



## Commercial/Healthcare Exchange PA Criteria

*Effective: May 4, 2016*

**Prior Authorization:** Veltassa

**Products Affected:** Veltassa (patiromer) oral suspension

**Medication Description:**

Veltassa is a cation exchange polymer FDA approved for the treatment of hyperkalemia as characterized by high serum potassium levels. Veltassa is not indicated for the emergency treatment of life-threatening hyperkalemia because of its delayed-onset of action. Veltassa is a non-absorbed, cation exchange polymer that contains calcium-sorbitol counterion. Veltassa increases fecal potassium excretion through binding of potassium in the lumen of the distal colon, resulting in reduction of serum potassium levels.

**Covered Uses:** Hyperkalemia

**Exclusion Criteria:**

1. Emergency treatment of life-threatening hyperkalemia

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried/failed
3. Medical history

**Age Restrictions:** 18 years of age and older.

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 months

**Other Criteria:**

- A. Patient has a diagnosis of non-life threatening hyperkalemia; AND
- B. Patient follows a low potassium diet (less than or equal to 3 grams per day); AND
- C. Patient has tried dosage adjustments or discontinuation of medications known to cause hyperkalemia (e.g., angiotensin-converting enzyme inhibitor, angiotensin II receptor blocker, aldosterone antagonist, nonsteroidal anti-inflammatory drugs [NSAIDs]); AND
- D. Patient has had an inadequate treatment response, intolerance, or contraindication to a loop or thiazide diuretic; AND
- E. Patient has had an inadequate response, intolerance or contraindication to sodium polystyrene sulfonate at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced.

**References:**

1. Veltassa [package insert], Redwood City, CA; Relypsa, Inc.; October 2015.
2. Patiromer. Lexicomp Online [Internet database], Hudson, Ohio: Wolters Kluwer Health, Inc; March 2016.

Last Rev. December 27<sup>th</sup>, 2019



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Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	3/22/2016
2	Update	Updated clinical criteria to industry standards – addition of previous diuretic use	Required Medical Information Other Criteria	12/27/2019
3	Update	CCI to adopt EH policy & Template CCI P&T Review History: 5/16, 8/17, 7/18 CCI Revision Record: 8/17	All	12/27/2019

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