Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 14, 2022

Veltassa® (patiromer)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of hyperkalemia (baseline serum potassium > 5.0 mEq/L).
- Product is **not** being used for emergency treatment for life-threatening hyperkalemia.
- Patient follows a low potassium diet (≤ 3 grams per day).
- Patient must have a trial and failure of sodium polystyrene sulfonate or rationale why it cannot be tried.

CONTINUATION OF THERAPY

- Patient met initial review criteria.
- Documentation of improved clinical response and decline in serum potassium.
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 8.4 grams, 16.8 grams, and 25.2 grams powder packets.