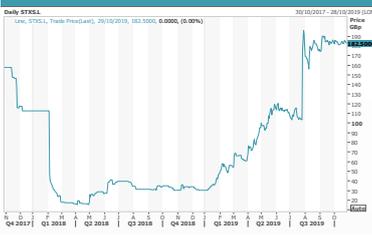




## Pharmaceuticals &amp; Biotechnology



Source: Refinitiv

## Market data

EPIC/TKR	STX
Price (p)	182.5
12m High (p)	202
12m Low (p)	28
Shares (m)	117.2
Mkt Cap (£m)	213.9
EV (£m)	204.2
Free Float*	33%
Market	AIM

\*As defined by AIM Rule 26

## Description

Shield Therapeutics is a commercial-stage pharmaceutical company delivering innovative specialty pharmaceuticals that address patients' unmet medical needs, with an initial focus on anaemia associated with renal and gastrointestinal disorders.

## Company information

CEO	Carl Sterritt
CFO	Tim Watts
Chairman	James Karis

+44 207 186 8500

[www.shieldtherapeutics.com](http://www.shieldtherapeutics.com)

## Key shareholders

Directors	9.0%
W. Health	47.8%
MaRu AG	10.7%
R. Griffiths	6.8%
C. Schweiger	4.8%
USS	4.4%

## Diary

4Q'19E	Accrufer deal
Apr'20	2019 final results
Mid-2020	Accrufer launch

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## SHIELD THERAPEUTICS

## More choice for clinicians and patients

Shield Therapeutics (STX) is a commercial-stage company delivering specialty products that address unmet medical needs, with an initial focus on treating iron deficiency (ID) with Feraccru®/Accrufer®. FDA approval of Accrufer with a broad label in the US opens up a market currently worth over \$1bn in intravenous (IV) iron alone. Commercialisation of Feraccru is well under way in Europe, where it was approved in 2016; in the US, it is dependent on an upcoming licensing deal. Additional data released from the AEGIS head-to-head (H2H) study demonstrate favourable patient outcomes from Feraccru vs. IV iron treatment.

- **Strategy:** STX's strategy is to out-license the commercial rights to its products to partners with marketing and distribution expertise in target markets. These deals allow STX to retain its intellectual property (IP) and keep investing in its R&D pipeline, to benefit from both immediate and long-term value.
- **H2H data:** Top-line results demonstrating the non-inferiority of Feraccru to IV iron therapy were released in Mar'19. Additional information presented at a conference this week included the response rate for Feraccru, and its effectiveness in the maintenance of haemoglobin (Hb) levels.
- **More choice:** This is significant for patients and clinicians in providing an alternative option for treatment of IDA, particularly as an alternative to IV therapy in patients intolerant of other oral therapies. For payers like the NHS, Feraccru has cost-effectiveness benefits in preventing recurrence of IDA.
- **Risks:** All drug companies carry development risk. However, the risks with STX are limited because of Feraccru/Accrufer's simplicity and clinical profile. Given the FDA approval, the main risk is achieving the most appropriate commercial partner and executing on its global commercialisation strategy.
- **Investment summary:** The approval of Accrufer reinforces our view that STX is at an exciting juncture. It has delivered on all goals set at the time of its IPO in 2016. Feraccru/Accrufer has been validated by regulatory approval in both the EU and the US, and the commercial deal in Europe looks set to be repeated in the US. Announcement of its commercial partner, together with the terms of any deal, represent the next valuation inflection point.

## Financial summary and valuation

Year-end Dec (£m)	2017	2018	2019E	2020E	2021E
<b>Gross revenues</b>	<b>0.64</b>	<b>11.88</b>	<b>2.93</b>	<b>2.15</b>	<b>3.15</b>
Sales	0.64	0.86	0.63	2.15	3.15
R&D	-4.71	-4.30	-3.31	-4.64	-3.89
Other income	0.00	11.03	2.30	0.00	0.00
EBITDA	-18.48	-2.47	-5.45	-9.19	-8.68
Underlying EBIT	-18.90	-3.26	-6.24	-9.98	-9.47
Reported EBIT	-20.95	-5.17	-8.15	-11.89	-11.38
Underlying PBT	-18.91	-3.26	-6.24	-10.02	-9.51
Statutory PBT	-20.99	-5.16	-8.14	-11.93	-11.42
Underlying EPS (p)	-15.58	0.09	-4.49	-7.96	-7.62
Statutory EPS (p)	-17.43	-1.55	-6.12	-9.58	-9.25
Net (debt)/cash	13.30	9.63	6.20	-1.27	-8.46

Source: Hardman &amp; Co Life Sciences Research

## More choice in IDA treatment

### Additional data presented

Feraccru was non-inferior to IV iron in the AEGIS-H2H study...

