



# PIPELINE INSIGHTS REPORT

## DRUGS TO WATCH



### **Kerendia<sup>®</sup> (finerenone).** Approved July 9, 2021.

Kerendia treats patients with chronic kidney disease and type 2 diabetes mellitus. In trials, Kerendia was effective for delaying the progression of chronic kidney disease and reducing risk for cardiovascular damage in participants with type 2 diabetes. Kerendia will compete against comparatively inexpensive existing generic drugs.



### **Atogepant (*Brand Name: To be determined*).** Expected FDA decision Q3 2021.

Atogepant is for the prevention of episodic and chronic migraine in adults.

Atogepant will enter a crowded market, competing with at least six other drugs with a similar mechanism of action, and others as well. While it is difficult to compare across clinical trials, atogepant does appear to have similar or slightly better efficacy than similar products. Most of the older oral alternatives (e.g., beta blockers) are available generically and are comparatively inexpensive.

See “Industry Trend to Watch” in the full Insights Report for more about these first-in-class treatments. Both work along similar pathways and may eventually have overlapping indications.



### **Bylvay<sup>™</sup> (odevixibat).** Approved July 20, 2021.

Bylvay treats symptoms associated with progressive familial intrahepatic cholestasis (PFIC).



### **Maralixibat (*Brand Name: To be determined*).** Expected FDA decision September 29, 2021.

Maralixibat is for the treatment of Alagille Syndrome (ALGS), a rare genetic disorder.

Both PFIC and Alagille Syndrome prevent the liver from working properly, leading to progressive liver disease and potentially to liver failure. There are high unmet needs for effective treatments for both conditions. These drugs would be first-in-class and are expected to have high prices given the rarity of the diseases.