

PHARMACY COVERAGE GUIDELINE

VELTASSA™ (patiomer) oral suspension Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
 - This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
 - Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
 - The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
 - The “Description” section describes the Service.
 - The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
 - The “Resources” section lists the information and materials we considered in developing this PCG
 - **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
 - Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.
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Medical Necessity Requirements for Veltassa (patiomer)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by a physician specializing in nephrology or in consultation with a Nephrologist

Indication

- Diagnosis of nonlife threatening persistent or recurrent hyperkalemia

PHARMACY COVERAGE GUIDELINE

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Age Requirement

- 12 years of age or older

Baseline Clinical Evaluation

- Serum potassium level is greater than or equal to 5.5 mEq/L

Alternative Therapies

- Failure (trial for at least three months duration), contraindication, intolerance, or is not a candidate for **Lokelma** (sodium zirconium cyclosilicate) or member is between 12 and 18 years old. **Note:** Lokelma is indicated for individuals 18 years of age or older

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- **NONE** of the following:
 - Severe constipation
 - Bowel obstruction or impaction
 - Abnormal post operative motility disorder

Documentation Requirements

- A completed request form must be submitted including:
 - Chart notes
 - Lab results (serum potassium level greater than or equal to 5.5 mEq/L)
 - Supporting clinical documentation

Initial Therapy Criteria Approval Duration

- 6 months **OR** end of plan year
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Criteria for Continuation of Therapy:

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

Prescriber Qualifications

- Continues to be seen by a physician specializing in nephrology or is in consultation with a Nephrologist

Clinical Response

- Achieved and maintains serum potassium levels within the normal range

ORIGINAL EFFECTIVE DATE: 03/17/2016 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/19/2026

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PHARMACY COVERAGE GUIDELINE

VELTASSA™ (patiromer) oral suspension Generic Equivalent (if available)

- Medication is needed to maintain normal potassium levels

Adherence

- Adherence to the prescribed therapy regimen has been documented

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No significant drug to drug interactions or contraindications
- No development of any of the following adverse effects:
 - Severe constipation
 - Bowel obstruction or impaction
 - Bowel motility disorders
 - Severe hypomagnesemia
 - Severe clinically significant hypokalemia
 - Abnormal post operative motility disorder

Documentation Requirements

- Chart notes
- Supporting clinical documentation with evidence of improvement in hyperkalemia
- Lab values confirming safe use

Continuation Therapy Criteria Approval Duration

- 12 months **OR** end of plan year
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Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off-Label Use of Non-Cancer Medications
2. Off-Label Use of Cancer Medications

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Description:

Veltassa (patiomer) is an oral potassium binder indicated for the treatment of hyperkalemia. It should not be used as emergency treatment for life-threatening hyperkalemia because of its delayed onset of action. Veltassa is a non-absorbed, cation exchange polymer that contains a calcium-sorbitol counter-ion. It increases fecal potassium excretion through binding of potassium in the lumen of the gastrointestinal tract. Binding of potassium reduces the concentration of free potassium in the gastrointestinal lumen, resulting in a reduction of serum potassium levels.

Patients with an increased risk of hyperkalemia include those with chronic kidney disease, heart failure, diabetes, and those taking renin-angiotensin-aldosterone system inhibitors.

Measures to prevent hyperkalemia include restricting dietary intake of potassium, close monitoring of serum potassium levels, and avoiding drugs that increase serum potassium or impair potassium excretion (such as aldosterone antagonists, angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blocker (ARB), potassium supplements).

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

Resources:

Veltassa (patiomer) powder for oral suspension product information, revised by Vifor Pharma, Inc. 10-2023. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed October 25, 2025.

Mount DB. Treatment and prevention of hyperkalemia in adults. In: UpToDate, Sterns RH, Forman JP (Eds), UpToDate, Waltham MA.: UpToDate Inc. <http://uptodate.com>. Literature current through September 2024. Topic last updated February 05, 2024. Accessed October 25, 2025.