

potassium chloride (Potassium Chloride®)

Commercial Pharmacy Benefit Drug Policy

Drug Details

USP Category: ELECTROLYTES/MINERALS/METALS/VITAMINS

Mechanism of Action: an electrolyte replenisher

Label Name	Quantity Limit
Potassium Chloride 20 MEQ/15ML (10%) SOLUTION	Quantity Limit May Apply
Potassium Chloride 40 MEQ/15ML (20%) SOLUTION	Quantity Limit May Apply

Condition(s) listed in policy *(see coverage criteria for details)*

- Potassium replacement

Special Instructions and pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

The following condition(s) require Prior Authorization/Preservice:

Potassium replacement

- Intolerance or contraindication to all preferred oral formulations of potassium chloride (e.g. oral sprinkle capsules, powder packet, oral solution, effervescent tablet).

Coverage Period:

one year

Additional Information

- Mix each dose with at least 120 mL of cold water or juice before administration.

Review History

Date of Last Annual Review: 1Q24

Date of last revision: 02/28/2024

Changes from previous policy version:

- Clarify pre-requisite requirement

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*