Missouri Pharmacy Program – Preferred Drug List

Electrolyte Depleters – Potassium Lowering Agents

Effective 04/04/2019
Revised 03/05/2020

Preferred Agents

- Kionex® Pwd/Susp
- Sodium Polystyrene Sulfate Pwd
- SPS® Oral Susp
- SPS® Pwd
- SPS® Rectal Enema

Non-Preferred Agents

- Keveyis®
- Lokelma™
- Veltassa® Pwd Pack

Approval Criteria

- For hyperkalemia
  - Lokelma – Documented trial of 1 preferred agent and Veltassa
  - ADE/ADR to preferred agents
  - Participant 18 years of age and older for non-preferred agents
- 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