Preferred but Restricted: Impact of the End Stage Renal Disease Bundle on Dialysis Treatment

Stephanie Tomazin, Shaunna Newton, Kari McCarthy

Background:

The inclusion of various agents in the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) bundle has introduced new reimbursement, formulary, and committee-oversight dynamics for treatment in dialysis. Understanding nephrologists' experiences with these factors can illustrate how clinical preference, patient access, and economic pressures interact within the context of the bundle.

Methods:

An online survey of 150 US nephrologists assessed treatment patterns in hemodialysis (HD) and peritoneal dialysis (PD), including use of calcimimetics, and physician attitudes toward use of different agents under the ESRD bundle.

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Acknowledgments:

The Spherix Global Insights team wishes to express our appreciation to the nephrologists who participated in this research.

Figure 1

Current Calcimimetic Share vs. Preference Share

% of calcimimetic-treated HD patients

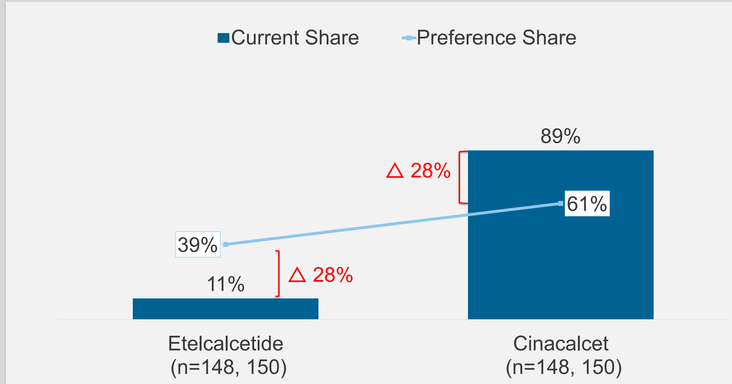


Figure 2

Statement Agreement

% of respondents

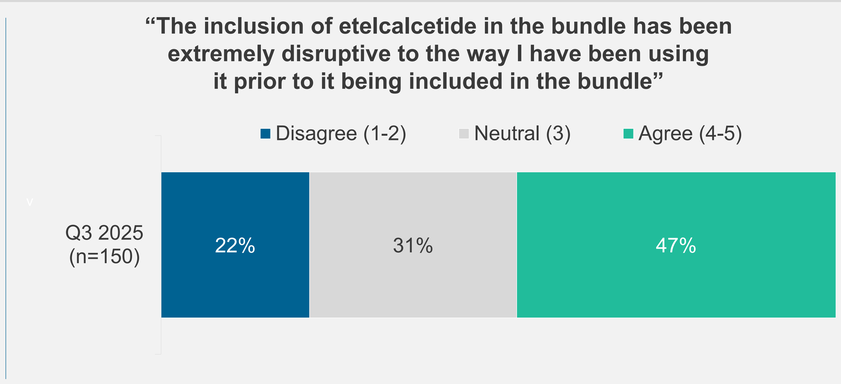


Figure 3

Etelcalcetide Use

(n=148)

