



**GEORGIA MEDICAID FEE-FOR-SERVICE
HYPERKALEMIA AGENTS PA SUMMARY**

Preferred	Non-Preferred
Kionex (sodium polystyrene sulfonate) Sodium polystyrene sulfonate generic	Lokelma (sodium zirconium cyclosilicate) Veltassa (paritomer)

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Lokelma and Veltassa

- ❖ Approvable for members 18 years of age or older with a diagnosis of hyperkalemia with a baseline (prior to treatment) serum potassium level >5.0 to <6.5 mEq/L who have been counseled on adhering to a low potassium diet (i.e., ≤3 grams of potassium per day)

AND

- ❖ If member is taking a medication known to cause hyperkalemia (e.g., angiotensin-converting enzyme inhibitor, angiotensin II receptor blocker, aldosterone antagonist, nonsteroidal antiinflammatory), discontinuation or reduction to the lowest effective dose of the medication known to cause hyperkalemia must have been attempted, or discontinuation or reduction of dose of the medication must not be clinically appropriate for the member

AND

- ❖ Member must have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with a loop or thiazide diuretic, or diuretic therapy must not be clinically appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.