

POLICY NAME	Veltassa (patiromer)	POLICY #	2457P
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Criteria

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)

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Veltassa will not be covered in combination with Lokelma