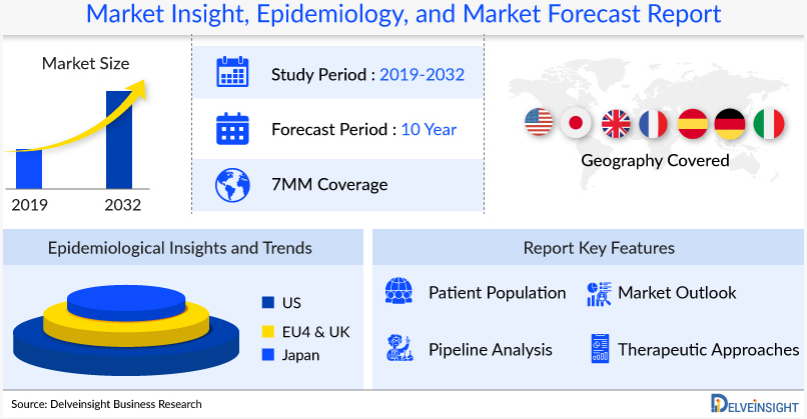
Heparin-induced Thrombocytopenia Market Analysis by 2032: Insights into Epidemiology, Drugs, Companies | DelveInsight

Heparin-induced Thrombocytopenia companies are Veralox Therapeutics, Sandoz, Pfizer, Sanofi, Teva, Fresenius Kabi, Leo Pharma, and Merck KGaA, and others.



Heparin-induced Thrombocytopenia Market Outlook Report

LAS VEGAS, NEVADA, UNITED STATES, June 24, 2024 /EINPresswire.com/ -- DelveInsight's "Heparin-induced Thrombocytopenia Market Insights, Epidemiology, and Market Forecast-2032" report offers an in-depth understanding of the Heparin-induced Thrombocytopenia, historical and forecasted epidemiology as well as the Heparin-induced Thrombocytopenia market trends in the United States, EU4 (Germany, Spain, Italy, France) the United Kingdom and Japan.

To Know in detail about the Heparin-induced Thrombocytopenia market outlook, drug uptake, treatment scenario and epidemiology trends, Click here; Heparin-induced Thrombocytopenia Market Forecast

Some of the key facts of the Heparin-induced Thrombocytopenia Market Report:

The Heparin-induced Thrombocytopenia market size is anticipated to grow with a significant CAGR during the study period (2034-2032).
Key Heparin-induced Thrombocytopenia Companies: Veralox Therapeutics, Sandoz, Pfizer Inc., Sanofi S.A., Teva Pharmaceutical Industries Ltd., Sandoz International GmbH, Fresenius Kabi AG, Dr. Reddy's Laboratories Ltd., Amphastar Pharmaceuticals Inc., Aspen Pharmacare Holdings Limited, LEO Pharma A/S, Merck KGaA, and others
Key Heparin-induced Thrombocytopenia Therapies: ANGIOMAX, Argatroban, and others.
Heparin-induced thrombocytopenia (HIT) is characterized by a rapid decrease in platelet count occurring 5–14 days after the initiation of heparin therapy. It is primarily caused by the formation of antibodies against platelet factor 4 (PF4) and heparin.

The diagnosis of HIT is based on a combination of clinical assessment, laboratory tests, and the 4Ts scoring system. Laboratory tests include measuring platelet count, detecting anti-PF4/heparin antibodies, and functional assays to assess platelet activation.
The management of HIT involves immediate discontinuation of all forms of heparin and initiation of alternative non-heparin anticoagulants, such as direct thrombin inhibitors (e.g., argatroban, bivalirudin) or factor Xa inhibitors (e.g., fondaparinux, danaparoid). Close monitoring of platelet counts, clinical signs of thrombosis, and bleeding complications is essential during the transition to non-heparin anticoagulation.
In the 7MM, Argatroban accounted for the largest market share of ~USD 62 million in 2023.
A single therapy, VLX-1005 (Veralox Therapeutics), is being investigated for treating heparin-induced thrombocytopenia (HIT). In June 2022, VLX-1005 received fast track designation from the FDA, based on the positive Phase I results.
In 2023, approximately 220,800 diagnosed incident cases of HIT were recorded. Among the 7MM, the United States holds the largest share of diagnosed incident cases, making up around 51% of the total cases.
Among EU4 and the UK, Germany recorded highest incident cases of HIT, followed by France, contributing approximately 23% of the total incident cases.
In 2023, the total incident cases of HIT in type-specific heparin exposure in the US were estimated to be ~107,000 and ~6,000 cases for unfractionated heparin (UFH) and low molecular-weight heparin (LMWH), respectively.

Heparin-induced Thrombocytopenia Overview
Heparin-induced thrombocytopenia (HIT) is a serious immune-mediated complication that can arise in patients undergoing heparin therapy. Heparin, a widely used anticoagulant, is administered to prevent blood clots in various medical conditions, including deep vein thrombosis, pulmonary embolism, and during surgeries such as cardiopulmonary bypass.

