- in emergency care for acute life-threatening hyperkalaemia alongside standard care, **or**
- for people with persistent hyperkalaemia and stages 3b to 5 chronic kidney disease or heart failure, if they:
- have a confirmed serum potassium level of at least 6.0 mmol/litre, **and**
- are not taking, or are taking a reduced dosage of, a renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia, **and**
- are not on dialysis.

Stop patiromer if RAAS inhibitors are no longer suitable.

Patients whose treatment was started within the NHS before this guidance was published should have the option to continue treatment, without change to their funding arrangements, until they and their NHS clinician consider it appropriate to stop.

www.nice.org.uk/guidance/ta623

Scottish Medicines Consortium (SMC) decisions

SMC No. SMC2084

The *Scottish Medicines Consortium* has advised (August 2018) that patiromer calcium (*Veltassa*®) is **not** recommended for use within NHS Scotland for the treatment of hyperkalaemia in adults as the economic case was not demonstrated.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Powder

CAUTIONARY AND ADVISORY LABELS 13, 21

- **Veltassa** (Vifor Fresenius Medical Care Renal Pharma UK Ltd) ▼
  Patiromer calcium (as Patiromer sorbitex calcium) 8.4 gram Veltassa 8.4g oral powder sachets | 30 sachet PoM £172.50 DT = £172.50
  Patiromer calcium (as Patiromer sorbitex calcium) 16.8 gram Veltassa 16.8g oral powder sachets | 30 sachet PoM £172.50 DT = £172.50

Sodium polystyrene sulfonate

- **INDICATIONS AND DOSE**

Hyperkalaemia associated with anuria or severe oliguria, and in dialysis patients

- BY MOUTH
- Adult: 15 g 3–4 times a day
- BY RECTUM
- Adult: 30 g, retain for 9 hours followed by irrigation to remove resin from colon

- **CONTRA-INDICATIONS** Obstructive bowel disease
- **CAUTIONS** Congestive heart failure · hypertension · oedema
- **INTERACTIONS** → Appendix 1: polystyrene sulfonate
- **SIDE-EFFECTS** Appetite decreased · bezoar · constipation (discontinue—avoid magnesium-containing laxatives) · diarrhoea · electrolyte imbalance · epigastric discomfort · gastrointestinal disorders · increased risk of infection · nausea · necrosis (in combination with sorbitol) · vomiting
- **PREGNANCY** Manufacturers advise use only if potential benefit outweighs risk—no information available.
- **BREAST FEEDING** Manufacturers advise use only if potential benefit outweighs risk—no information available.
- **RENAL IMPAIRMENT** Use with caution.
- **MONITORING REQUIREMENTS** Monitor for electrolyte disturbances (stop if plasma-potassium concentration below 5 mmol/litre).
- **DIRECTIONS FOR ADMINISTRATION**
  - With rectal use Mix each 30 g of resin with 150 mL of water or 10% glucose.
  - With oral use Administer dose (powder) in a small amount of water or honey—do not give with fruit juice or squash, which have a high potassium content.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension

Powder

CAUTIONARY AND ADVISORY LABELS 13

- **Resonium A** (Sanofi)
  Sodium polystyrene sulfonate 999.34 mg per 1 gram Resonium A powder sugar-free | 454 gram P £81.11 DT = £81.11

Sodium zirconium cyclosilicate 01-Oct-2019

- **DRUG ACTION** Sodium zirconium cyclosilicate is a non-absorbed cation-exchange compound that acts as a selective potassium binder in the gastro-intestinal tract.

- **INDICATIONS AND DOSE**

Hyperkalaemia

- BY MOUTH
- Adult: Initially 10 g 3 times a day, for up to 72 hours, followed by maintenance 5 g once daily, adjusted according to serum-potassium concentrations. The usual maintenance dose range is 5 g once every other day to 10 g once daily

PHARMACOKINETICS

- Onset of action about 1 hour.

- **CAUTIONS** Abdominal X-ray (sodium zirconium cyclosilicate may be opaque to X-rays)
- **INTERACTIONS** → Appendix 1: sodium zirconium cyclosilicate
- **SIDE-EFFECTS**
  - **Common or very common** Fluid imbalance · oedema · peripheral swelling
  - **Frequency not known** Constipation · nausea
- **PREGNANCY** Manufacturer advises avoid—limited information; *animal* studies do not indicate toxicity.
- **MONITORING REQUIREMENTS** Manufacturer advises monitor serum potassium as clinically indicated.
- **DIRECTIONS FOR ADMINISTRATION** Manufacturer advises mix the contents of each 5- or 10-g sachet of powder with approx. 45 mL of water and stir well. The powder will not dissolve and the suspension should be taken while it is cloudy; if the powder settles it should be stirred again.
- **NATIONAL FUNDING/ACCESS DECISIONS**

NICE decisions

- **Sodium zirconium cyclosilicate for treating hyperkalaemia (September 2019)** NICE TA599
  Sodium zirconium cyclosilicate (*Lokelma*®) is recommended as an option for treating hyperkalaemia in adults only if used in emergency care for acute life-threatening hyperkalaemia alongside standard care, **or** in outpatient care for patients with persistent hyperkalaemia and chronic kidney disease stage 3b to 5 or heart failure, if they:
  - have a confirmed serum potassium level of at least 6.0 mmol/litre
  - are not taking an optimised dosage of renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia, **and**
  - are not on dialysis.

  Sodium zirconium cyclosilicate is recommended only if the manufacturer provides it according to the commercial arrangement.

  Patients whose treatment was started within the NHS before this guidance was published should have the option to continue treatment, without change to their funding