

<b>POLICY NAME</b>	Veltassa (patiomer)	<b>POLICY #</b>	2457P
--------------------	---------------------	-----------------	-------

## Criteria

### Coverage Criteria

- ☐ Documented diagnosis of hyperkalemia (high potassium blood levels)
- ☐ Age 12 years or older
- ☐ Prescribed by a specialist
- ☐ Documented failure, intolerance, or contraindication to diuretic therapy (such as furosemide)

### Exclusion Criteria – Any of the following prevents coverage

- ☐ Veltassa will not be covered in combination with Lokelma