...a well-controlled Phase 3b non-inferiority trial

The principal investigator on the study, Dr Stephanie Howaldt, presented results from the AEGIS-H2H trial at the United European Gastroenterology Week in a talk titled 'Oral Ferric Maltol vs. intravenous ferric carboxymaltose for the treatment of IDA in patients with Irritable Bowel Disease (IBD): a multicentre phase 3b, open-label, randomised controlled trial'. The key findings were:

- ▶ **Non-inferiority:** The mean response to Feraccru at 12 weeks was 74%, vs. 83% for IV iron. This was within the predefined margin and was statistically significant.
- ▶ **Recurrence prevented:** IDA recurred at least once in ca.39% (n=49) of IV arm patients (n=126) in the 52 weeks following initial IV iron treatment, but recurrence was prevented in the Feraccru arm patients (n=124).
- ▶ **Well tolerated:** Over 52 weeks, Feraccru's side-effect profile was consistent with that seen in previous studies, being well-tolerated even in patients unable to tolerate existing oral iron therapies.

### Interpretation of AEGIS-H2H primary endpoint

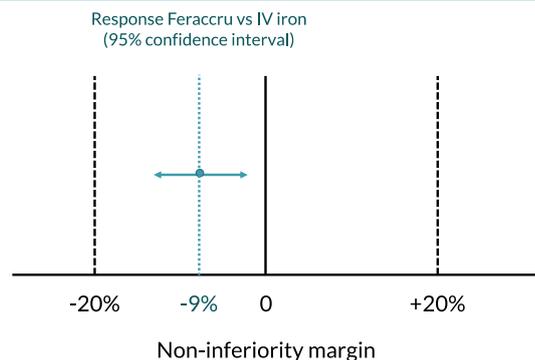
Feraccru has non-inferior efficacy to Ferinject...

...the IV iron market leader, which had global sales of \$762m in 2018

The AEGIS-H2H was a non-inferiority trial, which is more complex to interpret than conventional superiority studies. To demonstrate Feraccru's positioning within the existing treatment pathway – as an alternative to IV iron in certain patients – STX needs evidence that Feraccru is not unacceptably less efficacious than IV iron. This was addressed by the primary endpoint of the H2H study.

The treatment response differed by 9% between Feraccru (mean response rate 74%) and IV iron (83%). As shown in the diagram below, the 95% confidence intervals around this 9% difference did not overlap the -20% margin or 0%, showing that Feraccru was not inferior to IV iron (and that it was also not superior). With an alpha of 2.5%, this was a statistically significant result ( $p=0.017$ ).

#### Feraccru non-inferior to IV iron therapy



Source: Hardman & Co Life Sciences Research

### Feraccru prevents recurrence of IDA

Furthermore, to gain reimbursement approval, STX and its partners (e.g. Norgine) need to show the incremental cost-effectiveness of Feraccru over IV iron. Although IV iron has a higher (but clinically similar) response rate, IV iron has the major disadvantage of having to be administered in the hospital/specialist clinic setting because of a risk, albeit low, of anaphylaxis. In addition, although existing salt-based oral therapies are cheap and accessible, their limitations are poor tolerability in the gut and slower efficacy due to less efficient absorption, particularly in irritable bowel

disease (IBD) patients. The secondary endpoint of the trial covered patient outcomes, which were shown to be favourable as follows:

Ferinject IV iron therapy



Source: Vifor Pharma UK

- ▶ **Recurrence prevented:** IDA recurred at least once in ca.39% of IV arm patients in the year following initial treatment, but recurrence was prevented by Feraccru, with only a single patient in the Feraccru arm requiring intervention. This patient experienced an IBD flare, in which Feraccru is contraindicated along with other oral therapies due to absorption issues in the gut.
- ▶ **Prevents hospital visits:** The result of recurrence following IV iron therapy was 69 additional IV infusions, requiring costly and inconvenient ongoing hospital/clinic visits.
- ▶ **Tolerability:** IDA in IBD is particularly complex to treat, therefore the demonstration of Feraccru’s tolerability over a long period in this patient population is very exciting for any patient with tolerability issues.

