

Drug Name: Veltassa (patiromer)

Date: 12-2017

Revised: 7-2018, 7/2019

Drug Name:	Veltassa (patiromer)
Required Medical Information:	<ul> <li>Patient has a diagnosis of hyperkalemia; and</li> <li>Patient has failed, has documented intolerance or is contraindicated to, sodium polystyrene</li> </ul>
Coverage duration:	12 months