

ZS Pharma

(ZSPH-NASDAQ)

Stock Rating: Outperform Industry Rating: Outperform

Top 10 Takeaways From BMO Doctor Panel on Novel Treatments in Hyperkalemia

Event

In this note we highlight the top 10 takeaways from a conference call we hosted this week on new treatments in hyperkalemia (high potassium), including ZS Pharma's ZS-9 and Relypsa's Patiromer. On the call, we had a panel of doctors: Dr. Mikhail Kosiborod (Cardiologist, Saint Luke's Mid America Heart Institute), Dr. Stuart Linas (Chief of Nephrology, Denver Health Medical Center), and Dr. Peter McCullough (Cardiologist, Baylor Heart and Vascular Institute).

Impact & Analysis

Our expert physician panel's comments were mostly balanced and measured, except when asked to predict the market share ZS-9 and Patiromer would have a few years after launch: the doctors predicted ZSPH's ZS-9 would have 75%-80% share. They noted the importance of quick onset of action in acute treatment, and highlighted ZS-9's speed. We do not want to overestimate their enthusiasm, but note that, if it is correct, it would represent significant upside to our current assumptions. The panel did not see any major approvability risk for either drug.

Valuation & Recommendation

We believe that ZSPH is a compelling investment at the current valuation. While their approval may be a year or so away (the NDA filing is imminent), we believe their data is robust and that over time, ZS Pharma's market cap (currently \$996 million) will match or exceed Relypsa (\$1.3 billion). We have updated our model following the company's recent secondary offering and updated our DCF, moving to a 2015 base year. Our DCF-derived price target remains \$54.00.

May 1, 2015

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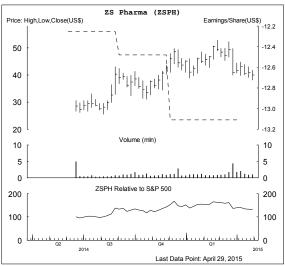
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 Price (30-Apr)
 \$38.07
 52-Week High
 \$52.80

 Target Price
 \$54.00
 \$2-Week Low
 \$25.51



(FY-Dec.)	2013A	2014A	2015E	2016E	
EPS	- \$21.84	- \$5.47	- \$2.78↑	- \$2.63↑	
P/E			na	na	
CFPS	na	- \$4.85	- \$3.64	- \$0.30	
P/CFPS			na	na	
Rev. (\$mm)	\$0	\$0	\$0	\$17	
EV	na	\$1,021	\$1,168	\$1,168	
EBITDA (\$mm)	-\$32	-\$59	-\$66	-\$63	
EV/EBITDA	na	na	na	na	
Quarterly EPS	Q1	Q2	Q3	Q4	
2013A	na	na	na	na	
2014A	-\$6.60	-\$4.72	-\$0.81	-\$0.98	
2015E	-\$0.66↑	-\$0.66	-\$0.73↑	-\$0.73↑	
Dividend	\$0.00	Yield		0.0%	
Book Value	\$1.16	Price/Book		32.8x	
Shares O/S (mm)	20.8	Mkt. Ca	Mkt. Cap (mm)		
Float O/S (mm)	20.2	Float Ca	\$769		
Wkly Vol (000s)	1,026	Wkly \$ \	Wkly \$ Vol (mm)		
Net Debt (\$mm)	-\$92	Next Re	na		

Notes: All values in US\$

First Call Mean Estimates: ZS PHARMA INC (US\$) 2015E: -\$3.61; 2016E: -\$4.89

Changes

Annual EPS 2015E -\$2.85 to -\$2.78 2016E -\$2.66 to -\$2.63 Quarterly EPS Q1/15E -\$0.72 to -\$0.66 Q3/15E -\$0.74 to -\$0.73 Q4/15E -\$0.74 to -\$0.73

Top 10 Takeaways: Hyperkalemia Doctor Panel

We hosted a panel of key opinion leaders, and the following are what we consider to be the top 10 key takeaways from the call:

