Based on a survey of 194 nephrologists surveyed in September, 67% agree that IV iron is inconvenient for CKD-ND patients.

Among the nephrologists already prescribing Auryxia in the CKD-ND population, the majority prescribe it for the dual effects of phosphate lowering and favorable impact on anemia parameters.

"IV iron is inconvenient for CKD non-dialysis patients."

80% of the surveyed nephrologists indicated that the approval of Auryxia in IDA for CKD-ND patients would lead to an increase in their use of the brand.

The challenge for Keryx, beyond the ever-present reimbursement hurdles, will be to distinguish Auryxia as an IDA treatment, independent of its phosphate binder indication in dialysis patients.

Among the nephrologists already prescribing Auryxia in the CKD-ND population, the majority prescribe it for the dual effects of phosphate lowering and favorable impact on anemia parameters.

RealTime Dynamix™: Renal Anemia (US) is a quarterly report series providing insights about the evolving renal anemia market covering both dialysis and CKD-ND settings. Participating nephrologists are recruited from the Spherix Network. For more information contact: info@spherixglobalinsights.com
To Keryx’s advantage is the current level of promotion overall for Auryxia, which reportedly has increased recently and which vastly outpaces that of IV iron brands such as Daiichi-Sankyo/American Regent/Vifor’s Injectafer and AMAG Pharmaceutical’s Feraheme.

There is little to no promotion of oral iron brands, most of which are generic, leaving Keryx an open runway.

Advancing through the pipeline is a new and novel class of oral anemia treatments known as hypoxia inducible factor-1 (HIF) inhibitors. While nephrologists in the trenches are slowly gaining familiarity with this new class, the excitement about a new approach to treating anemia, beyond the traditional ESA and iron combination, is mounting.

“Although the HIF stabilizers hold promise for anemia treatment in patients with CKD and especially those not on hemodialysis, such patients still may require some form of iron supplement once endogenous iron stores are mobilized. Since a significant fraction of CKD-ND patients are actually iron depleted, there may be scant iron stores for a HIF stabilizer to mobilize. Even if HIF stabilizers improve absorption of oral iron, it may not be sufficient to meet the needs of increased erythropoiesis, so the combination of HIF stabilizers and a more bioavailable oral iron supplement may be desirable.”

How will these new agents fit in the renal anemia treatment algorithm? According to Jay Wish M.D., Professor of Clinical Medicine at Indiana University School of Medicine...
**What Else is Happening in Renal?**

Nephrologists report changes in practice/policy/reimbursement issues, shifts in dialysis modality to include more home therapies, the KDIGO update to the CKD-MBD guidelines, introduction of Rayaldee, more Acthar/Rituxan/Injectafer/Allopurinol, SPRINT results, finerenone trial and vascular access advances in addition to the more common changes noted below.

**Most Exciting Thing in Nephrology – Past Six Months: Nephrologists’ Responses**

- “Data has come out that the SGLT-2 inhibitors may be beneficial for diabetic nephropathy.”
- “Evidence that SGLT inhibitors stabilize renal function and have CV benefits. Ability to assign patients with renal anemia to HIF PHI studies.”
- “I think there is an interesting ability to now add on RAAS blockade in patient population that certainly could benefit from it with the use of Veltassa.”
- “I am looking forward to using Parsabiv as I think this will make controlling bone disease much easier.”
- “Bundle changes affecting dialysis companies. Aspects of population nephrology predicting future of renal practice.”
- “Veltassa for hyperkalemia” 25%
- “Parsabiv” 10%
- “SGLT2’s for DN” 5%
- “Iron based phosphate binders” 9%
- “HIF studies (patients enrolled)” 5%
- “I can only think of one specific change and that is dealing with the changes in insurance coverage for my patients.”
- “Elimination of 6 hr "black box" for Veltassa, making 3 hr window for binding drugs - makes hyperkalemia easier to treat. Also, availability locally of injectafer, making iron repletion easier in CKD.”
- “IV calcimimetic was approved by the FDA. I would like to prescribe. However, it’s not on the dialysis unit formulary. The dialysis unit does not know how to bill for it.”
- “Emphasis on more peritoneal dialysis iron based binders with less need for iv iron.”

The Q4 wave of *RealTime Dynamix: Renal Anemia* will be published in December. Spherix also covers the bone and mineral metabolism markets (hyperphosphatemia, SHPT), hyperkalemia markets and diabetic kidney disease, in addition to broad based patient audits of over 1,000 dialysis and chronic kidney disease patients for a more holistic understanding of the treatment patterns and opportunities within these segments.

To order or to get more information, please contact info@spherixglobalinsights.com or call (484) 879-4284
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 an 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?

Related Reports 2017

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