Drug Name: Veltassa (patiromer)

Effective Date: 12-2017,03/2021
Revised: 7-2018, 7/2019, 8/2020, 12/2020

Drug Name:	Veltassa (patiromer)

Required Medical Information for Initial Approval:	• Patient is 18 years old or older; AND
	• Patient has a diagnosis of hyperkalemia (serum potassium greater than 5 mEq/L); AND
	• Patient does not have a diagnosis of a gastrointestinal motility disorder, end stage renal disease AND is not currently receiving hemodialysis; AND
	• Patient has inability to control hyperkalemia with other interventions such as:
	  o Discontinuation of NSAIDs, OR
	  o Dose reduction or discontinuation of offending agents if serum potassium is greater than 6.5 mEq/L (i.e., ACE inhibitors, ARBs or aldosterone antagonists); AND
	• Medication is prescribed by, or in consultation with a nephrologist OR cardiologist; AND
	• Patient has experienced a failure, contraindication or intolerance to a loop diuretic, sodium polystyrene sulfonate AND Lokelma

Continuation of Therapy:	• Authorization of 12 months may be granted for all members who are tolerating treatment and have documentation of a positive clinical response with no severe side effects (i.e., hypokalemia) and do not have a diagnosis of a gastrointestinal motility disorder, end stage renal disease AND is not currently receiving hemodialysis.
Coverage duration:	12 months