Table S1. Common concomitant medications[a]

ATC 2 term, n (%)	Epoetin alfa-epbx n=122	Epoetin alfa n=122
Anti-hypertensive agents[b]	114 (93.4)	107 (87.7)
Calcium homeostasis	96 (78.7)	98 (80.3)
Vitamins	86 (70.5)	86 (70.5)
Anti-anemic preparations	85 (69.7)	71 (58.2)
Drugs for treatment of hyperkalemia and hyperphosphatemia	83 (68.0)	74 (60.7)
Anti-thrombotic agents	82 (67.2)	92 (75.4)
Analgesics	80 (65.6)	74 (60.7)
Lipid-modifying agents	64 (52.5)	70 (57.4)
Mineral supplements	58 (47.5)	60 (49.2)
Drugs used for diabetes	55 (45.1)	59 (48.4)
Drugs for acid-related disorders	55 (45.1)	55 (45.1)
Antibacterials for systemic use	38 (31.1)	27 (22.1)
Psycholeptics	38 (31.1)	34 (27.9)
Blood substitutes and perfusion solutions	32 (26.2)	41 (33.6)

[a] Analyses for concomitant medications are reported for the safety population for the maintenance phase.

[b] 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 levels 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.

Table S2. Treatment-emergent adverse events occurring in ≥5% of patients in either treatment group during the titration phase

Preferred term	**Epoetin alfa-epbx** **n=80**	**Epoetin alfa** **n=86**
Any treatment-emergent AE, n (%)	45 (56.3)	54 (62.8)
Headache	4 (5.0)	4 (4.7)
Arteriovenous fistula site complication	4 (5.0)	3 (3.5)
Procedural hypotension	5 (6.3)	2 (2.3)
Hyperkalemia	5 (6.3)	1 (1.2)
Muscle spasms	0	5 (5.8)
Dizziness	4 (5.0)	0
Eosinophil count increased	4 (5.0)	0

AE, adverse event.

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	p. 1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	p. 2
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	p. 4-5
	2b	Specific objectives or hypotheses	p. 5
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	p. 6-7, and Figure 1
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	
Participants	4a	Eligibility criteria for participants	p. 5-6
	4b	Settings and locations where the data were collected	p. 6
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	p. 6-8, and Figure 1
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	p. 8-10
	6b	Any changes to trial outcomes after the trial commenced, with reasons	
Sample size	7a	How sample size was determined	p. 9
	7b	When applicable, explanation of any interim analyses and stopping guidelines	N/A
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	p. 7
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	p. 7-8
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	p. 7-8

Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	p. 6 (double-blind)
	11b	If relevant, description of the similarity of interventions	
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	p. 9-10
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	p. 9 (sensitivity analysis)
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	p. 11, and Figure 2
	13b	For each group, losses and exclusions after randomisation, together with reasons	Figure 2
Recruitment	14a	Dates defining the periods of recruitment and follow-up	p. 7
	14b	Why the trial ended or was stopped	N/A
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Table 1
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	p. 11 and Tables 1-4
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	p. 12, Table 2, and Figure 3
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	N/A
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	p. 12 (sensitivity analysis)
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	p. 13-15, Tables 3 and 4, and Figure 4
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	p. 17
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	p. 15-18
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	p. 15-18
Other information			
Registration	23	Registration number and name of trial registry	p. 2 (abstract) and 6
Protocol	24	Where the full trial protocol can be accessed, if available	

Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	p. 8, and 18-19

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.