



**Drug Name:** Veltassa (patiomer)

**Date:** 12-2017

**Revised:** 7-2018

<b>Drug Name:</b>	<b>Veltassa (patiomer)</b>
<b>Required Medical Information:</b>	<ul style="list-style-type: none"><li>• Patient has a diagnosis of hyperkalemia; and</li><li>• Patient has failed, has documented intolerance or is contraindicated to, sodium polystyrene</li></ul>
<b>Coverage duration:</b>	1 month