

Veltassa (patiomer)
Effective 10/01/2026

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange		Program Type	☒ Prior Authorization
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit			☐ Quantity Limit ☐ Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A			

Overview

Veltassa (patiomer) is a potassium binder indicated for the treatment of hyperkalemia in adults and pediatric patients 12 years of age and older.

Veltassa should not be used as an emergency treatment for life-threatening hyperkalemia because of its delayed onset of action.

Lokelma (sodium zirconium cyclosilicate) is also a potassium binder indicated for hyperkalemia in adults. Lokelma is covered without prior authorization.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all of the following criteria are met:

1. Diagnosis of hyperkalemia
2. Member is 12 years of age or older
3. ONE of the following:
 - a. Member is less than 18 years of age
 - b. Submission of medical records (e.g., chart notes) documenting one of the following:
 - i. Trial and failure, intolerance or contraindication to Lokelma
 - ii. Clinical rationale why treatment with Lokelma is not appropriate for the member

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Submission of medical records (e.g., chart notes) documenting improvement in the member's potassium levels
2. Submission of medical records (e.g., chart notes) documenting that the member continues to require

treatment for hyperkalemia

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Veltassa (patiomer) [prescribing information]. King of Prussia, PA: Vifor Pharm, Inc; January 2025.

Review History

06/10/2026 – Reviewed at June P&T. Effective 10/01/2026.

