

Veltassa (patriomer)
Policy Number: C8840-A**CRITERIA EFFECTIVE DATES:**

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DATE
07/2016	06/2018	06/2019
J CODE	TYPE OF CRITERIA	LAST P&T APPROVAL
J3490	RxPA	Q3

PRODUCTS AFFECTED:

Veltassa (patriomer)

DRUG CLASS:

Antidote, Potassium binder

ROUTE OF ADMINISTRATION:

Oral

PLACE OF SERVICE:

Retail Pharmacy

AVAILABLE DOSAGE FORMS:

Veltassa PACK 8.4GM, Veltassa PACK 16.8GM, Veltassa PACK 25.2GM, Veltassa PACK 25.2GM

FDA-APPROVED USES:

Hyperkalemia

COMPENDIAL APPROVED OFF-LABELED USES: None**COVERAGE CRITERIA: INITIAL AUTHORIZATION****DIAGNOSIS:** Hyperkalemia**REQUIRED MEDICAL INFORMATION:****A. HYPERKALEMIA:**

1. Laboratory documentation of serum potassium levels supporting hyperkalemia.
AND
2. Physician monitors serum potassium and magnesium levels.
AND
3. Provider is NOT using as emergency treatment for life-threatening hyperkalemia
AND
4. Inadequate response, intolerance, or contraindication to sodium polystyrene sulfonate.

DURATION OF APPROVAL: Initial authorization: 6 months, Continuation of Therapy: 6 months**QUANTITY:** No restriction**PRESCRIBER REQUIREMENTS:** Prescribed by or in consultation with a nephrologist or cardiologist

AGE RESTRICTIONS:

18 years of age and older

GENDER:

Male and female

CONTINUATION OF THERAPY:**A. HYPERKALEMIA:**

1. Physician monitors serum potassium and magnesium levels.
AND
2. Documentation is provided that demonstrates member is receiving clinical benefit from treatment with Veltassa (e.g. potassium level returned to normal or significant decrease from baseline).

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Veltassa are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. History of hypersensitivity to patiromer or any of its components. Avoid use of Veltassa in patients with severe constipation, bowel obstruction or impaction, including abnormal post-operative bowel motility disorders, because Veltassa may be ineffective and may worsen gastrointestinal conditions.

OTHER SPECIAL CONSIDERATIONS:

Administer Veltassa at least 3 hours before or 3 hours after other oral medications

BACKGROUND: None

APPENDIX: None

REFERENCES:

1. Veltassa [package insert] <https://www.veltassa.com/pi.pdf>
2. Clinical pharmacology