# Pharmacy Drug Policy & Procedure

| Policy Name: | Veltassa (patiromer) | Policy #: | 2457P |
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Veltassa.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Veltassa when the following criteria have been met.

## Criteria

**1. 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)

**2. Exclusion Criteria**

2.1 Veltassa will not be covered in combination with Lokelma

**3. Approval Period**

3.1 Initial Approval: 12 months
3.2 Reapproval: 12 months, with documentation of beneficial response

## CPT Codes

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## HCPCS Codes

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## References


1. Veltassa (patiromer) [Prescribing Information]. Redwood City, CA: Relypsa, Inc; October 2023.
2. Bakris GL, Pitt B, Weir MR, et al. Effect of Patiromer on Serum Potassium Level in Patients With Hyperkalemia and Diabetic Kidney Disease: The AMETHYST-DN Randomized Clinical Trial. JAMA 2015; 314:151.
3. Weir MR, Bakris GL, Bushinsky DA, et al. Patiromer in patients with kidney disease and hyperkalemia receiving RAAS inhibitors. N Engl J Med 2015; 372:211.
4. Clase CM, Carrero JJ, Ellison DH, et al; Conference Participants. Potassium homeostasis and management of dyskalemia in kidney diseases: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. Kidney Int. 2020;97(1):42-61.



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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.