- 1. There are two main ways hyperkalemia presents: in the emergency room or hospital setting, where it is usually severe and in need of immediate acute treatment, and in a less severe setting, where patients with chronic kidney disease or with heart failure need chronic treatment to maintain normal potassium levels.
- 2. The doctors on our panel believe the use of ZS-9 and Patiromer would likely increase the use of these life-saving treatments. Doctors are currently limiting their use of important medications (such as RAAS-inhibitors and mineralocorticoid-receptor blockers) because these medications can lead to hyperkalemia. ZS-9 and Patiromer have both shown they can effectively reduce potassium levels as well as maintain normal potassium levels over time.
- 3. The physicians on our panel highlighted the likelihood that kayexalate will exit the market once ZS-9 and Patiromer enter. The current standard of care, kayexalate, is not only limited in its efficacy and leads to significant GI side effects, but it has not been tested in clinical trials. Furthermore, the FDA has actually advised against prescribing kayexalate in the form most physicians prescribe it for hyperkalemia, alongside sorbitol, because of the potential for the concomitant use to cause intestinal necrosis, which could be fatal. No physician wants to take the unnecessary risk of fatal complications from an untested and advised-against treatment.
- 4. **Doctor comments that ZS Pharma has the more robust data set.** Based on number of patients exposed to treatment, our panel noted ZS Pharma has conducted a much more extensive clinical development program when compared with Relypsa's. According to the panel, ZS Pharma will have more than 1,400 patients exposed to ZS-9 when its NDA is filed with the FDA, which is due to happen any day now, while Relypsa has approximately 300 patient exposures in its FDA briefing document according to the panel.
- 5. The panel agreed the majority, if not all, acute treatment for hyperkalemia will eventually transition to ZS-9 based on fast onset of action. Our panel of physicians called attention several times to the data that shows ZS-9 reliably and effectively begins working within one hour, and brings 80% of patients into normal potassium levels within four hours. They noted the dire importance of a quick onset in situations where patients' potassium levels are severely high and could lead to cardiac arrest and death if not treated immediately. Patiromer is not as highly selective for potassium as ZS-9 and therefore does not begin to absorb high levels of potassium until it reaches the high concentration in the colon, which can take hours.
- 6. **A hidden upside ZS-9 prevents acidosis?** Although the clinical significance has not yet been tested, our physician panel noted the data so far shows ZS-9 raised the bicarbonate levels in patients' blood, which lowers the acidity of the blood. Acidosis is known to increase the progression of kidney disease, so protecting against it by

increasing bicarbonate levels with ZS-9 could potentially delay the progression of chronic kidney disease and delay heart failure.

- 7. **Side effect profile is favorable for ZS Pharma's ZS-9.** The panel noted the data shows higher instances of GI side effects in patients treated with Patiromer than those treated with ZS-9. The panel noted the presentation of these side effects may lead to some physicians switching their chronic patients to ZS-9 from Patiromer, although they noted that, if they were well controlled, switching may not happen dramatically, although it may drive new starts to ZS-9. However, in the acute setting, the doctors seemed to favor ZS-9's side effect profile.
- 8. **ZS-9** will claim the majority of the hyperkalemia market. Our panel suggested that if price, coverage, and ease of prescription are similar between ZS-9 and Patiromer, the market will likely go mostly to ZS-9. While acute treatment will nearly all go to ZS-9, the panel noted overall chronic and acute use will be approximately 75%-80% ZS-9 and the rest will be left to Patiromer. The panel noted that, while there will be a portion of doctors who do not adopt novel treatments quickly, the likelihood is that eventually kayexalate will be abandoned by physicians and exit the market.
- 9. ZS-9 will benefit from the current healthcare trend of reducing invasive treatments and preventing avoidable hospitalization. The current standard of care for patients with severely high potassium levels is expensive and is invasive dialysis to remove the potassium from the blood or hospitalization to treat with kayexalate. ZS-9 presents an alternative to a significant cost burden in the CNS space in that it prevents hospitalization and reduces the need for emergent dialysis. Our panel noted there is high potential the majority of acute treatment of severe hyperkalemia will move to an outpatient setting due to ZS-9.
- 10. Our conviction that ZS-9 is the drug to beat in hyperkalemia is stronger than ever. Our discussion with our expert physician panel further strengthened our confidence in ZS-9 as the drug to beat in the hyperkalemia market. If approved, Relypsa's Patiromer could have nearly a year head start, and the advantage of being the first mover. That said, we believe the profile of ZS-9, especially the fast onset and strong efficacy, will tip the balance in ZS Pharma's favor over time.

Model Changes

We have updated our model following the filing of the company's 10-K, as well as the completion of the secondary offering in which the company sold approximately 4 million shares at \$46.25 a share, resulting in aggregate proceeds to the company of approximately \$185.7 million. We have also changed our DCF to a 2015 base year and lowered our discount rate to 10% from 12% to account for what we now consider to be a lowered risk profile given the recent secondary that should provide enough cash through the launch, and the recent data, which provides confidence in the drug's profile. We note to investors that we are not yet attributing any value in our valuation for ex-US rights, which could be sizable, and our terminal multiple remains 8x, even though sector averages are substantially higher. Our DCF-derived price remains \$54. Our new EPS estimates are listed in Exhibit 1.

