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.

Abstract selected for presentation at ANNA National Symposium, Dallas, 2019