The immediate application of these results will be to strengthen the position of Norgine in negotiating pricing and reimbursement. Although Feraccru is launched in the UK and Germany, the major markets of Spain, Italy and France require reimbursement to be agreed prior to launch, and NICE in the UK has not yet provided recommendations.

Treatment of IDA in IBD with Feraccru could save NHS more than £580,000...

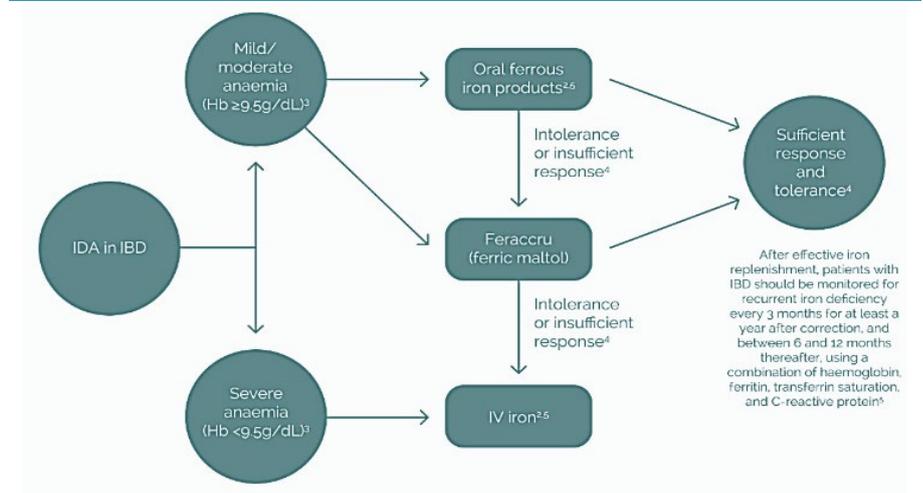
...compared with IV iron therapy treatment

As a guide, we estimate that treatment with Feraccru rather than IV iron could save the NHS more than £580,000 p.a. in treatment of IBD alone. Assuming it costs the NHS an additional £218<sup>1</sup> each time IDA recurrence is treated with IV iron rather than Feraccru, and assuming a similar recurrence rate in the IBD with IDA population in the UK as in the AEGIS-IBD trial, treatment of 74% of IBD with IDA patients with Feraccru, rather than IV iron, could result in a saving of at least £584,126 per year. A caveat to this analysis is that a relatively small proportion of IBD patients do tolerate oral iron salts, which are cheaper than both Feraccru and IV iron therapy.

More choice in treatment decisions

Overall, the main message from the AEGIS-H2H study is the added benefit to patients and an expanded choice for clinical decision making. Combined with prior studies, there is now a body of evidence showing that Feraccru can be used as an alternative to IV iron, particularly in patients who have not tolerated oral iron salts.

Iron deficiency treatment pathway



Source: Shield Therapeutics

<sup>1</sup> London Medicines Evaluation Network, 2016

Published data can now be used in promotional activities...

Importantly, now that the data have been officially peer-reviewed and 'published' at a scientific meeting, the results can be used in marketing materials and by Norgine's sales representatives in their activities promoting Feraccru. In the immediate term, this will apply to Germany and to areas of the UK where reimbursement is agreed with clinical commissioning groups (CCGs), which should directly result in an uptick in sales.

Valuation to be revisited on a US commercialisation deal...

### Investment conclusion

As clinical adoption increases, it is likely that Feraccru may also be incorporated into the treatment pathway as a first-line alternative to treatment with existing oral iron salts, and potentially in treatment of general iron deficiency. We will continue to monitor progress, as this would greatly expand Feraccru's market. In addition, although the outcomes data from the AEGIS-H2H are unlikely to have so direct an effect on Accrufer pricing in the US, they do reduce the uncertainty surrounding the ability to achieve a higher list price now that it is approved.

FDA approval of Accrufer and minor adjustments to the model increased our sum-of-the-parts valuation for STX to £221m or 189p per share (from £194m/166p). A commercialisation deal with a US partner will be the next major inflection point, at which point we will upgrade our model to allow for the agreed deal terms.

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