

## Potassium Chloride Oral solution

### Disclaimer

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.*

*Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.*

### Summary

Hypokalemia (low potassium level in the blood) is a condition that can be caused from diarrhea, increased urination (from diuretic medications), or low dietary potassium intake. Symptoms of hypokalemia include fatigue, muscle cramps, and weakness. Potassium chloride is commonly used to correct hypokalemia. It is available in many formulations including capsules, tablets, and oral solutions.

### Definitions

**"Diuretic"** is a type of drug that increases urination (such as hydrochlorothiazide and furosemide).

**"Effervescent tablets"** are medications that can be dissolved in water and produce tiny bubbles similarly to soda water. This makes it easier to take the medication than tablets or capsules.

### Medical Necessity Criteria for Initial Authorization

The Plan considers **potassium chloride oral solution** medically necessary when **ALL** of the following criteria are met:

1. The requested medication is being used for the treatment or prevention of hypokalemia (potassium deficiency); **AND**
2. The member is unable to use or has tried and failed **ONE** (1) of the following Potassium Chloride alternative formulation:
  - a. Potassium Chloride Effervescent tablet; **or**
  - b. Potassium Chloride Extended-Release Tablet; **or**
  - c. Potassium Chloride Extended-Release Capsule; **AND**
3. Chart documentation and supporting lab work are provided for review to substantiate the above listed requirements.

**If the above prior authorization criteria are met, potassium chloride oral solution will be approved for 12 months.**

### Medical Necessity Criteria for Reauthorization

Reauthorization for 12 months will be granted if **BOTH** of the following are met:

1. the member still meets the applicable initial criteria; **AND**
2. recent chart documentation (within the last 12 months) shows the member has experienced a clinical benefit (e.g., prevention or treatment of life-threatening manifestations or complications of hypokalemia, replacement of potassium deficit).

### Experimental or Investigational / Not Medically Necessary

Potassium chloride oral solution for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

### References

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4. Klor-Con extended-release tablet (potassium chloride) [prescribing information]. Maple Grove, MN: Upsher-Smith Laboratories LLC; October 2018.
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### Clinical Guideline Revision / History Information

Original Date: 11/05/2020

Reviewed/Revised: 10/14/2021, 12/01/2021, 9/15/2022, 9/21/2023, 12/19/2024