Although spironolactone therapy has been shown to significantly improve survival in heart failure (HF) patients, many patients are unable to tolerate spironolactone due to hyperkalemia.

PATIENTS AND METHODS

The RALES trial did not account for recent advances in HF treatment, therefore, our results reflect the mortality risk (RR-0.81) based on current survival data.2

We assumed patiromer + spironolactone was coadministered for the first 3 years.

We assumed that 15% (range: 5%-25%) of patients in the spiro/ACEi + patiromer cohort would discontinue due to intolerance at 2 months based on the OPAL-HF study.3

An annual discount rate of 3% was applied to costs and outcomes.4

Outcomes included quality-adjusted life years (QALYs), costs, and the incremental cost-effectiveness ratio (ICER).

One-way sensitivity analyses were conducted to assess model uncertainty.

A scenario analysis examined the influence of using a lifetime horizon on ICER.

An ICER <$100,000 per QALY was considered cost-effective.

Reference