Iowa Department of Human Services

# Request for Prior Authorization
# POTASSIUM BINDERS

(PLEASE PRINT – ACCURACY IS IMPORTANT)

**FAX Completed Form To**
1 (877) 733-3195
**IOWA Provider Services**
1 (844) 236-1464

| IA Medicaid Member ID # | Patient name | DOB |
|---|---|---|
| Patient address | | |
| Provider NPI | Prescriber name | Phone |
| Prescriber address | | Fax |
| Pharmacy name | Address | Phone |

**Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.**

| Pharmacy NPI | Pharmacy fax | NDC |
|---|---|---|

**Prior authorization is required for potassium binders subject to clinical criteria. Payment will be considered under the following conditions:**

1) **Patient is 18 years of age or older; and**
2) **Patient has a diagnosis of chronic hyperkalemia; and**
3) **Patient has documentation of a recent trial and therapy failure with sodium polystyrene sulfonate.**

**The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.**

## Preferred

☐ Lokelma ☐ Veltassa

**Strength**_____ **Dosage Instructions**_____ **Quantity**____ **Days Supply**_____

**Diagnosis:**_____

**Sodium polystyrene sulfonate trial:** Dose:_____ Trial dates:_____

Failure reason:_____

Medical or contraindication reason to override trial requirements:_____

_____

***Attach lab results and other documentation as necessary.***

| Prescriber signature (Must match prescriber listed above.) | Date of submission |
|---|---|
| | |

***IMPORTANT NOTE:*** *In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.*