HIT generally occurs 5 to 10 days after the initiation of heparin therapy, though it can happen sooner with re-exposure to the drug. It is characterized by a paradoxical drop in platelet count, which paradoxically increases the risk of thrombosis rather than the anticipated anticoagulant effect. This thrombosis can present as deep vein thrombosis, pulmonary embolism, arterial thrombosis, or even skin necrosis.

The pathophysiology of HIT involves the formation of IgG antibodies against platelet factor 4 (PF4)–heparin complexes. PF4 is a protein released from platelets upon activation, and heparin induces the formation of complexes with PF4. In susceptible individuals, these complexes trigger an immune response, leading to antibody production. These antibodies bind to PF4-heparin complexes, resulting in platelet activation, aggregation, and consumption, ultimately causing thrombocytopenia.

There are two main types of HIT:

Type I HIT:
- Non-immune mediated.
- Occurs within the first few days of heparin therapy.
- Mild and transient, with platelet counts usually returning to normal even with continued heparin use.

Type II HIT:
- Immune-mediated and more severe.
- Typically occurs 5 to 10 days after starting heparin.
- Characterized by antibody formation against PF4-heparin complexes, leading to significant thrombocytopenia and a high risk of thrombosis, which can cause complications like stroke, myocardial infarction, or limb ischemia.

Diagnosis of HIT:
- Clinical assessment, including monitoring platelet counts.
- Laboratory tests to detect HIT antibodies, using methods such as serotonin-release assays (SRAs) and enzyme-linked immunosorbent assays (ELISAs).

Management of HIT:
- Immediate discontinuation of heparin therapy.
- Initiation of alternative anticoagulation strategies, such as direct thrombin inhibitors (e.g., argatroban, bivalirudin) or fondaparinux, to prevent thrombosis.
- Close monitoring for thrombotic complications and recovery of platelet counts.
- In severe cases or those with high thrombotic risk, additional interventions like thrombectomy or vena cava filter placement may be necessary.

HIT is a potentially life-threatening condition that requires prompt recognition and appropriate management to prevent thrombotic complications and ensure patient safety.

Heparin-induced Thrombocytopenia Epidemiology

The epidemiology section provides insights into the historical, current, and forecasted epidemiology trends in the seven major countries (7MM) from 2034 to 2032. It helps to recognize the causes of current and forecasted trends by exploring numerous studies and views of key opinion leaders. The epidemiology section also provides a detailed analysis of the diagnosed patient pool and future trends.

Heparin-induced Thrombocytopenia Epidemiology Segmentation:

The Heparin-induced Thrombocytopenia market report proffers epidemiological analysis for the study period 2034–2032 in the 7MM segmented into:
Total Prevalence of Heparin-induced Thrombocytopenia
Prevalent Cases of Heparin-induced Thrombocytopenia by severity
Gender-specific Prevalence of Heparin-induced Thrombocytopenia
Diagnosed Cases of Episodic and Chronic Heparin-induced Thrombocytopenia

Download the report to understand which factors are driving Heparin-induced Thrombocytopenia epidemiology trends @ Heparin-induced Thrombocytopenia Epidemiology Forecast

Heparin-induced Thrombocytopenia Drugs Uptake and Pipeline Development Activities

The drugs uptake section focuses on the rate of uptake of the potential drugs recently launched in the Heparin-induced Thrombocytopenia market or expected to get launched during the study period. The analysis covers Heparin-induced Thrombocytopenia market uptake by drugs, patient uptake by therapies, and sales of each drug.

Moreover, the therapeutics assessment section helps understand the drugs with the most rapid uptake and the reasons behind the maximal use of the drugs. Additionally, it compares the drugs based on market share.

The report also covers the Heparin-induced Thrombocytopenia Pipeline Development Activities. It provides valuable insights about different therapeutic candidates in various stages and the key companies involved in developing targeted therapeutics. It also analyzes recent developments such as collaborations, acquisitions, mergers, licensing patent details, and other information for emerging therapies.

Heparin-induced Thrombocytopenia Therapies

ANGIOMAX
Argatroban

Heparin-induced Thrombocytopenia Key Companies

Veralox Therapeutics
Sandoz
Pfizer Inc.
Sanofi S.A.
Teva Pharmaceutical Industries Ltd.

Fresenius Kabi AG
Dr. Reddy's Laboratories Ltd.
Amphastar Pharmaceuticals Inc.
Aspen Pharmacare Holdings Limited
LEO Pharma A/S
Merck KGaA

Heparin-induced Thrombocytopenia Marketed Therapies Assessment

ANGIOMAX (bivalirudin): Sandoz

Bivalirudin is an inhibitor of thrombin, an essential factor within the coagulation cascade crucial to thrombus formation, and is used as an anticoagulant. Bivalirudin reversibly binds thrombin, free as well as clot bound, at the catalytic site and the anion-binding exosite, thereby preventing the formation and activation of fibrin, Factor XIIIa, and other coagulation factors. Administered intravenously, Bivalirudin is indicated for use in patients undergoing percutaneous coronary intervention (PCI), including patients with heparin-induced thrombocytopenia (HIT) or heparin-induced thrombocytopenia and thrombosis syndrome (HITTS). Its short duration of effect makes it convenient for those with bleeding risks or undergoing additional procedural interventions and needing a rapid cessation of drug effect.

