Tezepelumab *(Brand Name to be determined.)*  
Expected FDA decision: 1Q 2022.

Tezepelumab is in development for treatment of patients with severe asthma. Tezepelumab works to block specific molecules that play a key role in airway inflammation. Blocking these molecules may prevent asthma exacerbations.

Tezepelumab would be competing with well-established treatments, including several biologic options. With a broad indication, tezepelumab could be used in a large target population.

No prices have been announced. For reference, the cost for an expected competitor (Dupixent®/dupilumab) is approximately $41,000 per year.

Cabotegravir *(Brand name to be determined.)*  
Expected FDA decision: January 24, 2022.

Cabotegravir is for pre-exposure prophylaxis (PrEP) of HIV-1 infection in at-risk individuals. Cabotegravir is given every two months instead of daily pills with exiting PrEP treatments (Truvada® or Descovy®). In trials the longer dosing cycle led to a higher rate of compliance and superior outcomes vs. Truvada.

Still, Truvada and Descovy are far less expensive, well-established PrEP treatments that are highly effective when taken as directed. Generic forms of Truvada are now available for under $600 per year.

Vadadustat *(Brand Name to be determined.)*  
Expected FDA decision: March 29, 2022.

Vadadustat is in development for treatment of anemia, a complication associated with chronic kidney disease (CKD). Vadadustat mimics the natural adaptation in high-altitude populations living with chronic low oxygen levels. Triggering this response helps increase red blood cells and hemoglobin levels.

Vadadustat provided similar improvements in hemoglobin in both dialysis and non-dialysis dependent patients. It would offer an oral alternative to injectable products.

Possible safety concerns could limit use to dialysis-dependent CKD. Since only a fraction of the CKD population is dialysis dependent, this would significantly limit the market potential for vadadustat.