



Renal Anemia (US)

OVERVIEW

The management of renal anemia in dialysis patients as well as in those with later stage chronic kidney disease is becoming increasingly complex. In the dialysis setting, clinical management is further complicated by a reimbursement model that treats commonly used therapies like erythropoiesis stimulating agents (ESAs) and iron therapies as cost centers. Novel products in development such as the oral HIF-Ph inhibitors offer a new mechanism approach and may change the treatment paradigm in both the dialysis and CKD-ND settings.

This quarterly report series focuses on tracking key performance metrics for ESAs and iron products (oral iron, IV iron and dialysate iron) in both the dialysis and CKD-ND settings. Emphasis is placed on the growing familiarity with pipeline agents as well as the potential role of Keryx's Auryxia as a treatment for iron-deficiency anemia in non-dialysis patients. The rapid field-to insight turnaround, highly relevant content and unparalleled market understanding make **RealTime Dynamix™** an essential tool for companies with commercial products in the space, those that will soon be launching and those looking for business development opportunities in nephrology.

SAMPLE & METHODOLOGY

Each quarter, ~200 US nephrologists complete an online survey. The respondents are recruited from the Spherix Network, proprietary panel of over 900 US nephrologists. Recruiting is managed to capture a regionally and demographically representative sample.

KEY QUESTIONS ANSWERED

- What shifts are occurring in renal anemia in the dialysis setting and do these changes vary by chains (i.e. DaVita, FMC)?
- How do treatment rates and approaches for ESAs and IV iron differ between dialysis and CKD-ND patients?
- Do nephrologists have a preference for long-acting or short-acting ESAs and what does this mean for biosimilar ESAs coming to market? Will it impact HIF-PH inhibitor adoption?
- What is the market uptake for Rockwell Medical's Triferic?
- Are nephrologists using Auryxia for the dual action of phosphate lowering and improvement in anemia parameters?
- How does in-office infusion for IV iron or stocking of ESAs influence treatment rates and brand preference?
- How does the unmet need for new anemia drugs compare to the unmet need in other areas of nephrology?
- How are nephrologists becoming familiar with the HIF-PH inhibitors, where will these agents likely play and how will they be differentiated from ESAs and from each other?

Products Profiled

Auryxia (Keryx), Mircera (Roche, FMC), Venofer (FMC, generics), Injactafer (Vifor, American Regent, Luitpold), Feraheme (AMAG), Ferrlecit, (Sanofi-Genzyme, generics) Aranesp (Amgen), Epogen (Amgen), Procrit (JNJ), Triferic (Rockwell Medical)

Pipeline: Retacrit (Hospira, VFMCRP), Daprodustat (GSK), Molidustat (Bayer), Roxadustat (AstraZeneca/Fibrogen/Astellas), Vadadustat (Akebia/Otsuka/Mitsubishi)

Key Dates

- Q1 March
- Q2 June
- Q3 September
- Q4 December

Note: a three day embargo is placed on delivery to non-manufacturers allowing clients time to digest the findings before public dissemination

Deliverables

- PowerPoint report
- Frequency Table & Summary Statistics
- On-site presentation
- Proprietary questions (for purchasers of the annual series)

Related Reports 2017

- RealTime Dynamix™ Bone and Mineral US 2017
- RealTime Dynamix™: Renal Anemia EU5
- RealTime Dynamix™: Nurse Practitioners US
- RealWorld Dynamix™: Chronic Kidney Disease US
- RealWorld Dynamix™: Dialysis US
- Market Dynamix™: Renal Anemia

Pricing

- \$26,500 single quarterly wave
- \$89,500 annual series of four reports