ConnectiCare

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 polystrene 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. Pantiromer. Lexicomp Online [Internet database], Hudson, Ohio: Wolters Kluwer Health, Inc; March 2016.

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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