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**Disparities in Real-World Utilization Patterns of Potassium Binders
in U.S. Veterans with Hyperkalemia**

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Topic: Patiromer (PAT) is a novel sodium-free, non-absorbed potassium (K⁺) binder approved for the treatment of hyperkalemia (HK). This retrospective cohort study aimed to describe K⁺ binder treatment patterns in US Veterans with HK.

Approach: PAT and sodium polystyrene sulfonate (SPS) utilization was evaluated using the VA Corporate Data Warehouse (CDW). The index date was the 1st dispensing in the study period (1/1/2016–12/31/17). Included patients (pts) had evidence of HK (K⁺ ≥5.1 mEq/L) and heart failure (HF), diabetes mellitus, or CKD prior to index. Follow up (FU) began at index and ended at the first censoring event (discontinuation, death, end of FU) or 6 months post index. The utilization parameters measured were: initial dose, Rx fills, days supplied/fill, proportion of days covered (PDC), and % of pts with a PDC ≥80%.

Results: 193/8942 pts with HK received PAT/SPS at index, respectively. 155/7905 PAT/SPS were analyzed (remained uncensored) at 6 months post-index. Baseline characteristics for PAT/SPS, were: median age 69/70yrs, African-American race 24/22%, CKD 96/68%, and HF 37/27%. The initial doses were PAT/SPS 8.4 g (95%)/15 g (93%). The median number of PAT/SPS Rx fills were 2/1 and median days supplied/Rx fill was 30/3 days, respectively. Median PDC was 41/2% and the PDC ≥80% was 16/1%, respectively for PAT/SPS.

Implication: This descriptive analysis among US Veterans showed contrasting utilization patterns for pts exposed to PAT and SPS for the treatment of HK. The days supplied/Rx, the number of Rx fills, and the higher PDC suggest a more chronic treatment pattern for PAT and an episodic pattern for SPS. Given the limited number of PAT users in this database, these findings warrant further study.

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