Argatroban: Sandoz/Fresenius Kabi/Hikma Pharm

Argatroban, a small molecule, is a synthetic direct thrombin inhibitor. It is an anticoagulant in individuals with thrombosis and heparin-induced thrombocytopenia. It reversibly binds to the catalytic site of thrombin and directly and reversibly blocks its ability to activate clotting Factors V, VIII, and XII. Argatroban is given intravenously, metabolized in the liver, and has a half-life of about 50 min. Because of its hepatic metabolism, it may be used in patients with renal dysfunction.

Heparin-induced Thrombocytopenia Market Outlook

The primary treatment approach for heparin-induced thrombocytopenia (HIT) involves discontinuing unfractionated heparin (UFH) or low molecular weight heparin (LMWH) in patients suspected of or diagnosed with HIT and initiating therapy with an alternative anticoagulant. LMWH is not a suitable alternative if HIT develops during UFH treatment due to cross-reactivity. Argatroban and bivalirudin do not cross-react with heparin. Danaparoid shows minimal cross-reactivity in vivo, and fondaparinux, though highly immunogenic, is not well recognized by anti-fondaparinux-PF4 antibodies, suggesting a low risk of inducing HIT. Warfarin, particularly when used alone, can increase the risk of microvascular thrombosis in HIT, and its use should be delayed until thrombocytopenia has significantly resolved.

Several novel oral anticoagulants, such as rivaroxaban, dabigatran, and apixaban, show promise

in preliminary evidence for treating HIT, particularly in cases refractory to standard therapies. However, these agents have not been fully evaluated for HIT treatment and none are FDA-approved for this use.

In conclusion, despite current limitations in HIT treatment, many potential therapies with novel mechanisms are expected to enter the market, addressing a critical unmet need and improving treatment outcomes for HIT patients. With the anticipated availability of new treatment options and increasing healthcare spending across the 7MM, the HIT treatment landscape is expected to experience significant growth during the forecast period (2024–2034).

Scope of the Heparin-induced Thrombocytopenia Market Report:

Study Period: 2034–2032
Coverage: 7MM [The United States, EU5 (Germany, France, Italy, Spain, and the United Kingdom), and Japan]
Key Heparin-induced Thrombocytopenia Companies: Veralox Therapeutics, Sandoz, Pfizer Inc., Sanofi S.A., Teva Pharmaceutical Industries Ltd., Sandoz International GmbH, Fresenius Kabi AG, Dr. Reddy's Laboratories Ltd., Amphastar Pharmaceuticals Inc., Aspen Pharmacare Holdings Limited, LEO Pharma A/S, Merck KGaA, and others
Key Heparin-induced Thrombocytopenia Therapies: ANGIOMAX, Argatroban, and others
Heparin-induced Thrombocytopenia Therapeutic Assessment: Heparin-induced Thrombocytopenia current marketed and Heparin-induced Thrombocytopenia emerging therapies
Heparin-induced Thrombocytopenia Market Dynamics: Heparin-induced Thrombocytopenia market drivers and Heparin-induced Thrombocytopenia market barriers
Competitive Intelligence Analysis: SWOT analysis, PESTLE analysis, Porter’s five forces, BCG Matrix, Market entry strategies
Heparin-induced Thrombocytopenia Unmet Needs, KOL’s views, Analyst’s views, Heparin-induced Thrombocytopenia Market Access and Reimbursement

To know more about Heparin-induced Thrombocytopenia companies working in the treatment market, visit @ Heparin-induced Thrombocytopenia Clinical Trials and Therapeutic Assessment

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Related Reports:

Heparin-induced Thrombocytopenia Pipeline

"Heparin-induced Thrombocytopenia Pipeline Insight, 2024" report by DelveInsight outlines comprehensive insights of present clinical development scenarios and growth prospects across the Heparin-induced Thrombocytopenia market. A detailed picture of the Heparin-induced Thrombocytopenia pipeline landscape is provided, which includes the disease overview and Heparin-induced Thrombocytopenia treatment guidelines.

Heparin-induced Thrombocytopenia Epidemiology

DelveInsight's 'Heparin-induced Thrombocytopenia Epidemiology Forecast to 2032' report delivers an in-depth understanding of the disease, historical and forecasted Heparin-induced Thrombocytopenia epidemiology in the 7MM, i.e., the United States, EU5 (Germany, Spain, Italy, France, and the United Kingdom), and Japan.

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It also offers Healthcare Consulting Services, which benefits in market analysis to accelerate the business growth and overcome challenges with a practical approach.

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