

POTASSIUM ORAL SOLUTION

Diagnosis Considered for Coverage:

- Potassium replacement

Coverage Criteria:

For diagnosis listed above:

Patient is unable to swallow a tablet/capsule.

Preferred potassium formulations

potassium citrate tab 5 meq

potassium citrate tab 15 meq

potassium citrate tab 10 meq

potassium chloride cap 8 meq

potassium chloride cap 10 meq

potassium chloride tab 8 meq

potassium chloride microencapsulated tab 10 meq

potassium chloride microencapsulated tab 20 meq

Coverage Duration: one year

Effective Date: 11/02/2023