

## Patiromer and Sodium Zirconium Cyclosilicate

### Goals:

- Restrict use of patiromer and sodium zirconium cyclosilicate (SZC) to patients with persistent or recurrent hyperkalemia not requiring urgent treatment.
- Prevent use in the emergent setting or in scenarios not supported by the medical literature.

### Length of Authorization:

- 3 months

### Requires PA:

- Patiromer and Sodium Zirconium Cyclosilicate

### Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. Is this a request for continuation of therapy previously approved by the FFS program (patient already on patiromer or Sodium Zirconium Cyclosilicate (SZC))?	<b>Yes:</b> Go to <b>Renewal Criteria</b>	<b>No:</b> Go to #2
2. What diagnosis is being treated?	Record ICD10 code. Go to #3	
3. Does the patient have persistent or recurrent serum potassium of $\geq 5.5$ mEq/L despite a review for discontinuation of medications that may contribute to hyperkalemia (e.g., potassium supplements, potassium-sparing diuretics, nonsteroidal anti-inflammatory drugs)?	<b>Yes:</b> Go to #4	<b>No:</b> Pass to RPh. Deny; medical appropriateness
4. Does the patient have hyperkalemia requiring emergency intervention (serum potassium $\geq 6.5$ mEq/L)?	<b>Yes:</b> Pass to RPh. Deny; medical appropriateness	<b>No:</b> Go to #5
5. Is the request for patiromer?	<b>Yes:</b> Go to #6	<b>No:</b> Go to #7
6. Does the patient have hypomagnesemia (serum magnesium $< 1.4$ mg/dL)?	<b>Yes:</b> Pass to RPh. Deny; medical appropriateness	<b>No:</b> Go to #7
7. Does the patient have a severe GI disorder (i.e., major GI surgery (e.g., large bowel resection), bowel obstruction/impaction, swallowing disorders, gastroparesis, or severe constipation)?	<b>Yes:</b> Pass to RPh. Deny; medical appropriateness	<b>No:</b> Approve up to 3 months

## Renewal Criteria

1. Is the patient's potassium level < 5.1 mEq/L and has this decreased by at least 0.35 mEq/L from baseline?

**Yes:** Approve for up to 3 months

**No:** Pass to RPh. Deny; medical appropriateness

*P&T Review:*

05/19 (DM), 05/16

*Implementation:*

7/1/2019, 8/16, 7/1/16