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Intravenous Epoetin Alfa-epbx versus Epoetin Alfa for Treatment of Anemia in End-Stage Kidney Disease

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Supplemental Data

Supplemental Table 1. Assessment of iron status and IV iron supplementation

| Iron status | Recommendation or IV iron supplementation ^a |
|--|--|
| TSAT >20% and plasma ferritin \geq 100 μ g/l | 25–100 mg once weekly |
| TSAT \leq 20% and/or plasma ferritin <100 μ g/l | 100–125 mg at every hemodialysis for 10 or 8 doses, respectively. If no change in iron status, another course of iron was recommended. |
| TSAT >20% and plasma ferritin \geq 100 μ g/l, yet hemoglobin level <9.0 g/dl; or patients requiring comparatively large doses of epoetin to maintain a hemoglobin level of 9.0–11.0 g/dl | Reason for no or low response (<i>e.g.</i> , occult intestinal blood loss or increased CRP) should have been assessed |

^a Prior to initiating IV iron (*i.e.*, dextran or gluconate) therapy, a one-time test dose of 25 mg should have been given IV, in order to assess the potential for an allergic reaction. If no immediate allergic reaction occurred, then subsequent routine doses could be given without a test dose. The exact administration of IV iron should have been performed according to the prescribing information and formulation used.

CRP, C-reactive protein; IV, intravenous; TSAT, transferrin saturation.

Supplemental Table 2. Prior and concomitant medications^a

| ATC 2 term | Epoetin alfa-epbx <i>n</i> =306 | Epoetin alfa <i>n</i> =306 |
|---------------------------------------|------------------------------------|-------------------------------|
| Prior medication, <i>n</i> (%) | | |
| Anti-hypertensive agents ^b | 263 (86) | 279 (91) |
| Anti-thrombotic agents | 212 (69) | 198 (65) |
| Vitamins | 205 (67) | 224 (73) |
| Anti-anemic preparations | 187 (61) | 190 (62) |
| Lipid-modifying agents | 149 (49) | 172 (56) |
| Analgesics | 136 (44) | 124 (41) |
| Drugs used in diabetes | 123 (40) | 139 (45) |
| Drugs for acid-related disorders | 119 (39) | 125 (41) |
| Concomitant medication, <i>n</i> (%) | | |
| Anti-hypertensive agents ^b | 265 (87) | 280 (92) |
| Anti-anemic preparations | 224 (73) | 219 (72) |
| Vitamins | 208 (68) | 232 (76) |
| Anti-thrombotic agents | 206 (67) | 202 (66) |
| Analgesics | 172 (56) | 170 (56) |
| Lipid-modifying agents | 147 (48) | 176 (58) |
| Drugs for acid-related disorders | 132 (43) | 140 (46) |
| Drugs used for diabetes | 125 (41) | 139 (45) |

^a Analyses for prior and concomitant medications were performed on the ITT population.

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^b Prior and concomitant medications with known therapeutic utility as anti-hypertensive agents were grouped with World Health Organization Drug Dictionary Enhanced (Version 2012 Mar 01 DDE) using ATC classification level 2 and 4 grouping of selected medications to ensure capture of anti-hypertensive classes including, but not limited to: diuretics; beta blockers; alpha-beta blockers; calcium channel blockers; agents acting on renin-angiotensin-aldosterone system, including angiotensin converting enzyme inhibitors and angiotensin receptor blockers; vasodilators; centrally acting sympatholytic agents; and other selected agents with anti-hypertensive action.

ATC, Anatomical-therapeutic-chemical classification; ITT, intent-to-treat.