



## **Ardelyx**

## **Gut reaction is positive**

Phase IIb data in constipation-IBS for phosphate-sodium absorption inhibitor tenapanor was positive at the highest dose and a decision to proceed to Phase III is expected by year end. Further data will be presented at the Digestive Disease Week meeting in May 2015. Data from Phase II trials in other key indications, which would significantly expand the market opportunity for tenapanor, are expected in Q115 (ESRD) and H215 (CKD) and could provide positive momentum. A replacement for CSO Dominique Charmot, who steps down at year end, is also awaited.

## Tenapanor in IBS encouraging, further data in 2015

Ardelyx's platform designs and rapidly screens first-in-class, non-systemically absorbed small molecule therapeutics for diseases that involve specific gastrointestinal receptors. Tenapanor is the lead candidate in the NHE3 (a sodium transporter) inhibitor programme, which was licensed worldwide to AZN in 2012. Last month saw positive Phase IIb data in constipation-predominant irritable bowel syndrome (IBS-C) at the 50mg dose (5-20mg doses missed the primary endpoint) and Ardelyx is meeting with partner AZN to decide the next steps. Tenapanor's lead indication is the treatment of hyperphosphatemia in end-stage renal disease (ESRD), where it is in Phase IIb trials (data Q115). It is also being studied in chronic kidney disease (CKD) in type 2 diabetes (Phase IIa data H215).

## GI receptor mining could prove to be a rich seam

Tenapanor potentially has the advantages of lower pill burden, lower side effects and improved compliance compared to phosphate binders currently used in hyperphosphataemia. Around 700,000 ESRD patients on dialysis take phosphate binders in the US, Europe and Japan, and Ardelyx estimates the market could reach \$2.3bn by 2015. There are larger numbers of diabetic patients with late-stage CKD (1.8m patients in US, 2.3m Europe/Japan), though phosphate binders are not approved for CKD in the US.

## Valuation: Unlocking further value in 2015

Ardelyx's EV is c \$282m, including cash of \$112m as of end-September. The stock has risen c 50% from its \$14 IPO price in June 2014, mainly driven by positive IBS-C data for tenapanor. As part of the \$870m deal with AZN, Ardelyx could earn a further \$70m in development milestones in 2015 for tenapanor, on top of the \$75m received to date. The deal also potentially gives Ardelyx high single-digit to high-teens royalties on sales and the right to co-promote in the US.

Consensus forecasts							
Year end	Revenue (\$m)	PBT (\$m)	EPS (\$)	DPS (\$)	P/E (x)	Yield (%)	
12/12	5.4	(9.8)	(11.32)	0.0	N/A	N/A	
12/13	28.9	(6.4)	(5.82)	0.0	N/A	N/A	
12/14e	34.9	1.3	0.10	0.0	213.0	N/A	
12/15e	74.2	22.4	1.61	0.0	13.2	N/A	

Source: Company reports, Bloomberg

### Pharma & biotech

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### **Business description**

Ardelyx, founded in 2007 and based in Fremont CA, is a clinical-stage biopharmaceutical company focused on the discovery and development of minimally-systemic, small molecule drugs that work exclusively in the gastrointestinal (GI) tract to treat cardio-renal, GI and metabolic diseases. It has collaborations with AstraZeneca (tenapanor in Phase II in three indications) and Sanofi (in preclinical).

### Bull

- Two partnered programmes validate the ability of ARDX's technology to generate GI drugs.
- Hyperphosphataemia treatment market offers a significant opportunity to drugs with improved side-effect and compliance profiles.
- Q314 cash of \$112m covers current operating burn for c five years.

### Bear

- AZN may decide not to continue developing specific indications of tenapanor; a decision on IBS-C is expected by end 2014.
- Over-dependence on AZN and Sanofi until own pipeline matures or additional partners acquired.
- Tenapanor will face competition in ESRD and CKD treatment, including that from existing phosphate binders (generic sevelamer launched April 2014) and those in development (eg Keryx's Zerenex).

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