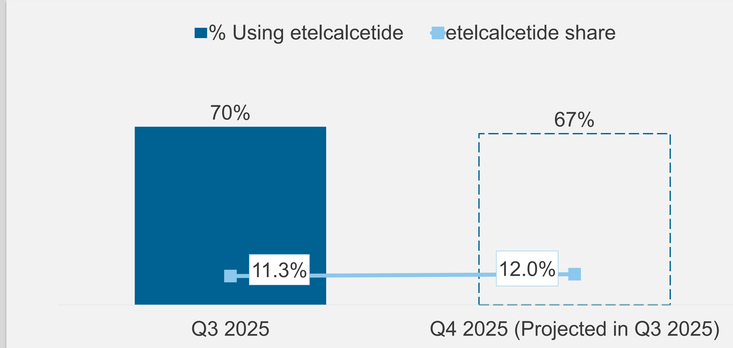


Figure 4

Cinacalcet Current Share vs. Anticipated Share

% of calcimimetic-treated HD patients

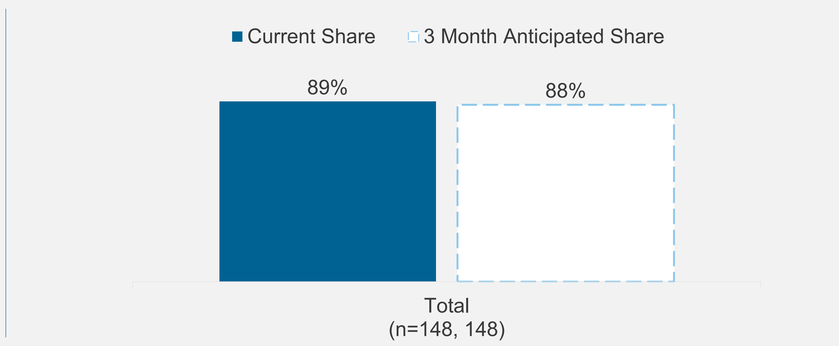


Figure 5

Patient Criteria for Access to Etelcalcetide

% of respondents (n=150)

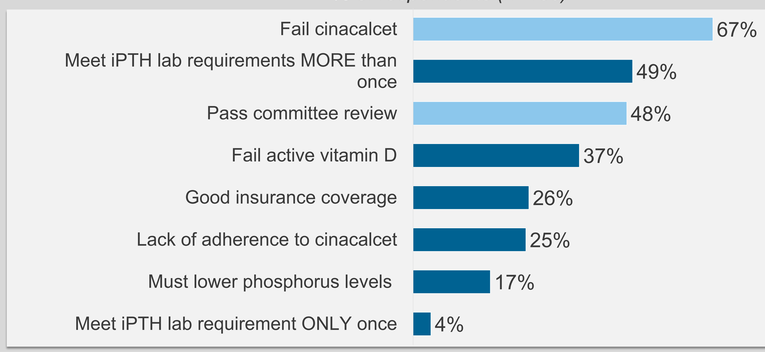
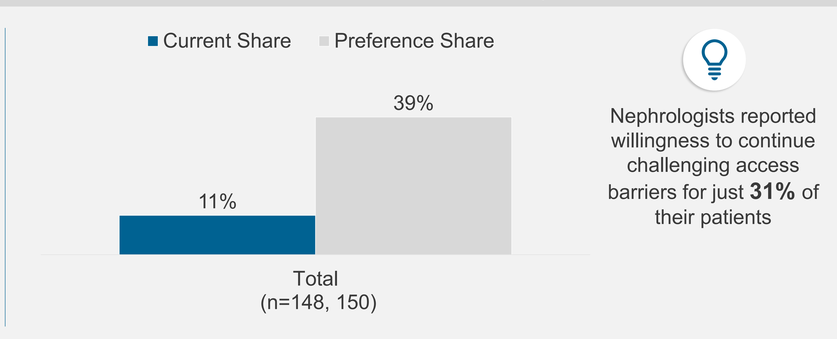


Figure 6

Etelcalcetide Current Share vs. Preference Share

% of calcimimetic-treated HD patients



Results:

Despite widespread prescriber preference for specific therapies, physicians indicated that patient share for some therapies had declined following their inclusion in the ESRD PPS bundle (Fig. 1-2). One example of this phenomenon is in etelcalcetide patient share, which is expected to stabilize near 12% among calcimimetic-treated HD patients with no recovery anticipated, while cinacalcet continues to dominate calcimimetic use (Fig. 3-4). Two-thirds of nephrologists reported that patients must first fail oral cinacalcet to gain access to etelcalcetide, and many described increased committee review and oversight of IV calcimimetic use under the bundle, noting that use of their use of etelcalcetide would require not only clinician support but committee-level strategy (Fig. 5). Many nephrologists also stated they would use etelcalcetide three to four times more often than they currently do if restrictions were removed, yet on average they were willing to continue challenging access barriers for only 31% of the patients they believe should receive etelcalcetide (Fig 6).

Conclusion:

US-based nephrologists describe a pronounced gap between their preferred use of medications for their ESRD patients and what they can realistically deliver under the ESRD bundle, with administrative barriers driving use of various agents down despite interest in them. These findings indicate that the central challenge is not awareness or clinical interest, but bundle-driven restrictions and center-level protocols and highlight clear opportunities to refine access strategies to align with physicians' clinical priorities.

Disclosures:

Stephanie Tomazin, Shaunna Newton and Kari McCarthy are employees of Spherix Global Insights, an independent market intelligence firm and have received no industry funding to conduct and report on this study.

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