**Supplemental Data**

**Historical intravenous epoetin alfa dose[a]**

| Average Epoetin Alfa Dose (units per session)[b] | Hemoglobin (g/dL) |
|---|---|
| >4000 and ≤6000 | ≥8.0 and ≤9.5 |
| >6000 and ≤8000 | ≥8.0 and ≤10.0 |
| >8000 and ≤10000 | ≥8.0 and ≤10.5 |
| >10000 | ≥8.0 and ≤11.0 |

[a]For inclusion, subjects' historical intravenous epoetin alfa dose and hemoglobin levels must be within these ranges for three 4-week periods for a total of 12 weeks concluding within the 2 weeks prior to Week −4.

[b]Total cumulative epoetin dose administered at all hemodialysis sessions over 4 weeks divided by the number of hemodialysis sessions attended

**Stopping Criteria**

**Liver**

1. ALT ≥ 3×ULN and bilirubin ≥ 2×ULN (>35% direct bilirubin) (or ALT ≥ 3×ULN and INR >1.5, if INR measured).

NOTE: if serum bilirubin fractionation is not immediately available, withdraw study drug for that subject if ALT ≥ 3×ULN and bilirubin ≥2×ULN. Serum bilirubin fractionation should be performed if testing is available.

2. ALT ≥ 5×ULN.

3. ALT ≥ 3×ULN if associated with symptoms (new or worsening) believed to be related to hepatitis (such as fatigue, nausea, vomiting, right upper quadrant pain or tenderness, or jaundice) or believed to be related to hypersensitivity (such as fever, rash or eosinophilia).

4. ALT ≥ 3×ULN persists for ≥4 weeks

5. ALT ≥ 3×ULN and cannot be monitored weekly for 4 weeks