OVERVIEW

Current treatment for renal anemia typically begins with oral iron, graduating to I.V. iron and erythropoietin-stimulating agents (ESAs). Effective management of a chronic kidney disease (CKD) patient's hemoglobin level, especially in dialysis patients, involves a careful balance of ESA and iron therapies. There are a multitude of products in development that will challenge and alter this treatment paradigm: dual-acting Auryxia (approved for hyperphosphatemia and under FDA review for IDA for CKD-ND), ESA biosimilar products and three rapidly advancing HIF-PH inhibitors, a novel class of oral anemia treatments in Phase 3 trials.

Market Dynamix™: Renal Anemia US study combines qualitative feedback from leading opinion leaders with large scale quantitative feedback of "in the trenches" physicians. Additional interviews with both payers and dialysis chain financial analysts are conducted to elucidate how the current treatment patterns may potentially morph.

SAMPLE & METHODOLOGY

Qualitative interviews with peer-nominated anemia KOLs (n=5) will describe the new therapies on the horizon and their perspective on where each will have unique advantages and disadvantages. Qualitative interviews with government/commercial payers (n=8), Medical Directors/CMOs at dialysis units (n=8, stratified for chain), Nephrologists (n=10, balance of those administering ESA/Iron in their private offices and those that refer out) and Primary Care Physicians with high anemia-potential practices (n=10).

An on-line quantitative survey of office-based nephrologists (n=100) and primary care physicians (n=100) is used to ascertain unmet need, patient volume, co-management practice patterns, familiarity with pipeline agents and other anemia management perspectives.

KEY QUESTIONS ANSWERED

- What does the current renal anemia landscape look like for hemodialysis, peritoneal dialysis and CKD-ND? How have practice patterns shifted in the past three years? What are the current controversies?
- For nephrologists in “buy and bill” practices, what are the advantages/disadvantages of office stocking? How would new products be evaluated?
- What are the current unmet needs for renal anemia in the hemodialysis, peritoneal dialysis and CKD-ND markets? What are the limitations of ESAs and iron products?
- What pipeline agents are nephrologists aware of and familiar with?
- How novel are the HIF-PH inhibitors and how are practice patterns expected to shift with their introduction? How will the various HIF compounds be differentiated from each other – i.e. which clinical trial endpoints are most desired? How should these companies be thinking about contracting and payer strategies in the dialysis and CKD setting? How might PCP treatment of anemia shift once oral options become available?
- Where are biosimilar ESAs expected to compete?
- With an indication for iron-deficiency anemia in CKD-ND, where might phosphate binder Auryxia fit in the treatment paradigm?