



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

PATIROMER

Generic	Brand	HICL	GCN	Exception/Other
PATIROMER CALCIUM SORBITEX	VELTASSA	42767		

**GUIDELINES FOR USE**

1. Is the patient being treated for hyperkalemia **AND** meet the following criterion?
  - Therapy is prescribed by or in consultation with a nephrologist or cardiologist

If yes, continue to #2.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

2. Does the patient meet **ONE** of the following criteria?
  - The requested drug is being used as an emergency treatment for life-threatening hyperkalemia
  - The patient is currently receiving dialysis

If yes, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

If no, continue to #3.

3. Has the patient attempted **ONE** of the following approaches in an effort to reduce the modifiable risks for hyperkalemia?
  - Limit to taking no more than one of the following drugs at any given time:
    - Angiotensin converting enzyme inhibitor (ACE-I)
    - Angiotensin receptor blocker (ARB)
  - Consideration of dose reduction of renin-angiotensin-aldosterone system (RAAS) inhibitors (e.g., ACE-I's, ARB's, aldosterone antagonists)

If yes, continue to #4.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

4. Does the patient have an estimated glomerular filtration rate (eGFR) below 30 mL/min/1.73 m<sup>2</sup> **AND** meet the following criterion?
  - The patient has tried loop diuretics (e.g., bumetanide, ethacrynic acid, furosemide, torsemide) for the treatment of hyperkalemia

If yes, continue to #6.

If no, continue to #5.

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GUIDELINES FOR USE (CONTINUED)

5. Does the patient have an estimated glomerular filtration rate (eGFR) of 30 mL/min/1.73 m<sup>2</sup> or above and have tried **ONE** of the following for the treatment of hyperkalemia?
- The patient has tried loop diuretic (e.g., bumetanide, ethacrynic acid, furosemide, torsemide)
  - The patient has tried thiazide diuretic (e.g., chlorthalidone, hydrochlorothiazide, metolazone)

If yes, continue to #6.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

6. Has the patient had a previous trial of Lokelma (sodium zirconium cyclosilicate)?

If yes, **approve for 12 months by HICL with a quantity limit of #30 packets per 30 days.**

If no, do not approve.

**DENIAL TEXT:** The guideline named **PATIROMER (Veltassa)** requires a diagnosis of hyperkalemia. In addition, the following criteria must also be met:

- Therapy is prescribed by or in consultation with a nephrologist or cardiologist
- The requested drug is NOT being used as an emergency treatment for life-threatening hyperkalemia
- The requested drug will NOT be approved for a patient currently receiving dialysis
- The patient has attempted **ONE** of the following approaches in an effort to reduce the modifiable risks for hyperkalemia:
  - Limit to taking no more than one of the following drugs at any given time (Angiotensin converting enzyme inhibitor [ACE-I], Angiotensin receptor blocker [ARB])
  - Consideration of dose reduction of renin-angiotensin-aldosterone system (RAAS) inhibitors (e.g., ACE-I's, ARB's, aldosterone antagonists)
- The patient has had a previous trial of Lokelma (sodium zirconium cyclosilicate)
- If estimated glomerular filtration rate (eGFR) is below 30 mL/min/1.73 m(2): the patient has tried to treat hyperkalemia with loop diuretics (e.g., bumetanide, ethacrynic acid, furosemide, torsemide)
- If estimated glomerular filtration rate (eGFR) is 30 mL/min/1.73 m(2) or above: the patient has tried to treat hyperkalemia with a loop diuretic (e.g., bumetanide, ethacrynic acid, furosemide, torsemide), OR thiazide diuretic (e.g., chlorthalidone, hydrochlorothiazide, metolazone)

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Review for PATIROMER

**REFERENCES**

- Veltassa [Prescribing Information]. Relypsa, Inc.: Redwood City, CA; October 2015.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/19

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