

**patiromer (VELTASSA)**

**Diagnosis Considered for Coverage:**

- Hyperkalemia (high potassium)

**Coverage Criteria:**

**For diagnosis listed above:**

- Inadequate response, intolerable side effect, or contraindication to Lokelma (zirconium cyclosilicate), **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 11/02/2023