South Tyneside and Sunderland
Area Prescribing Committee

Information leaflet for primary care: Patiromer

Background information

Patiromer is recommended as an option for treating hyperkalaemia in adults only if used:

1. in emergency care for acute life-threatening hyperkalaemia alongside standard care or
2. 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;
   - are not taking, or are taking a reduced dosage of, a renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia;
     ----→*Stop patiromer if RAAS inhibitors are no longer suitable in this eventuality.*
   - are not on dialysis.

This recommendation is not intended to affect treatment with patiromer that was started in the NHS before this guidance was published. People having treatment outside this recommendation may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

Sunderland joint formulary status

GREEN+

Related NICE guidance

NICE TA623

Licensed indication

Treatment of hyperkalaemia in adults

Dosage and administration

Powder for oral suspension available in sachets containing either 8.4g, 16.8g.
The recommended starting dose is 8.4 g administered orally once daily with or without food.
The daily dose may be adjusted by 8.4 g as needed at one-week intervals or longer to reach desired serum potassium target range, up to a maximum dose of 25.2 g daily. If serum potassium falls below the desired range, the dose should be reduced or discontinued.
If a dose is missed, the missed dose should be taken as soon as possible on the same day and should not be taken with the next dose. *Administration of Veltassa should be separated by 3 hours from other oral medicinal products.* The onset of action occurs 4–7 hours after administration. Veltassa should not replace emergency treatment for life-threatening hyperkalaemia.
There is limited data on the use of Veltassa in patients on dialysis; no special dose and administration guidelines were applied to these patients in clinical studies.
The complete dose should be poured into a glass containing approximately 40ml of water, then stirred. Another approximately 40ml of water should be added. And the suspension stirred again thoroughly. More water may be added to the mixture as needed for desired consistency. The mixture should be taken within 1 hour. Apple juice and cranberry juice can be used instead of water to prepare the mixture. Other liquids with high potassium content should be avoided.

Contraindications

Deprescribing

Stop if serum Potassium <5 without ongoing Agents acting on the renin-angiotensin system

Hypersensitivity to active ingredient or to the excipient xanthan gum

Cautions

Serum magnesium should be monitored for at least 1 month after initiating treatment, and magnesium supplementation considered in patients who develop low serum magnesium levels. A risk/benefit evaluation is required in patients with current or a history of severe gastrointestinal disorders, before and during treatment. When discontinuing Veltassa, serum potassium levels may rise, especially if RAAS inhibitor treatment is continued, so patients should be instructed not to discontinue therapy without consulting their physicians. Increases in serum potassium may occur as early as 2 days after the last dose. Serum potassium should be monitored when clinically indicated, including after changes are made to medicinal products that affect the serum potassium concentration (e.g. RAAS inhibitors or diuretics) and after the dose titration.

Veltassa contains sorbitol as part of the counterion complex (4 g per 8.4 g of patiromer), therefore patients with hereditary problems of fructose intolerance should not take this medicine. Veltassa contains calcium as part of the counterion complex; calcium is partially released, some of which may be absorbed therefore a risk/benefit evaluation is required in patients at risk of hypercalcaemia. There are limited clinical data in patients with end-stage renal disease and in patients with serum potassium concentrations greater than 6.5 mmol/L.

Duration of treatment

Minimum 1month <long term.

Drug interactions

Effect of patiromer on other medicinal products

Patiromer has the potential to bind some oral co administered medicinal products, which could decrease their gastrointestinal absorption. As patiromer is not absorbed or metabolised by the body, there are limited effects on the function of other medicinal products. As precautionary measure, and based on the data summarised below, *administration of patiromer should therefore be separated by at least 3 hours from other oral medicinal products*.

Concomitant administration of patiromer showed *reduced bioavailability of ciprofloxacin, levothyroxine and metformin*. However, there was no interaction when patiromer and these medicinal products were taken 3 hours apart. *In vitro* studies have shown potential interaction of patiromer with quinidine.

Concomitant administration of patiromer did however not affect the bioavailability as measured by the area under the curve (AUC) of amlodipine, cinacalcet, clopidogrel, furosemide, lithium, metoprolol, trimethoprim, verapamil and warfarin.

In vitro studies have shown no potential interaction of patiromer with the following active substances: allopurinol, amoxicillin, apixaban, acetylsalicylic acid, atorvastatin, cephalexin, digoxin, glipizide, lisinopril, phenytoin, riboflavin, rivaroxaban, spironolactone and valsartan.

Side effects

Common (≥1/100 to <1/10): Hypomagnesaemia, constipation, diarrhoea, abdominal pain, flatulence.
Please consult the SmPC in relation to other undesirable effects.

Monitoring

- The use of Veltassa has not been studied in children under 18 years.
- Since there are no data from the use of patiromer in pregnant women, it is preferable to avoid the use of Veltassa during pregnancy.
- No special dose and administration guidelines are recommended for elderly population

Monitoring of serum potassium may occur alongside other RAAS inhibitor monitoring (e.g. renal and liver function, full blood count) in primary care at 6 monthly intervals or at any time the person becomes acutely unwell

Overdose: Veltassa is excreted after approximately 24-48 hours, based on average gastrointestinal transit time. Excessive doses may result in hypokalaemia; therefore, serum potassium levels should be monitored.

GP and specialist responsibilities

After patient is stabilised on optimum RAAS inhibitor and Veltassa (patiromer) dose for at least 1 month, a GP or community HF nurse team may take over prescribing responsibility and review of treatment provided a transfer of care agreement is in place locally.

Cost

Price: pack of 30 x 8.4g sachets = £172.50; pack of 30 x 16.8g sachets = £172.50

References

https://www.nice.org.uk/guidance/ta623

https://www.medicines.org.uk/emc/product/779/smpc