MEDICATION POLICY:
Potassium Binders

Ventegra®

Generic Name: N/A

Therapeutic Class or Brand Name: Potassium Binders

Applicable Drugs (if Therapeutic Class): Lokelma® (Sodium zirconium cyclosilicate), Veltassa® (Patiromer)

Preferred: Lokelma® (Sodium zirconium cyclosilicate)

Non-preferred: Veltassa® (Patiromer)

Date of Origin: 3/2/2020

Date Last Reviewed / Revised: 11/18/2024

PRIOR AUTHORIZATION CRITERIA
(May be considered medically necessary when criteria I through VII are met)

I. Diagnosis of hyperkalemia with a documented elevated serum potassium (> 5.0 mEq/L).

II. Documented optimization of medication management to avoid drug-induced hyperkalemia as appropriate.

III. Documented failure, intolerance, or contraindication to loop diuretics AND thiazide diuretics.

IV. Documented failure, intolerance, or contraindication to sodium polystyrene sulfonate.

V. Minimum age requirement:

    A. Lokelma: 18 years of age

    B. Veltassa: 12 years of age

VI. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VII. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the 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®**

    o <u>1 Gm</u>: Quantities up to 120 packets per 30 days

    o <u>8.4 Gm</u>**:** Quantities up to 90 packets per 30 days

    o <u>16.8 Gm / 25.2 Gm</u>**:** 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; 2024. Accessed October 15, 2024. http://www.azpicentral.com/pi.html?product=lokelma

2. Veltassa. Prescribing Information. Vifor Pharma; 2023. Accessed October 15, 2024. https://www.veltassa.com/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.

4. Mount DB. Treatment and prevention of hyperkalemia in adults. IN: Sterns, RH, ed. UpToDate; 2024. Accessed October 15, 2024. https://www.uptodate.com/contents/treatment-and-prevention-of-hyperkalemia-in-adults?search=treatment+of+hyperkalemia&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1

5. Somers MJ. Management of hyperkalemia in children. In: Mattoo TK, ed. UpToDate; 2024. Accessed October 15, 2024. https://www.uptodate.com/contents/management-of-hyperkalemia-in-children?search=treatment+of+hyperkalemia&source=search_result&selectedTitle=3%7E150&usage_type=default&display_rank=2