

Generic Name:

Therapeutic Class or Brand Name: Potassium Binders

Applicable Drugs (if Therapeutic Class):

Sodium Zirconium cyclosilicate (Lokelma®),
Patiromer (Veltassa®)

GPI Code: Lokelma®: 994500200030;
Veltassa®: 99450060203020

Preferred: Lokelma®

Non-preferred: Veltassa®

Date of Origin: 3/2/2020

Date Last Reviewed / Revised: N/A

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. Trialed and failed diuretics (e.g. loop diuretics AND thiazide diuretics).
- V. Documented failure, intolerance, or contraindication to Sodium polystyrene sulfonate (Kayexalate®).

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. Sodium zirconium cyclosilicate (Lokelma®) [package insert]. Wilmington, DE; AstraZeneca.
2. Patiromer (Veltassa®) [package insert]. Redwood City, CA: Relypsa.
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. Medispan
5. UpToDate

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
3/2/2020	1. New policy.

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.