We investigated the prevalence of ACEIs, ARBs, and Renin Inhibitors in U.S. adult dialysis patients with Medicare Part D in 2007.

Methods (cont'd)

- Lists were prepared using National Drug Codes in the First DataBank database.
- We used logistic regression to estimate odds ratios of ACEI and ARB use, adjusted for demographics, ESRD network, CV comorbidity, and low-income subsidy (LIS) status.
- We calculated out-of-pocket (OOP) costs per user and gross drug costs per member per month (PMPM).

Results (cont'd)

- ACEIs were used more commonly than ARBs in dialysis patients with Part D.
- OOP costs for ACEIs were more than three times the OOP costs for ARBs, although generic ARBs were not available in 2007.
- Large variability was observed in the use of ACEIs and ARBs across ESRD networks, despite adjustment. Use may be influenced by particular Part D plan characteristics in each Network.
- Renin inhibitors were not widely used, but aliskiren was only approved in March 2007.
- Further research will examine other factors that impact use and variation in use of these agents in dialysis pts.

Conclusions

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