MEDICATION POLICY:

Potassium Binders

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: 3/13/2026

Prior Authorization Criteria

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

I. Documented diagnosis of hyperkalemia AND must meet all criteria below (A through C):
   A. Documented baseline serum potassium greater than 5.0 mEq/L.
   B. Documented optimization of pharmacological therapy (eg, ACEi, ARB, aldosterone antagonist, NSAID, etc) to avoid drug-induced hyperkalemia, as clinically appropriate.
   C. Documented treatment failure, intolerance, or contraindication to all the following drugs/drug categories:
      1. Loop diuretics
      2. Thiazide diuretics
      3. Sodium polystyrene sulfonate (SPS)

II. Minimum age requirement:
   A. Lokelma: 18 years old
   B. Veltassa: 12 years old

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

IV. 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

- Concurrent therapy with another potassium binder.

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- Different dosage strengths may be used to meet required dosing. The minimum quantity per equivalent dose should be used, as applicable.
- Lokelma:
  - 5 g: 30 packets per 30 days
  - 10 g: 34 packets per 30 days, then 30 packets per 30 days
    - Initial dose: 10 g three times a day for up to 48 hours.
    - Maintenance dose: 10 g once daily (can range from 5 g every other day to 15 g daily).
- Veltassa:
  - 1 g: 120 packets per 30 days
  - 8.4 g, 16.8 g, and 25.2 g: 30 packets per 30 days

Approval Length

- **Authorization:** 1 year
- **Re-Authorization:** 1 year. 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 March 13, 2026. http://www.azpicentral.com/pi.html?product=lokelma
2. Veltassa. Prescribing Information. Vifor Pharma; 2025. Accessed March 13, 2026. https://www.veltassa.com/pi
3. Stevens PE, Ahmed SB, Carrero JJ, et al. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney International*. 2024;105(4):S117-S314. doi:10.1016/j.kint.2023.10.018
4. Palmer BF, Clegg DJ. Hyperkalemia treatment Standard. *Nephrology Dialysis Transplantation*. 2024;39(7). doi:10.1093/ndt/gfae056