Exhibit 1: ZSPH EPS Estimates

	2015	2016	2017	2018
BMO New	(\$2.78)	(\$2.63)	\$0.17	\$3.23
BMO Previous	(\$2.85)	(\$2.66)	\$0.18	\$3.30
Consensus	(\$4.89)	(\$0.65)	\$4.83	\$11.25

Source: Company Reports, BMO Capital Markets

Companies mentioned (priced as of the close on April 30, 2015):

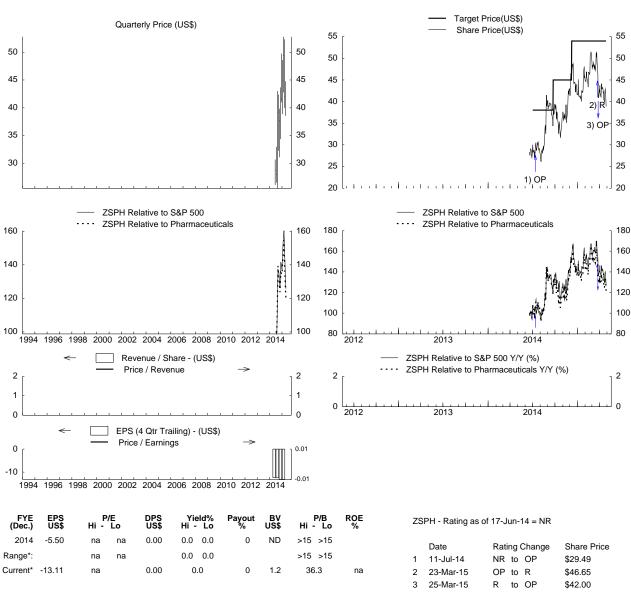
Relypsa (RLYP \$28.93, Not Rated)

Exhibit 2: ZSPH Income Statement (\$ in millions, except per share data)

ZS Pharma Income Statement	2014A	2015E	2016E	2017E	2018E	2019E	2020E
Total revenues	\$0.0	\$0.0	\$17.4	\$136.4	\$269.0	\$392.4	\$481.9
% growth					97.3%	45.9%	22.8%
COGS	\$0.0	\$0.0	\$3.5	\$27.0	\$46.1	\$54.5	\$65.9
COGS as % of US sales			20.0%	20.0%	18.0%	15.0%	15.0%
Gross profit	\$0.0	\$0.0	\$13.9	\$109.4	\$222.9	\$337.9	\$416.1
Gross margin			80.0%	80.2%	82.9%	86.1%	86.3%
R&D	\$45.6	\$36.0	\$20.0	\$20.2	\$25.6	\$36.3	\$41.7
R&D as % of US sales			114.9%	15.0%	10.0%	10.0%	9.5%
S&M	\$0.0	\$12.0	\$33.0	\$45.9	\$64.1	\$80.0	\$91.1
S&M as % of US sales			189.5%	34.1%	25.0%	22.0%	20.8%
G&A	\$14.9	\$20.0	\$20.0	\$24.0	\$10.3	\$14.5	\$17.6
G&A as % of US sales			114.9%	17.8%	4.0%	4.0%	4.0%
Royalties			\$5.8	\$12.2	\$21.2	\$31.8	\$43.6
Operating profit	(\$60.5)	(\$68.0)	(\$64.8)	\$7.1	\$101.8	\$175.2	\$222.0
Operating margin				5.2%	37.8%	44.7%	46.1%
Interest expense (income)	(\$0.1)	\$0.8	\$0.8	\$0.8	\$0.8	\$0.8	\$0.8
Other expense (income)	\$3.6	\$1.0	\$1.0	\$1.0	\$1.0	\$1.0	\$1.0
Pretax income	(\$64.0)	(\$69.8)	(\$66.6)	\$5.3	\$100.0	\$173.4	\$220.3
Pretax margin				3.9%	37.2%	44.2%	45.7%
Taxes	\$0.0	\$0.0	\$0.0	\$0.8	\$15.0	\$26.0	\$66.1
Tax rate	0.0%	0.0%	0.0%	15.0%	15.0%	15.0%	30.0%
Net income	(\$64.0)	(\$69.8)	(\$66.6)	\$4.5	\$85.0	\$147.4	\$154.2
Preferred stock accretion	(\$0.3)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Net income to common stockholders	(\$64.4)	(\$69.8)	(\$66.6)	\$4.5	\$85.0	\$147.4	\$154.2
Net margin				3.3%	31.6%	37.6%	32.0%
Shares out (diluted)	11.8	25.1	25.4	26.3	26.3	26.3	26.4
Earnings per share	(\$5.47)	(\$2.78)	(\$2.63)	\$0.17	\$3.23	\$5.60	\$5.85

Source: Company Reports, BMO Capital Markets

ZS Pharma (ZSPH)



Last Price (April 27, 2015): \$38.87 Sources: IHS Global Insight, Thomson Reuters, BMO Capital Markets.

^{*} Current EPS is the 4 Quarter Trailing to Q4/2014.
* Valuation metrics are based on high and low for the fiscal year.
* Range indicates the valuation range for the period presented above.

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	Lating Itegory	BMO Rating	BMOCM US Universe*	BMOCM US IB Clients**	BMOCM US IB Clients***	BMOCM Universe***	BMOCM IB Clients****	Starmine Universe
	Buy	Outperform	43.7%	18.6%	58.2%	42.7%	55.5%	54.1%
I	Hold	Market Perform	51.4%	10.4%	38.5%	52.1%	41.9%	40.5%
	Sell	Underperform	4.9%	9.4%	3.3%	5.2%	2.6%	5.5%

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