Figure 19. Global Risankizumab Revenue Market Share by Administration (2021-2026)
- Figure 20. Product Picture of Induction Therapy
- Figure 21. Product Picture of Maintenance Therapy
- Figure 22. Global Risankizumab Sales Market Share by Therapy in 2026
- Figure 23. Global Risankizumab Revenue Market Share by Therapy (2021-2026)
- Figure 24. Risankizumab Consumed in Plaque Psoriasis
- Figure 25. Global Risankizumab Market: Plaque Psoriasis (2021-2026) & (K Units)
- Figure 26. Risankizumab Consumed in Psoriatic Arthritis
- Figure 27. Global Risankizumab Market: Psoriatic Arthritis (2021-2026) & (K Units)
- Figure 28. Risankizumab Consumed in Crohn's Disease
- Figure 29. Global Risankizumab Market: Crohn's Disease (2021-2026) & (K Units)
- Figure 30. Risankizumab Consumed in Ulcerative Colitis
- Figure 31. Global Risankizumab Market: Ulcerative Colitis (2021-2026) & (K Units)
- Figure 32. Risankizumab Consumed in Other
- Figure 33. Global Risankizumab Market: Other (2021-2026) & (K Units)
- Figure 34. Global Risankizumab Sale Market Share by Application (2025)
- Figure 35. Global Risankizumab Revenue Market Share by Application in 2025

- Figure 36. Risankizumab Sales by Company in 2025 (K Units)
- Figure 37. Global Risankizumab Sales Market Share by Company in 2025
- Figure 38. Risankizumab Revenue by Company in 2025 (\$ millions)
- Figure 39. Global Risankizumab Revenue Market Share by Company in 2025
- Figure 40. Global Risankizumab Sales Market Share by Geographic Region (2021-2026)
- Figure 41. Global Risankizumab Revenue Market Share by Geographic Region in 2025
- Figure 42. Americas Risankizumab Sales 2021-2026 (K Units)
- Figure 43. Americas Risankizumab Revenue 2021-2026 (\$ millions)
- Figure 44. APAC Risankizumab Sales 2021-2026 (K Units)
- Figure 45. APAC Risankizumab Revenue 2021-2026 (\$ millions)
- Figure 46. Europe Risankizumab Sales 2021-2026 (K Units)
- Figure 47. Europe Risankizumab Revenue 2021-2026 (\$ millions)
- Figure 48. Middle East & Africa Risankizumab Sales 2021-2026 (K Units)
- Figure 49. Middle East & Africa Risankizumab Revenue 2021-2026 (\$ millions)
- Figure 50. Americas Risankizumab Sales Market Share by Country in 2025
- Figure 51. Americas Risankizumab Revenue Market Share by Country (2021-2026)
- Figure 52. Americas Risankizumab Sales Market Share by Type (2021-2026)
- Figure 53. Americas Risankizumab Sales Market Share by Application (2021-2026)
- Figure 54. United States Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 55. Canada Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 56. Mexico Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 57. Brazil Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 58. APAC Risankizumab Sales Market Share by Region in 2025
- Figure 59. APAC Risankizumab Revenue Market Share by Region (2021-2026)
- Figure 60. APAC Risankizumab Sales Market Share by Type (2021-2026)
- Figure 61. APAC Risankizumab Sales Market Share by Application (2021-2026)
- Figure 62. China Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 63. Japan Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 64. South Korea Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 65. Southeast Asia Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 66. India Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 67. Australia Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 68. China Taiwan Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 69. Europe Risankizumab Sales Market Share by Country in 2025
- Figure 70. Europe Risankizumab Revenue Market Share by Country (2021-2026)
- Figure 71. Europe Risankizumab Sales Market Share by Type (2021-2026)
- Figure 72. Europe Risankizumab Sales Market Share by Application (2021-2026)
- Figure 73. Germany Risankizumab Revenue Growth 2021-2026 (\$ millions)

- Figure 74. France Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 75. UK Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 76. Italy Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 77. Russia Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 78. Middle East & Africa Risankizumab Sales Market Share by Country (2021-2026)
- Figure 79. Middle East & Africa Risankizumab Sales Market Share by Type (2021-2026)
- Figure 80. Middle East & Africa Risankizumab Sales Market Share by Application (2021-2026)
- Figure 81. Egypt Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 82. South Africa Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 83. Israel Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 84. Turkey Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 85. GCC Countries Risankizumab Revenue Growth 2021-2026 (\$ millions)
- Figure 86. Manufacturing Cost Structure Analysis of Risankizumab in 2026
- Figure 87. Manufacturing Process Analysis of Risankizumab
- Figure 88. Industry Chain Structure of Risankizumab
- Figure 89. Channels of Distribution
- Figure 90. Global Risankizumab Sales Market Forecast by Region (2027-2032)
- Figure 91. Global Risankizumab Revenue Market Share Forecast by Region (2027-2032)
- Figure 92. Global Risankizumab Sales Market Share Forecast by Type (2027-2032)
- Figure 93. Global Risankizumab Revenue Market Share Forecast by Type (2027-2032)
- Figure 94. Global Risankizumab Sales Market Share Forecast by Application (2027-2032)
- Figure 95. Global Risankizumab Revenue Market Share Forecast by Application (2027-2032)

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