

Pharmacy Drug Policy Checklist

POLICY NAME Veltassa (patiromer)	POLICY # 2457P
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Criteria		
Exclusion Criteria – Any of the following prevents coverage		
	2.1 Veltassa will not be covered in combination with Lokelma	
Coverage Criteria		
	1.1 Documented diagnosis of hyperkalemia (high potassium blood levels)	
	1.2 Age 12 years or older	
	1.3 Prescribed by a specialist	
	1.4 Documented failure, intolerance, or contraindication to diuretic therapy (such as furosemide)	