



Missouri Pharmacy Program – Preferred Drug List



Electrolyte Depleters – Potassium Lowering Agents

Effective 04/04/2019

Preferred Agents

- Kionex® Oral Susp
- Kionex® Powd
- SPS® Oral Susp
- SPS® Powd
- SPS® Rectal Enema

Non-Preferred Agents

- Keveyis®
- Lokelma™
- Veltassa® Powder Pack

Approval Criteria

- For hyperkalemia
 - Veltassa – Documented trial of a preferred agent
 - Lokelma – Documented trial of a preferred agent and Veltassa
 - Documented ADE/ADR to preferred agents
 - Age 18 and older
- For Keveyis
 - For periodic paralysis – Clinical review for use of Keveyis

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030