

**Generic Name:** N/A

**Therapeutic Class or Brand Name:**

Potassium Binders

**Applicable Drugs (if Therapeutic Class):**

Sodium Zirconium cyclosilicate (Lokelma®),

Patiromer (Veltassa®)

**Preferred:** Lokelma®

**Non-preferred:** Veltassa®

**Date of Origin:** 3/2/2020

**Date Last Reviewed / Revised:** 10/13/2022

### PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

#### Lokelma® (preferred), Veltassa® (non-preferred):

- I. Diagnosis of hyperkalemia with a documented elevated serum potassium (> 5.0 mEq/L).
- II. Patient is at least 18 years of age.
- III. Maximize medication management to avoid drug-induced hyperkalemia as appropriate.
- IV. Documented treatment failure or contraindication to diuretics (e.g. loop diuretics AND thiazide diuretics).
- V. Documented treatment failure or contraindication to Sodium polystyrene sulfonate (Kayexalate®).
- VI. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s)

### EXCLUSION CRITERIA

- Diagnosis of gastrointestinal motility disorders (e.g. severe constipation, bowel obstruction/impaction).
- Dual therapy with another potassium binder.

### OTHER CRITERIA

- N/A

### QUANTITY / DAYS SUPPLY RESTRICTIONS

**Lokelma® 5 Gm/10 Gm:** Quantities of up to 90 packets per 30 days

**Veltassa®:**

- 8.4 Gm: Quantities up to 90 packets per 30 days
- 16.8 Gm / 25.2 Gm: Quantities up to 30 packets per 30 days

## APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

## APPENDIX

N/A

## REFERENCES

1. Lokelma®. Prescribing information. AstraZeneca; September 2022. Accessed October 13, 2022. [https://den8dhaj6zs0e.cloudfront.net/50fd68b9-106b-4550-b5d0-12b045f8b184/6de8f71b-d3af-4f76-9600-907c98616be6/6de8f71b-d3af-4f76-9600-907c98616be6\\_viewable\\_rendition\\_\\_v.pdf](https://den8dhaj6zs0e.cloudfront.net/50fd68b9-106b-4550-b5d0-12b045f8b184/6de8f71b-d3af-4f76-9600-907c98616be6/6de8f71b-d3af-4f76-9600-907c98616be6_viewable_rendition__v.pdf)
2. Veltassa®. Prescribing information. Vifor Pharma; December 2021. Accessed October 13, 2022. <https://veltassa.com/hcp/pi>
3. Beccari M, Meaney C. Clinical utility of patiromer, sodium zirconium cyclosilicate, and sodium polystyrene sulfonate for the treatment of hyperkalemia: an evidence-based review. *Core Evidence*. 2017;Volume 12:11-24. DOI: 10.2147/CE.S129555.

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.